



St. Croix Tribal Health Clinic
4404 State Road 70
Webster, Wisconsin 54893
715-349-8554

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates, and our Business Associates' subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO), and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

OUR DUTY TO PROTECT YOUR HEALTH INFORMATION

St. Croix Tribal Health Clinic is required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice of our legal duties and privacy practices, and follow the terms of the Notice currently in effect.

PHI includes information that identifies you and relates to your past, present, or future physical or mental health condition, health care services, or payment for those services.

Some of your health information may also be protected by 42 CFR Part 2, a federal law that provides extra privacy protections for records related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

A. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use and disclose your PHI, including Part 2 records (as permitted by law), for the following purposes:

Treatment: To provide, coordinate, or manage your health care and related services.

Payment: To bill and receive payment for services provided to you.

Health Care Operations: To operate our clinic, improve quality of care, conduct audits, accreditation, licensing, and training.

Under the 42 CFR Part 2 Final Rule, Part 2 records may be used and disclosed for treatment, payment, and health care operations with your single written consent, and redisclosure is permitted as allowed by law.

Uses and Disclosures Without Your Authorization

We may use or disclose your PHI without your authorization as allowed or required by law, including public health activities, health oversight activities, reporting abuse, neglect, or domestic violence, judicial and administrative proceedings, law enforcement purposes (limited and as permitted by law), to avert serious threat to health or safety, Workers' compensation

Coroners, medical examiners, and funeral directors.

Important: Records protected by 42 CFR Part 2 generally cannot be disclosed without your consent, unless a specific legal exception applies (such as medical emergencies, audits, or court orders that meet Part 2 requirements).

Uses and Disclosures Requiring Your Written Authorization

We must obtain your written authorization to: Use or disclose your PHI for marketing purposes, sell your PHI, use or disclose psychotherapy notes (with limited exceptions), disclose Part 2 substance use disorder records, unless otherwise permitted by law.

You may revoke your authorization in writing at any time, except to the extent we have already relied on it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- A. Access and Obtain Copies: Request to inspect or receive a copy of your health records, including Part 2 records, subject to limited exceptions.
- B. Request Amendments: Ask us to correct or amend your health information if you believe it is incorrect or incomplete.
- C. Request Confidential Communications: Ask us to contact you in a specific way or at a specific location.
- D. Request Restrictions: Request limits on how we use or disclose your PHI. We are not required to agree, except in certain cases required by law.
- E. Receive an Accounting of Disclosures: Request a list of certain disclosures of your PHI.
- F. Receive a Paper Copy of This Notice: You may request a paper copy at any time, even if you received it electronically.

SPECIAL PROTECTIONS FOR 42 CFR PART 2 RECORDS

Records related to substance use disorder treatment are protected by 42 CFR Part 2, which:

Prohibits use or disclosure of these records for criminal, civil, administrative, or legislative investigations or proceedings against you without a court order

Limits redisclosure unless permitted by law

Requires patient consent for most disclosures

Allows use and disclosure consistent with HIPAA after consent, as updated by the Final Rule

Discrimination is prohibited.

We may not discriminate against you for refusing to authorize the disclosure of Part 2 records.

OUR RESPONSIBILITIES

We will: Protect the privacy and security of your PHI, notify you if a breach occurs that may compromise your information, follow this notice to not use or disclose your information in ways not described here unless permitted by law or authorized by you.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the revised notice effective for all PHI we maintain. The current Notice will be available at 4404 State Road 70 Webster, WI. 54893 and on our website at [website].

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Clinic Privacy Officer

Wendy Ambrose

4404 State Road 70 Webster, WI. 54893

715-349-8554 ext. 5263

compliance@stcroixojibwe-nsn.gov

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

Acknowledgment of Receipt (optional): _____

I acknowledge that I received a copy of this Notice of Privacy Practices.