



S O P H I E T R E T T E V I C K
INDIAN HEALTH CENTER
M A K A H T R I B E

Patient Registration Packet

Registration documents needed:

Enrolled Tribal Members/Descendants:

- Tribal ID/Proof of Descendancy (If not enrolled)
- Marriage Certificate/SS Card (Name Change)
- Paternity Affidavit (Non Bens carrying Makah Child)
- Guardianship papers (Children not in custody of parents)
- Insurance Card(s)/Medical Coupon
- Prescription Drug Card
- Proof of Residency
- Birth Certificate
- Pay Stub

Non-Tribal Members:

- State ID/Driver's License
- Insurance Card(s)/Medical Coupon
- Proof of Residency
- Prescription Drug Card

Upon completion, please send to STIHC Benefits Coordinator,

STIHC
Attn: Benefits Coordinator
PO Box 410
Neah Bay, WA. 98357

Benefits Coordinator A-K Phone: (360) 645-2935

Benefits Coordinator L-Z Phone: (360)645-3314

Fax: (360) 645-2305

EMERGENCY CONTACT INFORMATION (Local Person, if possible)

| | | | | |
|------|------------------|------------------------|-----------------|--------------|
| Name | Physical Address | City, State & Zip Code | Phone Number(s) | Relationship |
|------|------------------|------------------------|-----------------|--------------|

NEXT OF KIN INFORMATION

| | | | | |
|------|------------------|------------------------|-----------------|--------------|
| Name | Physical Address | City, State & Zip Code | Phone Number(s) | Relationship |
|------|------------------|------------------------|-----------------|--------------|

INSURANCE COVERAGE

| | Policy Number | Group Name/Group Number | Eligibility Began |
|--|---------------|-------------------------|-------------------|
| Medicare <input type="checkbox"/> A <input type="checkbox"/> AB <input type="checkbox"/> D | | | |
| Medicaid | | | |
| Veterans Administration | | | |
| Other: | | | |

| | | | |
|---|--|--|--|
| Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | Race: | Are you a Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Homeless, please specify type: <input type="checkbox"/> Street <input type="checkbox"/> Shelter <input type="checkbox"/> Doubling up <input type="checkbox"/> Family |
| Primary Language: | Religion: | Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Text (Sign consent form if text required) | |
| Total Household Income: Household Income Period: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly | Do you have access to internet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where? <input type="checkbox"/> Library <input type="checkbox"/> Home <input type="checkbox"/> Mobile Device <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Tribe/Community Center | | |
| Number of people in household: | Email Address: Do we have permission to send generic health information to your email? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

I certify the above information to be accurate and true to the best of my knowledge and authorize STIHC to verify the accuracy of this application. I have read and understand the Privacy Act information and do hereby give the STIHC my authorization to collect payment from third parties (such as Medicare, Medicaid, Private Insurance, etc.) on my behalf.

Applicant Signature

Date

Authorizing Official

Date

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
STATEMENT FOR MAINTENANCE OF HEALTH RECORDS

The purpose for requesting your personal medical history is to obtain information necessary for effective medical treatment. Your medical record contains what you tell the health care provider is wrong with you or how you feel. The health care provider writes (into your record electronically) your family medical history as you answer the questions. Your answers could have an effect on the type of care you receive. Therefore, it is in your best interest to provide complete and correct information so that we are able to carry out responsibility of providing you proper care. The results of your physical examination, laboratory tests, medications, treatments or surgical procedures you receive in our Tribal Health facility are recorded in your electronic medical record. Certain information is stored in the RPMS Data System for statistical purposes.

Sophie Trettevick Indian Health Center (STIHC) staff will have access to the individually identifiable health information of patients seen in various departments and for billing purposes with minimum access to conduct business related to the patient. The Privacy Rule permits certain incidental uses and disclosures that occur as by-product of another permissible or required use or disclosure, as long as the covered entity has applied reasonable safeguards and implemented the minimum necessary standard, where applicable, with respect to the primary use or disclosure. See 45 CFR 164.502(a) (1) (iii), incidental. Use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the Rule. However, an incidental use or disclosure is not permitted if it is a byproduct of an underlying use or disclosure that violates the Privacy Rule. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations restrict the STIHC ability to use and disclose protected health information (PHI).

