HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO SUCH INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") describes how HealthPoint Family Care ("HPFC") may use and share your medical information with others to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. This Notice also describes your rights to see and amend your Protected Health Information ("PHI"). PHI is information about you and services you have received. PHI may include information such as your name, address, date of birth, diagnosis, treatment, or other information that may identify you and your past, present, or future physical or mental health or treatment you receive.

Uses and Disclosures of Your Medical Information

Your PHI may be used and shared by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay our claims for care provided to you, to support the operations of HPFC, and any other use permitted or required by law.

Treatment: We will use and share your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party (for example, sending PHI about you to a specialist as part of a referral).

Payment: Your PHI will be used, as needed, to receive payment for claims associated with health care services provided to you. For example, receiving approval for a hospital stay may require that your PHI be shared with a health plan to obtain approval for the hospital admission. Or, sending billing information to your insurance company or a governmental payor such as Medicaid or Medicare. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and other third parties that process our health care claims.

Health Care Operations: We may use or disclose, as needed or appropriate, your PHI in connection with our health care operations. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, health oversight audits or inspections, marketing and fundraising activities, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may also provide your PHI to parties such as our accountants, attorneys, and consults in order to make sure we comply with applicable laws.

Appointment Reminders: We may use and disclose your PHI to contact you to remind you of your appointment by phone or email.

Treatment Alternatives: We may use and disclose your PHI to inform you about possible treatment options and health related benefits and services that may be of interest to you.

Fundraising: We may use and disclose your PHI to contact you in fundraising efforts for HPFC and, in the event you prefer to not receive such communications, you are able to opt out of receiving them at any time.

Additional Uses and Disclosures

As described below, we may use or disclose your PHI in several other situations without your authorization.

As Required by Law: We may disclose your PHI when required to do so under federal, state, or local law.

For Public Health Activities: We may disclose your PHI to public health or other authorities charged with preventing or controlling disease, injury, or disability, or charged with collecting public health data.

Abuse and Neglect: We may disclose your PHI to public officials who are authorized by law to receive reports regarding abuse, neglect, and domestic violence.

Health Oversight Activities: We may disclose your PHI to organizations providing oversight of health care facilities and services, such as governmental agencies and benefit programs.

For Legal Proceedings: We may disclose your PHI in the course of a legal or administrative proceedings, including in response to a subpoena or an order of a court.

For Law Enforcement Purposes: We may disclose your PHI to law enforcement officers in certain circumstances where we suspect criminal misconduct or to report a crime on our premises or in emergency situations.

To Coroners and For Organ Donation: We may disclose your PHI to coroners or medical examiners for the purpose of identifying a deceased person, determine the cause of death or as otherwise required. We may also disclose your PHI to funeral directors as necessary for them to carry out their duties.

For Research: We may disclose your PHI to researchers if an institutional review board has approved such disclosures because adequate safeguards have been taken to ensure the protection of your PHI.

To Avert Serious Harm: We may disclose your PHI when necessary to prevent a serious threat to the safety and health of the public or a person, including yourself.

Government Functions: We may disclose your PHI to military officials if you are an active member of the military or to determine eligibility and/or benefits for veterans. We may also disclose your PHI for national security, intelligence activities, the protection of the President, and to determine officials' suitability to serve in public office. If you are an inmate of a correctional facility, we may disclose your PHI to officials at the correctional facility.

Workers' Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws or similar programs that provide benefits for work related injuries or illness.

Other Permitted and Required Uses and Disclosures
Other uses and disclosures not described on this notice will be made only with your authorization or opportunity to object unless required by law. These include most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures for marketing purposes, and disclosures that constitute a sale of your PHI. You may withdraw any authorization you agreed to, at any time, if made in writing to our Privacy Officer at the address below.

Your Rights
The following are statements of your rights about your PHI.

You have the right to inspect and request a copy of your PHI, as long as we maintain your medical record. You must make a written request for the copy to our Privacy Officer at the address below. We may charge you a reasonable fee for the processing of your request and the copying of your PHI to the extent permitted by Kentucky law. In certain circumstances we may deny your request and you may be entitled to request that our denial be reviewed. Depending on the reason for the denial, another licensed health care professional chosen by us may review your request and the associated denial.

You have the right to request a restriction of your PHI. This means you may ask us not to use or share any part of your PHI for the purposes of Treatment, Payment, or Health Care Operations, exclucding in the case of an emergency. You may also request that any part of your PHI not be disclosed to family members, friends, or other individuals who may be involved in your care. While HPFC will consider any reasonable request for restrictions, we are not required to agree to your request, unless you request a restriction on certain disclosures of your PHI to a health plan where you have paid in full for HPFC's services on your own.

You have the right to request that PHI about you be communicated to you in a confidential manner. This would include manners such as sending mail to an address other than your home. Your request must state how or where you would like to be contacted to our Privacy Officer at the address below, and we will accommodate reasonable requests.

You have the right to obtain a paper copy of this Notice from us upon request at any time. You may ask us to give you a paper copy of this Notice at any time. You may also obtain a copy of this notice on our website, http://www.healthpointfc.org.

You may have the right to request that HPFC amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record. To request that HPFC amends your PHI, you must make your request in writing to the Privacy Officer at the address below and explain why the amendment is needed. We may deny your request to amend if (a) we did not create the PHI, (b) the request pertains to information we do not maintain, (c) the amendment pertains to information you are not permitted to inspect or copy such as psychotherapy notes, and (d) we determine that the PHI is accurate and complete. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare an answer to your statement and will provide you with a copy of any such answer.

You have the right to receive an accounting of certain disclosures, if any, of your PHI. The accounting of disclosures does not apply to disclosures made for treatment, payment, or health care operations, or for disclosures we have made to you or at your request. The first accounting requested in a twelve (12) month period is free, but you may be charged for the cost of producing additional accountings during that same twelve (12) month period. The request for an accounting must be made in writing to the Privacy Officer at the address below, specifying the applicable time period for the accounting.

You will receive notifications of breaches of your unsecured PHI. If your PHI maintained by HPFC or any of its business associates has been breached, HPFC will notify you of the situation and take reasonable actions to mitigate any harm that might result from the breach.

You have the right to complain to HPFC or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by HPFC. You may file a complaint with us by notifying our Privacy Officer at the address below. Filing a complaint will not affect your health care services in any way.

TO EXERCISE ANY OF THESE RIGHTS, you may ask any staff member in a HPFC office for the proper forms and instructions.

We reserve the right to revise the terms of this Notice. If we make any revisions, we will inform you by posting the revised notice in the waiting area and on our website, http://www.healthpointfc.org.

We are required by law to protect the privacy of your information, provide this Notice about our privacy practices, follow the practices described in this Notice, and notify you following a breach of your unsecured PHI. If you have any questions or complaints, please contact our Privacy Officer at:

HealthPoint Family Care
1401 Madison Avenue
Covington, Kentucky 41011
859-655-6100.

By signing below, you only acknowledge that you have received a copy of this Notice of Privacy Practices.

Print Name_____Signature_____Date_____

For Office Use Only

Patient was given a copy of this notice: _____ Patient refused to sign acknowledgement _____

If the patient refused to sign, please document our efforts to obtain the patient's signature and explain why the signature was not obtained: _____
_____
_____
_____
_____

_____ _____ _____
Staff Signature Date Account Number