



Client Rights and Responsibilities

RIGHTS	RESPONSIBILITIES
<ul style="list-style-type: none"> You can expect to be informed at the time information is being collected about you, why this information is needed, and how it will be used. You can be assured that personal information about you will only be used for the reasons given. The Ponca tribe of Nebraska will seek your permission when another purpose for its use is considered necessary or desirable. You can request to see your records in writing, in person, or by telephone. Another person of your choice may accompany you when you check your records. You are entitled to receive a copy of your record or an acknowledgement of your request within ten working days. If your request for amendment is accepted, then the information in your record will be changed and you will be informed of this action. If your request to amend your record is denied, the Ponca Health Services will tell you the reasons for this decision. If you choose to appeal the denial of your request, a review will be made within 30 days. If your appeal is upheld, your record will be amended as requested. If your appeal is denied, the official who reviewed your case must tell you the reasons and inform you of your right to file a statement of disagreement with your record and your right to seek judicial review of the decision. 	<ul style="list-style-type: none"> All information obtained regarding OTHER clients of the Ponca Health Services must be kept strictly confidential: If you happen to see another client while receiving services at the Ponca Health Services, you cannot tell anyone that you saw this client, even if the client is a relative - unless the client specifically releases you to do so. If you happen to visit with another client during your visit to the Ponca Health Services, you cannot share this information with anyone else, even if the client is a relative - unless the client specifically releases you to do so. When requesting records, information about your health status, etc. be as specific as possible. Blanket requests for "all the information the Ponca Health Services has on me" cannot be honored. If you appear in person to review your records, you must provide Identification to verify that you are the person whose record you are requesting. If you wish to correct, delete or add information, you must identify the record and give reasons for the desired change. In general, only factual, verifiable information is subject to amendment under federal law (the Privacy Act of 1974).

My signature below indicates that I have read this form and understand my rights and responsibilities per the Federal Privacy Act of 1974, as a client receiving services from the Ponca Health Services. I agree to advocate for my rights if I feel they are not being upheld. I also agree to comply with those responsibilities listed above; knowing that any breach of confidentiality could be grounds for a \$500.00 to \$5,000.00 fine.

SIGNATURE		DATE	
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