Sophie Trettevick Indian Health Center (STIHC) personnel may not reveal Protected Health Information without a participant's authorization, when specific requirements are satisfied. Permitted disclosures:

- About victims of abuse, neglect or domestic violence;
- For judicial and administrative proceedings;
- For public health activities;
- For health oversight activities;
- About decedents;
- For cadaver organ, eye or tissue donation purposes;
- For certain limited research purposes;
- To avert a serious threat to health or safety;
- For specialized government functions; and
- That related to workers' compensation programs.

Public Laws 83-568, 93-222 and 93-638 give the STIHC the authority to collect and maintain health records. For a comprehensive list of situations in which STIHC may release information from your records without your permission, you should see the Department of Health and Human Services Annual Publication of System of Records that is published annually in the Federal Register.

I have read and understand the HIPAA and PHI Information and do hereby give the Sophie Trettevick Indian Health Center my authorization to collect payment from third parties (such as Medicare, Medicaid, Private Insurance, etc) on my behalf.

Printed Name

Signature

Date

Acknowledgement of Receipt of Privacy Practices

I hereby acknowledge receipt of the Notice of Privacy Practices at:

**Sophie Trettevick Indian Health Center
Makah Tribe
P.O. Box 410
250 Fort Street
Neah Bay, WA 98357**

Signature of Patient

Date

Signature of Patient Representative

Date

Or Witness (If signature is by thumb print or mark)

Date

Signature and Title of Employee

Date

For Patients Unable to Acknowledge Receipt

I hereby certify that the patient was unable to acknowledge receipt of the Notice of Privacy Practices because:

Signature of Staff

Date

Name: _____

Address: _____

Please list all household members including self.

| Names | Relationship | Please check all that apply. | | | |
|-------|--------------|------------------------------|-----------------------|----------------------------|----------------------|
| | | Uses Tribal Medical Clinic | Has Medical Insurance | Uses Tribal Dental Clinic. | Has Dental Insurance |
| | Self | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

What is the total ANNUAL GROSS INCOME (before taxes) of your household? (Please include the income of every household member)

By signing below I hereby verify that all the information I have given is correct to the best of my knowledge and that I am responsible for 100% of all billable services.

Signature

Date



S O P H I E T R E T T E V I C K
INDIAN HEALTH CENTER
 M A K A H T R I B E

SLIDING FEE SCHEDULE 2019

| Family Size | Monthly Income limit | 100% FPL | 150% FPL | 200% FPL | AT FULL CHARGE |
|-----------------|----------------------|----------|----------|----------|----------------|
| 1 | \$1,041 | \$12,490 | \$18,735 | \$24,980 | OVER 200% |
| 2 | \$1,409 | \$16,910 | \$25,365 | \$33,820 | OVER 200% |
| 3 | \$1,778 | \$21,330 | \$31,995 | \$42,660 | OVER 200% |
| 4 | \$2,146 | \$25,750 | \$38,625 | \$51,500 | OVER 200% |
| 5 | \$2,514 | \$30,170 | \$45,255 | \$60,340 | OVER 200% |
| 6 | \$2,883 | \$34,590 | \$51,885 | \$69,180 | OVER 200% |
| 7 | \$3,251 | \$39,010 | \$58,515 | \$78,020 | OVER 200% |
| 8 | \$3,619 | \$43,430 | \$65,145 | \$86,860 | OVER 200% |
| Each Additional | \$368.33 | \$4,420 | \$6,630 | \$8,840 | |

| Physician Fees | Office Visit Minutes | 30 % | 50% | 80% | 100% |
|----------------|----------------------|---------|----------|----------|----------|
| 99211 | 5 minutes | \$18.30 | \$30.50 | \$48.80 | \$61.00 |
| 99212 | 10 minutes | \$28.80 | \$48.00 | \$76.80 | \$96.00 |
| 99213 | 15 minutes | \$38.00 | \$64.50 | \$103.20 | \$129.00 |
| 99214 | 25 minutes | \$59.40 | \$99.00 | \$158.40 | \$198.00 |
| 99215 | 40 minutes | \$75.60 | \$126.00 | \$201.60 | \$252.00 |

