



Little Traverse Bay Bands of Odawa Indians
Health Department
1260 Ajjjaak Ave. Petoskey, MI 49770
Telephone: 231.242.1700

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Little Traverse Bay Bands (LTBB) Health Department is required by law to maintain the privacy of every patient's health information, as required by the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996.

This notice describes how medical information about you may be used and how you can get access to this information. We are required by law to maintain the privacy and security of your protected health information (PHI). This notice applies to the PHI in our possession including the medical records generated by us.

As required by "HIPAA" we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes:

- **TREATMENT** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **PAYMENT** means such activities as obtaining reimbursement for our services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **OPERATIONS** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, and utilization review. An example of this would be an internal assessment review.

We may also create and distribute unidentified health information by removing all references to individually identifiable information.

We will not use or share your information other than as described here unless you tell us we can in writing. You may revoke such authorization in writing, and we are required to honor and abide by that written request.

Although your health records are the physical property of the LTBB Health Department, the information belongs to you.



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As our patient you have the following rights when it comes to your health information:

- The right to revoke your written authorization to use or disclose health information. This does not apply to health information already disclosed or used or in circumstances where we have acted on your authorization or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim under the policy of the policy itself.
- The right to reasonably request to receive confidential communications of PHI from us by alternative means or at alternative locations.
- The right to inspect and receive a copy of your PHI.
- The right to request an amendment/correction to your PHI.
- The right to receive a listing of certain disclosures the LTBB Health Department has made of your PHI.
- The right to obtain a paper copy of the LTBB Health Department Notice of Privacy Practices from us upon request.

If you would like to exercise any of these rights, please submit a request in writing to our Privacy Officer.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI.

This notice is effective as of June 25, 2020, and we are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new Notice provisions effective for all PHI that we maintain. If we have made any change to the Notice of Privacy Practices, you will be notified during your next visit or by mail. It is required that you also sign a copy of the Notice of Privacy Practices on an annual basis.

You may file a complaint with us if you believe we have violated your privacy right. This can be done by notifying our Privacy Officer in writing of your complaint. Please use the Little Traverse Bay Bands of Odawa complaint form. We will not retaliate against you for filing a claim. You may file a complaint with the Secretary of Health and Human Services if you believe we have violated your privacy right.

For more information about HIPAA:
The US Department of Health & Human Services
Office of Civil Rights
200 Independence Ave SW
Washington, D.C. 20201