Patient Name: _____
DOB: _____

MARIMNHEALTH
COEUR D'ALENE TRIBE

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 THIS NOTICE CAREFULLY**.

This Notice:

- Describes your rights and our responsibilities regarding your health information.
- Explains how we may use and share your health information.
- Informs you about special protections required by law.
- Tells you how any updates to this Notice will be communicated.

Who will follow this Notice:

This Notice applies to all staff, healthcare providers, volunteers, students, and departments of Marimn Health, as well as affiliated entities and business associates who assist with your care or healthcare operations.

OCHIN Organized Health Care Arrangement:

Marimn Health is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Marimn Health, OCHIN supplies information technology and related services to Marimn Health and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Marimn Health with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

Uses and disclosures permitted without your authorization:

- **Treatment** – We may use or disclose your health information to provide, coordinate, or manage your healthcare.
- **Payment** – We may use or disclose your health information to obtain payment for services provided to you.
- **Operations** – We may use or disclose your health information for certain activities that are necessary for health care operations.

Other Uses or Disclosures:

- **Appointment Reminders and Treatment Alternatives:** We may contact you to provide appointment updates or information about your treatment or other health-related benefits and services.
- **Business Associates** – We may disclose your health information to business associates with whom we contract to provide services.
- **Coroners, Medical Examiners and Funeral Directors** – We may disclose health information to a coroner, medical examiner or funeral director to assist them in carrying out their duties.
- **Health Oversight:** We may disclose health information to a health oversight agency or public health authority authorized by law to investigate or oversee health provider conduct or conditions.

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- **Idaho Health Data Exchange (IHDE)** – Marimn Health shares information through the IHDE for treatment, payment, and healthcare operations. To opt out, contact IHDE directly at https://idahohde.org/patients/faqs/.
- **Incidental Uses and Disclosure**s – There are certain uses or disclosures of your information that may occur while we are providing service to you or conducting our business.
- **Interpreters:** We may use the services of an interpreter that may require use or disclosure of your personal health information.
- **Law Enforcement** – We may share information with law enforcement to report injuries, prevent serious threats, locate individuals, support national security, or respond to crimes or emergencies.
- **Legal Proceedings** – We may disclose health information to attorneys or courts in response to a subpoena, discovery request or other lawful process.
- **Military** – If you are a member of the armed forces, we may disclose information about you as required by military command authorities or to the Department of Veterans Affairs.
- **Organ Procurement Organizations** – We may disclose health information to organizations that handle organ, eye or tissue donation or transplantation.
- **Public Health Activities:** We may disclose your health information with authorized public health or other governmental authorities authorized by law to receive information for the purpose of preventing or controlling disease, injury, disability, neglect or abuse, or for purposes related to the quality, safety or effectiveness of regulated products or services.
- **Required by Law -** We may use or disclose your protected health information to the extent the law requires it including Worker's Compensation.
- **Research** – We may use or disclose information about you for research projects. Research projects must go through a special process that protects the confidentiality of your information.

Uses and Disclosures When You Have the Opportunity to Object:

- **Disclosure and Notification of Family, Friends or Others Involved in Your Care** – Unless you object, we may share your health information with a family member, caregiver, or other person involved in your care or payment.
- **Disclosure for Disaster Relief Purposes** – We may share your location and condition with authorized disaster relief agencies unless it is health information that requires your written permission, unless required by law.
- **Fundraising** – We may disclose health information to a business associate or Marimn Health-related foundation for the purpose of raising funds for the organization. They will, however, provide you with information about how you can opt out of future fundraising communication.

Uses and Disclosures Requiring Your Authorization: "Opportunity to Object" does NOT apply for these disclosures and a separate written patient authorization is needed:

- **Psychotherapy Notes**: Psychotherapy notes have special protections under federal law, specifically under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule at **45 CFR § 164.508(a)(2)**. We generally need your written permission to share them, unless allowed by law for purposes such as your treatment, internal training, legal defense, investigations, required reporting, safety threats, or with medical examiners.
- **Substance Use Disorder (SUD) Treatment Records:** Health Federal law (42 CFR Part 2) protects SUD treatment records. We cannot share this information without your written consent, except in limited cases like emergencies, audits, abuse reporting, or court orders. Even with your presence, we need your consent to share with family or others involved in your care.
- **Reproductive Health Information**: Under the HIPAA Privacy Rule Final Update 2024, we will not disclose information about contraception, fertility, pregnancy, or abortion care without your written consent, except as required by law. You have the right to control how this information is shared.

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Special Information Types:

- **Genetic Information**: Under the Genetic Information Nondiscrimination Act (GINA), we must obtain your specific written authorization before using or disclosing your genetic information, unless permitted by law (such as for treatment, payment, or healthcare operations).
- **Sexually Transmitted Diseases and HIV/AIDS Information**: We generally need your written permission to release STD-related information (including HIV/AIDS), unless required by law for treatment or public health reporting.
- **Minor's Health Information**: Parental consent is often required to access or share a minor's health information, but this may vary based on the minor's age and type of care (e.g., reproductive or substance use services).

Your Rights: You have the following rights regarding your health information. To exercise these rights, submit a written request:

- **Request a copy of medical records**: You may request your records in paper or electronic form, subject to limited exceptions.
- **Request an amendment**: You may request corrections or amendments to your health information, and we will respond within 60 days. The request must clearly state the reason you believe the amendment or correction is necessary.
- **Request an accounting of disclosures**: You may receive an accounting of certain disclosures we have made of your protected health information, free of charge, within a 12-month period.
- **Request restrictions**: You can ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree unless you paid in full for a service and ask us not to tell your insurer.
- **Request nondisclosure to health plans for self-paid items or services** - If you pay for a service or item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or operations with your health insurer. We will accommodate reasonable requests but may require that you explain how payment will be handled if an alternative means of communication is used.
- **Request confidential communication** - You may ask us to contact you by alternative means or locations.
- **Choose someone to act for you** - You have the right to appoint someone to make healthcare decisions for you or to act on your behalf regarding your health information.
- **Paper copy of notice** - You may request a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.
- **Notice of Breach -** If a breach of your unsecured health information occurs, we will notify you promptly, as required by law.
- **Changes to This Notice:** We may change this notice and apply changes to all your information. Updated notices will be available in our offices and online.

Complaints: You may file a formal complaint or if you have questions or concerns about your privacy rights. We will not retaliate against you for filing a complaint:

- **Marimn Health Privacy Information Manager:**
- Phone: (208) 686-1931 ext. 1149
- Email: Compliance@marimnhealth.org
- Mailing Address: 427 12th St, Plummer, ID 83851
- **Office of Civil Rights (OCR):**
- Online: https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html
- Email: OCRComplaint@hhs.gov
- Mail: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201.

PATIENT ACKNOWLEDGEMENT OF RECEIPT:

I, _____, hereby acknowledge that I have read and understand this Notice of Privacy Practices.

SIGNATURE: _____ **Date:** _____

MRN: _____

Date Revised: 07/14/2025

Date Approved: 07/14/2025