**Based on the 2019 Federal Poverty Guidelines. The 2019 poverty guidelines are in effect as of January 11, 2019.*

Sophie Trettevick Indian Health Center
 Sliding Fee Information

| |
|--|
| <p>Office Use Only Family Sched Category _____ FPL/ FIG _____</p> |
|--|

Food and Drug Administration. The IHS may use or disclose your health information to the Food and Drug Administration (FDA) in connection with a FDA-regulated product or activity. For example, we may disclose to the FDA information concerning adverse events involving food, dietary supplements, product defects, or problems, and information needed to track FDA-regulated products or to conduct product recalls repairs, replacements, or lookbacks (including locating people who have received products that have been recalled or withdrawn), or post marketing surveillance.

Appointment Reminders. The IHS may contact you with reminder that you have an appointment for medical care at an IHS facility or to advise you of a missed appointment.

Workers Compensation. THE IHS may use or disclose your health information for workers compensation purposes as authorized or required by law.

Public Health. The IHS may use or disclose your health information to public health or other appropriate government authorities as follows:

The IHS may use or disclose your health information to government authorities that are authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or conducting public health surveillance, investigations, and interventions;
The IHS may use or disclose your health information to government authorities that are authorized by law to receive reports of child abuse or neglect,

The IHS may use or disclose your health information to government authorities that are authorized by law to receive reports of other abuse, neglect, or domestic violence as required by law, or as authorized by law if the IHS believes it is necessary to prevent serious harm. Where authorized by law, the IHS may disclose your health information to an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. In some situations (for example, if you are employed by IHS or another component of the Department of Health and Human Services (HHS), or if necessary to prevent or lessen a serious and imminent threat to the health and safety of an individual or the public), the IHS may disclose to your employer health information concerning a work-related injury or workplace-related medical surveillance.

Correctional Institution. If you are an inmate of a correctional institution, the IHS may use or disclose to the institution, health information necessary for your health and the health and safety of other individuals such as officers or employees or other inmates.

Law Enforcement. The IHS may use or disclose your health information to health oversight agencies for

activities authorized by law. These oversight activities may include: Investigations, audits, inspections, and other actions. These are necessary for the government to monitor the health care system, government benefit programs, and entities subject to government regulatory programs and/or civil rights laws for which health information is necessary to determine compliance with the HIPAA privacy standards.

Members of the Military. If you are a member of the Military services, the IHS may use or disclose your health information if necessary to the appropriate military command authorities as authorized by law.

Compelling Circumstances. The IHS may use or disclose your health information in certain other situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances:

The IHS may disclose limited protected health information where requested by a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;

If you are believed to be a victim of a crime, a law enforcement official requests information about you and we are unable to obtain your agreement because of incapacity or other emergency circumstances, we may disclose the requested information if we determine that such disclosure would be in your best interests;

The IHS may disclose protected health information as we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person;

The IHS may use or disclose protected health information in the course of a judiciary and administrative proceedings if required or authorized by law;

The IHS may use or disclose protected health information to report a crime committed on IHS health facility premises or when the IHS is providing emergency health care;

The IHS may use or disclosure PHI during a disaster and for disaster relief purposes; and
The IHS may make any other disclosures that are required by law.

