



# The Urban Indian Center of Salt Lake Notice of Privacy Practices

Effective Date: February 16, 2026

**THIS NOTICE DESCRIBES HOW MEDICAL INCLUDING SUBSTANCE USE DISORDER (SUD) INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## SUMMARY OF YOUR PRIVACY RIGHTS

### A. Understand Your Medical Record/Information

**Each time you visit The Urban Indian Center of Salt Lake (UICSL) for services, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:**

1. Plan for your care and treatment.
2. Communication source between health care professionals.
3. Tool with which we can check results and continually work to improve the care we provide.
4. Means by which Medicare, Medicaid, or private insurance payers can verify the services billed.
5. Tool for education of health care professionals.
6. Source of information for public health authorities charged with improving the health of the people.
7. Source of data for medical research, facility planning, and marketing.
8. Legal document that describes the care you receive.

### B. Understanding what is in your medical record and how the information is used helps you to:

1. Ensure its accuracy.
2. Better understand why others may review your health information.
3. Make an informed decision when authorizing disclosures.
4. SUD Records are subject to more stringent limitations as noted in 42 CFR part 2

### C. Your Medical Record/Information Rights

**Your medical record is the physical property of the UICSL, but the information belongs to you. You have the right to:**

1. Inspect and receive a paper or electronic copy of your health information.
2. Receive notification of a breach of your unsecured protected health information.
3. Request a restriction on certain uses and disclosures of your health information, including disclosures to your health plan under some circumstances.
4. Request a correction or amendment to your health information. The UICSL may amend your record or include your statement of disagreement.
5. Request confidential communications about your health information.
6. Request and obtain a listing of certain disclosures the UICSL has made of your health information.
7. Revoke your written authorization to use or disclose health information.
8. Request and obtain a paper or electronic copy of the UICSL Notice of Privacy Practices.
9. Request and obtain a paper or electronic copy of the patient's medical record from the UICSL Medical, Health and Billing Records, System Notice Number 09-17-0001.

10. File a complaint if you believe your privacy rights have been violated.

#### **D. The Urban Indian Center of Salt Lake Responsibilities**

**The UICSL understands that health information about you is personal and is committed to protecting your health information. The UICSL is required by law to:**

1. Maintain the privacy of your health information.
2. Inform you about our privacy practices regarding health information we collect and maintain about you.
3. Notify you if we do not agree to a requested restriction.
4. Notify you of our decision regarding a request for correction or amendment.
5. Accommodate reasonable requests you may have to communicate health information by alternate means or to an alternate location.
6. Promptly notify you of a breach of unsecured protected health information (PHI).
7. Honor the terms of this Notice or any subsequent revisions of this Notice.
8. Require written patient consent to share Part 2 SUD records

#### **REVISED NOTICE OF PRIVACY PRACTICES**

The Urban Indian Center of Salt Lake (UICSL) reserves the right to change its privacy practices and to make the new provisions effective for all PHI it maintains. UICSL will post any revised Notice of Privacy Practices at public places within its facilities and on its website.

#### **HOW THE UICSL MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The UICSL will not use or disclose your health information without your permission except as described in this Notice and as permitted by the HHS Privacy Act regulations, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, the Genetic Information Nondiscrimination Act (GINA) of 2008, and the IHS Medical, Health and Billing Records, System Notice 09-17-0001.

#### **A. Treatment**

**The UICSL will use and/or disclose your health information to provide your treatment. For example:**

1. Your personal information will be recorded in your medical record and used to determine the course of treatment for you. Your health care provider will document their instructions to members of your healthcare team.
2. If you are referred or transferred to another provider for care, the Urban Indian Center of Salt Lake may disclose information to that provider.
3. Your health care provider(s) may give copies of your health information to others, including health care professionals or personal representatives, to assist in your treatment.

#### **B. Payment Purposes**

The UICSL will use and disclose your health information for payment purposes. For example, the UICSL may send bills to your health plan (e.g., Medicare, Medicaid, private insurance) that include identifying information, diagnosis, procedures, and supplies used.

#### **C. Health Care Operations**

The UICSL may use your health information for health care operations, such as evaluating care and treatment outcomes, improving service quality and effectiveness.

