

**NOTICE OF PRIVACY PRACTICES**  
**Muscogee (Creek) Nation Family Violence Prevention Program**

**Effective Date: September 1, 2020**

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**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.**

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**Responsibilities of Muscogee Creek Nation Family Violence Prevention Program**

Muscogee (Creek) Nation Family Violence Prevention Program (FVPP) employs mental health professionals and support staff, many of whom are licensed by the state of Oklahoma to perform mental health services. As such, they are required to comply with applicable federal, tribal and state law. FVPP is required to protect the privacy of your protected health information (PHI) that may identify you. This health information includes health care services that are provided to you or other health care operations provided on your behalf.

FVPP is required by law to inform you of our legal duties and privacy practices with respect to your health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your past, present, and future health information, ensuring that we use and/or disclose this information only as we have described in this *Notice of Privacy Practices*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all health information that we maintain. Any changes to this *Notice* will be posted on our web site at <https://www.mcn-nsn.gov/services/family-violence-prevention-program/> and in FVPP facilities. Copies of any revised *Privacy Notices* will be available to you upon request.

If, at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures and practices, you may contact FVPP Program Director.

**Use and Disclosure of Health Information without Authorization**

**Treatment:**

FVPP uses health information about you to provide your care. Your PHI may be used and disclosed by those who are involved in your care for the purposes of providing,

coordinating or managing your health care treatment and related services. Examples could include consultation with clinical supervisors or other treatment team members.

### **Payment for Services:**

FVPP health care services (e.g. counseling/telehealth) are provided for free at no cost to the patient.

### **Health Care Operations:**

FVPP may use or disclose your PHI to support our business activities, improve your care or contact you when necessary. For example, we may contact you to remind you of appointments.

### **Other Circumstances:**

FVPP may use and/or disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;
- For public health activities;
- Regarding abuse, neglect or domestic violence;
- For health oversight activities such as licensing of nursing homes;
- For law enforcement purposes unless otherwise prohibited by State or Federal law;
- For court proceedings such as court orders to appear in court with your health information;
- Related to death such as disclosures to a funeral director;
- Related to donation of tissues or organs;
- To avoid a serious threat to the health or safety of a person or the public;
- Related to specialized government activities such as national security;
- To correctional/custodial institutions or other law enforcement officials when you are in their custody; and/or
- For Worker's Compensation in cases pending before the Industrial Commission.

### **Contacting You**

FVPP may use your health information to contact you to:

- Remind you of upcoming appointments  
**Example:** This agency may contact you through a telephone call about an appointment that you have for treatment.
- Make you aware of alternative treatment, services, products or health care providers that may be of interest to you

**Example:** If you are receiving treatment for a particular condition and FVPP learns of new or alternative treatments, we may contact you to inform you of such possibilities.

### **Use and Disclosure of Health Information That Requires Your Authorization**

FVPP will not use or disclose your health information without your authorization except as specified in the above examples where use or disclosure of your information is allowed or when required by Tribal, State or Federal law. For all other uses or disclosures, we will ask you to sign a written authorization that allows us to share or request your health information. Before you sign an authorization you will be fully informed of the exact information you are authorizing to be disclosed.

You may request that your authorization be cancelled by informing FVPP Program Director that you do not want any additional health information about you exchanged with a particular person. You will be asked to sign and date the authorization revocation section of your original authorization. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding.

### **Patient Rights Regarding Protected Health Information**

You have the following rights regarding your health information as created and maintained by this agency.

#### **Right to receive a copy of this Notice:**

You have a right to receive a copy of FVPP's *Notice of Privacy Practices*. At your first treatment encounter with this agency, you will be given a copy of this *Notice* and asked to sign acknowledgement that you have received it. In the event of emergency services, you will be provided the *Notice* as soon as possible after emergency services have been rendered. In addition, copies of this *Notice* have been posted on our web site at <https://www.mcn-nsn.gov/services/family-violence-prevention-program/> and in FVPP facilities. You have the right to request a paper copy of this *Notice* at any time from FVPP.

#### **Right to request different ways to communicate with you:**

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information be sent to your work address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing.

#### **Right to request to see and copy your health information:**

You have the right to request to see and receive a paper copy of your health information in clinical records that are used to make decisions about you. Your request must be in writing. Instead of providing you with a full copy of the health information, we may give you a summary or explanation of your health information, if you agree in advance to that

format of such information. For example, this would include an electronic copy of the protected health information in the format of MS Word or Excel, text, HTML, or text-based PDF, among other formats.

Your request may be denied under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial.

**Right to request amendment of your health information:**

You have the right to request changes in your health information in clinical records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing and explain your reasons for the amendment. We must respond to your request within 60 days of receiving your request.

We may deny your request if:

- the information was not created by FVPP (unless you prove the creator of the information is no longer available to change the information);
- the information is not part of the records used to make decisions about you;
- we believe the information is correct and complete and/or
- you do not have the legal right to see and copy the record.

If we deny your request to change your health information, we will tell you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to change your health information, we will make reasonable efforts to inform others of the changes, including persons you name who have received your health information and who need the changes.

**Right to request a listing of disclosures we have made:**

You have the right to request, including applicable dates within a six-year range beginning on the date of your first visit, an accounting of certain disclosures we make of your PHI, not including disclosures regarding treatment or health care operations.

**Right to request restrictions on uses and disclosures of your health information:**

You have the right to request that we limit our use and disclosure of your health information for treatment and health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care, such as a family member or a friend. For example, you could ask that we not use or disclose the information about a previous condition you had.

We are not **required** to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You or your personal representative may cancel the restrictions at any time. In addition, this agency may cancel a restriction at any time, as long as we notify you of the cancellation.

**Right to be notified following a breach of unsecured protected health information:**

You or your personal representative will be informed of your rights to receive notification following a breach of protected health information.

**Complaints**

If you believe your privacy rights have been violated, you may contact our agency Program Director. All complaints should be submitted in writing.

FVPP Program Director Contact information is as follows:

**MCN FVPP Program Director  
PO Box 580  
Okmulgee, Ok 74447  
(918) 732-7979**

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

**Office for Civil Rights**  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Toll Free Call Center: 1-800-368-1019  
TTD Number: 1-800-537-7697

If you file a complaint, we are forbidden by law to take any action against you or change our treatment of you, in any way.