Non Violation of this Notice. The IHS is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (business associates) disclose protected health information under the following circumstances:

Disclosures by Whistleblowers: If an IHS employee or contractor (business associate) in good faith believes that the IHS has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by the IHS has the potential of endangering one or more patients or members of the workplace or the public and discloses such information to:

A Public Health Authority or Health Oversight Authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions, or the suspected violation, or an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the IHS; or

An attorney on behalf of the workforce member, or contractor (business associate) or hired by the workforce member (either an employee or contractor) who is a victim of a crime on or off the IHS facility's premises may disclose information about the suspect violation.

2. Disclosures by Workforce Member Crime Victims.

Under certain circumstances, an IHS workforce member (either an employee or contractor) who is a victim of a crime on or off the IHS facility's premises may disclose information about the suspect to law enforcement official provided that:

- The information disclosed is about the suspect who committed the criminal act.
- The information disclosed is limited to identifying and locating the suspect.

Any other uses and disclosures will be made only with your written authorization, which you may later revoke in writing at any time. (Such revocation would not apply where the health information already has been disclosed or used in circumstances where the IHS has taken action in reliance 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 or the policy itself.)

To exercise your rights under this Notice, to ask for more information, or to report a problem contact the Chief Executive Officer of the Service Unit privacy official at:

If you believe your privacy rights have been violated, you may file a written complaint with the above individual(s) or the Secretary, U.S. Department of Health and Human Services, Washington, D.C. 20201. There will be no retaliation for filing a complain.



SOPHIE TRETTEVICK INDIAN
HEALTH CENTER



MAKAH 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 IT CAREFULLY.

SUMMARY OF YOUR PRIVACY RIGHTS

I. Understanding Your Health Record/Information

Each time you visit an Indian Health Service facility for services, a record of your visit is made. If you are referred by the Indian Health Service through the Contract Health Service (CHS) program, IHS also keeps a record of your CHS visit. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your health record, serves as a:

- Plan for your care and treatment.
 - Communication source between health care and professionals.
 - Tool with which we can check results and continually work to improve the care we provide.
 - Means by which Medicaid or private insurance payers can verify the services billed.
 - Tool for education of health care professionals.
 - Source of information for public health authorities charged with improving the health of the people.
 - Source of data for medical research, facility planning and marketing.
 - Legal document that describes the care you receive.
- Understanding what is in your health record and how the information is used helps you to:
- Ensure its accuracy.
 - Better understand why others may review your health information.
 - Make an informed decision when authorizing disclosures.

II. Your Health Information Rights

Although your medical record is the physical property of the IHS, the information belongs to you. You have the right to:

- **Inspect and receive a copy of your medical record.**
- **Request a restriction** on certain uses and disclosures of your health information. For example, you may ask that we not disclose your information and/or treatment to a family member. The IHS is not required to agree to your request; but if we do, we will comply with your request unless the information is needed to provide you with emergency services.

Request a correction/amendment to your health record if you believe the health information we have about you is incorrect or incomplete, we may amend your record or include your statement of disagreement.

- **Request confidential communications about your health information.** You may ask that we communicate with you at a location other than your home or by a different means of communications such as telephone or mail.

- **Receive a listing of certain disclosures** IHS has made of your health information upon request. This information is maintained for six years or the life of the record, whichever is longer.
- **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 IHS have taken action in reliance 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 or the policy itself.
- **Obtain a paper copy of the IHS Notice of Privacy Practices** upon request.
- **Obtain a paper copy of the IHS Medical, Health and Billing Records, System Notice Number 09-17-0001, upon request.**

III. IHS' Responsibilities

The Indian Health Service is required by law to:

- Maintain the privacy of your health information.
- Inform you about our privacy practices regarding health information we collect and maintain about you.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Honor the terms of this Notice or any subsequent revisions of this Notice.

The IHS reserves the right to change its privacy practices and to make the new provisions effective for all protected health information (PHI) it maintains. The IHS will post any revised Notice of Privacy Practices at public places within its health care facilities and on its web site at

<http://www.ihs.gov/AdminMngrResources/HIPAA/index.cfm> and you may request a copy of the Notice.

