



# Family Health Centers

*Care for your Health & Wellness*

## **Notice of Privacy Practices**

We create a record of the care and services you receive at Family Health Centers. We need this record to provide you with quality care and to comply with certain legal requirements. We are committed to protecting your medical and personal information.

### **We are required by law to:**

- Make sure medical information that identifies you is kept private.
- Give you this information about our legal duties and privacy practices for medical information.
- Follow the most current Notice of Privacy Practices posted at each clinic location.

## **Consents and Authorizations**

You will sign a **Consent** form each year to allow Family Health Centers to use and share your protected health information for the purpose of treatment, payment, and health care operations. The patient must sign this consent unless the patient is a minor or has a court-appointed legal representative.

The **Permission to Allow** is a form you may sign to allow Family Health Centers to verbally share your protected health information with another person that you choose. This form does not allow that person to make medical decisions for you.

The **Proxy Form** is signed by a parent to give another adult permission to bring in their child for an appointment. Any child under 18-years-old must have a parent, legal guardian, or proxy with them for medical appointments. If there is no Proxy Form on file, the provider does not have to see the child. Only the parent or legal guardian of the child may update the patient's account. A parent or guardian must sign this form each year.

An **Authorization** is a form you may sign to allow Family Health Centers to share protected health information about you with someone such as the Disability Office, a private attorney, etc. Family Health Centers does not deny treatment if you do not sign an authorization.

Each year you will sign a Consent to allow us to use and share your protected health information for these important reasons:

### **For Treatment**

We use your protected health information to provide you with medical treatment and services.

Your medical information is shared with doctors, nurses, and other Family Health Centers staff who are involved in your care. For example, your provider and the nursing staff will look at your medical record during your appointments at Family Health Centers. We may also contact you by phone or by mail to give appointment reminders, information about treatment alternatives, or other health-related benefits and services.

### **For Payment**

We use and share your protected health information so that the treatment and services you receive at Family Health Centers may be billed. For example, our Billing Department will use the information on the encounter form from your visit to bill you, your insurance company, Medicare, and/or Medicaid.

### **For Health Care Operations**

We use and share your protected health information between different departments to help the clinic run smoothly. For example, if you call to ask for a medicine, your medical record may be seen by your provider as well as by nursing staff and a medical records clerk. Other ways in which your information is used and/or shared for health oversight activities include;

- Government benefit programs for which health information is relevant to beneficiary eligibility
- Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards;
- Entities subject to civil rights laws for which health information is necessary for determining compliance.
- Family Health Centers participates with the Kentucky Health Information Exchange (KHIE). Health Exchanges are a national effort to improve your health care. Family Health Centers will share your protected health information with KHIE in a secure system. This does not include mental health, substance abuse or HIV information. The KHIE system will let other health providers that treat you to look up your health information. To learn more about the KHIE please visit the website at <http://chfs.ky.gov/os/goehi/khie.htm>

### **Appointment Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our office.

### **Treatment Alternatives**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### **Health-Related Benefits and Services**

We may use and disclose medical information to tell you about health-related benefits or

services that may be of interest to you.

We are sometimes required to use or share your protected health information in other ways, even without your written consent or authorization. These are:

### **Special Purposes When Permitted or Required by Law**

We may disclose medical information about you for special purposes when permitted or required by law, including the following:

- To avoid a serious threat to health or safety against you, the public or another person.
- For public health and administrative oversight activities
- For organ and tissue donation and transplant
- For research purposes limited information may be disclosed as permitted by law
- To workers' compensation or similar programs for the payment of benefits for work-related injuries
- To coroners, medical examiners and funeral directors
- To comply with court orders, judicial proceedings, or other legal processes
- For U.S. Military and veteran reporting
- For national security and intelligence activities

### **Your Rights Regarding Your Medical Information**

You have many rights regarding your medical information, including:

#### **Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

#### **Your Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request for an amendment.

#### **Your Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. Your request must state a time period. We may limit the time period to 6 years and to disclosures made on or after April 14, 2003.

#### **Your Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you.

## **We are Not Required by Law to Agree to Your Request**

### **Your Right to Request Confidential Communications**

You have the right to request we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by email. You may make this request in writing or verbally.

### **Right to a Paper Copy of this Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this Notice at any time.

### **Right to File a Complaint**

If you believe your privacy rights have been violated you may file a complaint with the following:

- Speak to a front office manager or contact Administration for The Patient Grievance Procedure at 772-8555.
- For difficult problems, call the Patient Ombudsman at 772-8560.
- If you have a concern about patient safety, you may contact the Joint Commission at (800) 994-6610 or by email at [complaint@jointcommission.org](mailto:complaint@jointcommission.org).