SHINGLE SPRINGS Health & Wellness Center
Health Care for All

Notice of Privacy Practices

EFFECTIVE DATE: MARCH 1, 2026

Your Information. Your Rights. Our Responsibilities.

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.**

We are required by law to maintain the privacy of PHI and to abide by the terms of this Notice currently in effect.

WHO MUST FOLLOW THIS NOTICE

This notice applies to all workforce members, employees, medical staff, behavioral health providers, dental providers, pharmacy staff, trainees, students, volunteers, business associates, and other authorized agents of the Shingle Springs Health & Wellness Center (SSHWC), including its Healthcare components as a Tribal Health Program operating as a hybrid entity.

OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy and security of your Protected Health Information (PHI);
- Provide you with this Notice of our legal duties and privacy practices;
- Abide by the terms of this Notice currently in effect;
- Notify you following a breach of unsecured PHI without unreasonable delay and no later than 60 days after discovery.

HOW WE MAY USE AND DISCLOSE YOUR PHI

1. **Treatment, Payment, and Health Care Operations (TPO)**
   We may use and disclose your PHI for:
   - Treatment by providers involved in your care.
   - Payment for services provided.
   - Health care operations (quality improvement, auditing, training, credentialing, compliance)

   We may share PHI with pharmacies, specialists, laboratories, and other providers involved in your care.
2. **Individuals Involved in Your Care**
   We may disclose relevant PHI to family members, close friends, or others involved in your care or payment for care unless you object.
3. **Public Health and Legal Requirements**
   We may disclose PHI when required by law, including:
   - Public health reporting
   - Health oversight activities
   - Law enforcement purposes
   - Organ procurement
   - Workers' compensation programs
   - Abuse or neglect reporting
   - Judicial or administrative proceedings
   - Coroners, medical examiners, funeral directors
   - National security and military authorities

REPRODUCTIVE HEALTH INFORMATION (RHI)

We will not use or disclose your PHI for the purpose of conducting a criminal, civil, or administrative investigation into, or imposing liability on, any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.

When required by federal law, we will obtain a signed attestation from the requestor before disclosing PHI potentially related to lawful reproductive health care for law enforcement, coroners/medical examiners, health oversight, or judicial purposes.

SUBSTANCE USE DISORDER (42 CFR PART 2)

As a Tribal Health Program operating as a HIPAA hybrid entity, we maintain substance use disorder (SUD) treatment records protected under 42 CFR Part 2.

SUD records may be used or disclosed for treatment, payment, and health care operations if you have provided written consent consistent with federal law.

Once disclosed pursuant to your consent, such information may be redisclosed in accordance with HIPAA and other applicable federal law unless otherwise restricted. Violations of federal confidentiality protections for substance use disorder records may result in civil and criminal penalties.

You have the right to:

- Provide or withhold written consent for disclosure;
- Revoke consent at any time (except to the extent action has already been taken);
- Receive an accounting of disclosures of your SUD records.

Unauthorized redisclosure may be prohibited under federal law.

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USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

We must obtain your written authorization for:	
❖ Most uses and disclosures of psychotherapy notes;	❖ Most marketing communications;
❖ Sale of PHI;	❖ Other uses not described in this Notice.
You may revoke authorization in writing at any time.	

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- ❖ You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- ❖ We will provide a copy or summary of your health information, usually within 30 days of your request.

Ask us to correct your medical record

- ❖ You can ask us to correct health information about you that you think is incorrect or incomplete.
- ❖ We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communication

- ❖ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ❖ We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- ❖ You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- ❖ If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- ❖ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- ❖ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- ❖ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ❖ We will make sure the person has this authority and can act for you before we take any action.

BREACH NOTIFICATION

If a breach of unsecured PHI occurs, we will notify you without unreasonable delay and no later than 60 days after discovery. The notice will describe:

- ❖ What happened
- ❖ Steps you should take
- ❖ Contact Information
- ❖ What information was involved
- ❖ What we are doing

File a complaint if you feel your privacy rights have been violated:

HIPAA Privacy & Security Officer
Shingle Springs Health & Wellness Center
5168 Honpie Rd
Shingle Springs, CA 95682
PH: (530) 387-8088

OR:
U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Ave, S.W.
Washington, D.C. 20201
www.hhs.gov/ocr/privacy/hipaa/complaints/ or by calling 877-696-6775

You will not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change the Notice. Revised Notices will be posted in our facility and available upon request.