The IHS understand that health information about you is personal and is committed to protecting your health information. **IHS will not use or disclose your health information without your permission, except as described in this notice and as permitted by the Privacy Act and the IHS Medical, Health and Billing Records; System Notice 09-17-0001**

IV. HOW IHS may use and disclose health information about you.

The following categories describe how we may use and disclose health information about you.

We Will Use and Disclose Your Health Information to Provide Your Treatment. For example:

- Your personal information will be recorded in

your medical record and used to determine will be recorded in your medical record and used to determined the course of treatment for you. Your health care provider will document in your medical record his or her instructions to members of your healthcare team. The actions taken and the observations made by the healthcare team will be recorded in your medical record so your health care provider will know how you are responding to treatment.

- If the IHS refers you to another health care facility under the CHS program, the IHS may disclose your health information to that health care provider for treatment decisions.
- If you are transferred to another facility for further care and treatment, the IHS may disclose information to that facility to enable them to know the extent of the treatment you have received and other information about your condition.
- Your health care provider(s) may give copies of your health information to others (health care professionals, personal representative, etc.) to assist in your treatment.

We Will Use and Disclose Your Health Information for Payment Purposes. For example:

- If you have private insurance, Medicare, or Medicaid coverage, a bill will be sent to your health plan for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used for your treatment.
- If the IHS refers you to another health care provider under the CHS program, the IHS may disclose your health information with that provide for health care payment purposes.

We Will Use and Disclose Your Health Information for Payment Purposes. For example:

- We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide. This includes health care services provided under CHS program.

Business Associates. The IHS provides some healthcare services and related functions through the use of contracts with business associates. For example, the IHS may have contracts for medical transcription. When these services are contracted, the IHS may disclose your health information to business associates so that they can perform their jobs.

We require our business associates to protect and safeguard your health information in accordance with all applicable Federal laws.

Directory. If you are admitted to an IHS inpatient facility, the IHS may use or disclose your name, general condition, religious affiliation, and location within our facility, for facility directory purposes, unless you notify us that you object to this

information being listed. The IHS may provide your religious affiliation only to members of the clergy.

Notification. IHS may use or disclose your health information to notify or assist in the notification of a family member; personal representative or other authorized person(s) responsible for your care, unless you notify use that you object.

Communication with Family. All IHS health providers may use or disclose your health information to others responsible for your care unless you object. For example, IHS may provide your family members, other relatives, close personal friends, or any other person you identify, with health information that is relevant to that person's involvement with your care or payment for such care.

Adults and Emancipated Minors with Personal Representatives or Legal Guardians. IHS shall treat a personal representative or legal guardian of any such individual who has been declared incompetent due to physical or mental incapacity by a court of competent jurisdiction for the purposes of the use and disclosure of PHI as it relates to such personal representation.

Interpreters. In order to provide you proper care and services, the IHS may use the services of an interpreter. This may require the use or disclosure of your personal health information to the interpreter.

Research. The IHS may use or disclose your health information for research purposes that has been approved by an IHS Institutional Review Board (IRB) that had reviewed the research proposal and established protocols to ensure the privacy of your health information. The IHS may also use or disclose your health information for research purposes based on your written authorization.

Organ Procurement Organizations. The IHS may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of facilitating organ, eye, or tissue donation and transplant.

Uses and Disclosures about Decedents. The IHS may use or disclose health information about decedents to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties as authorized by law. The IHS also may disclose health information to funeral directors consistent with applicable law as necessary to carry out their duties. In addition, the IHS may also disclose protected health information about decedents where required under the Freedom of Information Act or otherwise required by law.

Treatment Alternatives and Other Health-related Benefits and Services. The IHS may contact you to provide information about treatment alternatives or other types of health-related benefits and services that may be of interest to you. For example, we may contact you about availability of new treatment or services for diabetes.