#### **D. Health Information Exchange (HIE)**

The UICSL HIE may make your health information available electronically through information exchange networks to other providers involved in your care. Authorization may be required.

#### **E. Personal Health Record (PHR) Patient Portal**

The UICSL Patient Portal is a secure web-based application that provides patient access to health information for patients who receive care at the UICSL and establish a Patient Portal account.

#### **F. Direct**

The UICSL may share health information between providers and between providers, patients, and authorized representatives via secure messaging services.

#### **G. Business Associates**

The UICSL may disclose health information to business associates performing functions on behalf of the UICSL,

provided they safeguard your information according to federal law.

#### **H. Notification**

The UICSL may notify or assist in notifying a family member, personal representative, or other person responsible for your care unless you object.

#### **I. Communication with Family**

Providers may use or disclose health information to family members or others involved with your care unless you object.

#### **J. Adults and Emancipated Minors with Personal Representatives**

The UICSL may disclose health information to legal personal representatives of individuals determined incompetent by a court.

#### **K. Interpreters**

The UICSL may use interpreters to provide proper care, which may require sharing your health information with the interpreter.

#### **L. Research**

The UICSL may use or disclose health information for research when approved by a governing body. Other uses require written authorization.

#### **M. Organ Procurement Organizations**

Health information may be disclosed to organ procurement organizations for donation and transplant activities.

#### **N. Uses and Disclosures about Decedents**

The UICSL may disclose health information about deceased persons to coroners, medical examiners, or funeral directors as authorized by law.

#### **O. Treatment Alternatives and Health-Related Benefits**

The UICSL may contact you about treatment alternatives or other health-related benefits or services.

#### **P. Food and Drug Administration (FDA)**

The UICSL may disclose health information to the FDA for matters such as adverse events, product defects, recalls, and surveillance.

#### **Q. Appointment Reminders**

The UICSL may contact you with appointment reminders or advise you of missed appointments.

#### **R. Workers' Compensation**

The UICSL may disclose health information as required for workers' compensation purposes.

#### **S. Public Health**

The UICSL may disclose health information to public health authorities to prevent or control disease, injury, disability, or conduct surveillance and investigations.

#### **T. Correctional Institutions**

If you are an inmate, UICSL may disclose health information necessary for your health and the safety of others.

#### **U. Law Enforcement**

The UICSL may disclose health information for law enforcement activities or in response to court orders as authorized by law.

#### **V. Health Oversight Authorities**

The UICSL may disclose health information to oversight agencies for audits, investigations, inspections, and compliance determinations.

#### **W. Members of the Military**

Health information may be disclosed to appropriate military command authorities when necessary.

#### **X. Compelling Circumstances**

In certain circumstances involving safety, law enforcement, emergencies, or disaster relief, the IHS may disclose limited health information.

#### **Y. Required by Law**

The UICSL may use or disclose health information as required by law, consistent with legal requirements. However, SUD Part 2 records cannot be used or disclosed in civil, criminal or administrative proceedings against the patient without specific written consent or a court order.

**AA. Non-Violation of this Notice**

Disclosures by whistleblowers or workforce crime victims under certain conditions are not considered violations of this Notice.

**BB. Other Uses and Disclosures**

If you receive services related to the diagnosis, treatment, or referral for the treatment of a substance use disorder (SUD), associated records may be protected under a special federal law (42 CFR Part 2). We will not disclose such records without your written consent, except in the case of a medical emergency or if required by law. If other providers receive your records for treatment, payment, or operational purposes, they may redisclose the records in accordance with applicable privacy laws. However, your records cannot be shared or redisclosed for use in civil, criminal, administrative, legal, or legislative proceedings against you without your consent or a court order.

Most psychotherapy notes and other uses not in this Notice require written authorization, which can later be revoked, subject to certain exceptions.

**Rights Under This Notice / Complaints**

Refer to UICSL Patient Bill of Rights for more information.

**To exercise your rights under this Notice, to ask for more information, or to report a problem, contact the appropriate Privacy Official:**

The Urban Indian Center of Salt Lake  
HIPAA Privacy Officer  
West Valley Administrative Office  
3489 West 2100 South, West Valley City, Utah  
(801)486-4877 x 0118

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

End of Notice

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