

## Notice of Privacy Practices

Effective January 1, 2019

**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.

1. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
2. We will provide a copy or a summary of your health information, usually within 30 days of your request.
3. 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 will tell you why in writing.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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).
9. You can ask for a paper copy of this notice at any times, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
10. 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.
11. We will make sure the person has this authority and can act for you before we take action.
12. You can file a complaint if you feel we have violated your rights by contacting us at 68 Wellness Lane Campbellsville, KY 42718.
13. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**Your Choices** – For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know and we will follow your instructions. In these cases, you have both the right and choice to tell us.

1. Share information with your family, close friends, or others involved in your care.
2. Share information in a disaster relief situation

We will never share your information unless you give us written permission:

1. Marketing purposes
2. Sale of your information

**Our uses and Disclosures** – We typically use or share your health information in the following ways

1. We can use your health information and share it with other professionals who are treating you. For example: A doctor treating you for an injury asks another doctor about your overall health condition.
2. We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example: We use health information about you to manage your treatment and services.
3. We can use and share your health information to bill and get payment from health plans or other entities. For example: We give information about you to your health insurance plan so it will pay for your services.
4. We can share health information about you for certain situations such as:
  - a. Preventing disease
  - b. Helping with product recalls
  - c. Reporting adverse reactions to medications
  - d. Reporting suspected abuse, neglect, or domestic violence
  - e. Preventing or reducing a serious threat to anyone's health or safety
5. We can use or share your health information for health research
6. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law
7. We can share health information about you:
  - a. For workers' compensation claims
  - b. For law enforcement purposes or with a law enforcement official
  - c. With health oversight agencies for activities authorized by law
  - d. For special government functions such as military, national security, and presidential protective services
8. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us in writing if you change your mind.