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 (FHC). 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.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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 and does not allow that person to receive a copy of your protected health information.

The **Proxy Form** is signed by a parent or legal guardian 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 legal guardian must sign this form each year.

An **Authorization to Release Records i**s 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.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

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 can 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 treating you for an injury asks another provider for your overall health condition. We may also contact you by phone, text messages, email, or secure email to give appointment reminders, information about treatment alternatives, or other health-related benefits and services.

For Payment

We can use and share your protected health information so that the treatment and services you receive at Family Health Centers may be billed and get payment. 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 can 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.
- FHC participates in several Federal, State, and Local Health Information Exchanges (HIE) and Health Collaboratives in an effort to provide continuing care with participating health care providers. FHC will share your protected electronic health information with these HIE's and Collaboratives via a secure exchange. Health Information shared does NOT include records protected under 42 CFR (Substance Abuse). HIE's and collaboratives allow other participating providers, that are involved in your treatment, payment or healthcare operations, to look up your health information. Every participating provider enters into a Business Associate Agreement, which holds all participants and the HIE or Collaborative to accountable to HIPAA Privacy and Security Regulations. For more information or to opt out please speak with a staff member.

ADDITIONAL USES AND DISCLOSURES OF HEALTH INFORMATION:

Sign-In Sheet: We may use and disclose health information about you by having you sign in when you arrive at FHC. We may also call out your name when you are ready to be seen.

Appointment and Recall Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment or for health care that you are due to receive.

Business Associates: Some of our functions are accomplished through contracted services provided by Business Associates. A Business Associate may include any individual or entity that receives your health information from us in the course of performing services for FHC. Such services may include without limitation, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services. When these services are contracted, we may disclose your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Disaster Relief: We may disclose information about you to an entity assisting in disaster relief so that your family can be notified about your condition, status, and location.

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.

SPECIAL PURPOSES WHEN DISCLOSURES ARE PERMITTED OR REQUIRED BY LAW

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

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 your, the public or another person.
- For public health and administrative oversight activities; such as disease control, abuse or neglect reporting, health and vital statistics, audits, investigations, and licensure reviews.
- For organ and tissue donation and transplant to assist organ or 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 identify a deceased person, determine cause of death, or to carry out duties.
- To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions, and criminal activity.
- For U.S. Military and veteran reporting regarding members and veterans of the armed forces of U.S. or foreign military.
- For national security and intelligence activities such as protective services for the President and other authorized persons.

STATE AND OTHER FEDERAL LAWS:

We will comply with all applicable state and federal laws. For example, under State law, there are more limits on the disclosure of HIV and AIDS information. Under Federal law, there are more limits on the disclosure of Substance Abuse, Mental Health, and Genetic information. We will continue to abide by all applicable state and federal laws.

OTHER USES OF MEDICAL INFORMATION THAT REQUIRE AUTHORIZATION:

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us an authorization to use or disclose information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by the written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:
You have many rights regarding your medical information. If you wish to exercise any of these rights, you must submit your request in writing, unless otherwise noted:

Inspect and Copy
You have the right to inspect and get an electronic or paper copy medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. 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. We may say "no" to your request, but we'll tell you why in writing within 60 days.

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 for six years prior to the date requested. We will include all the disclosures expect for those about treatment, payment, and health care operations. We will provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another within 12 months.

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. The request must be in writing. You can ask us **not** to use or share certain health information for treatment, payment, or our operations. **We are NOT required to agree with your request, and we may say "no" if it would affect your care.** 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.

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 secure email. You may make this request in writing or verbally. We will say "yes" to all reasonable requests.

Right to a Paper Copy of this Notice
You have the right to ask for a paper copy of this Notice at any time, even if you agreed to receive the notice electronically.

Right to choose someone to act for you
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. We will make sure the person has this authority for you before we take any action.

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

- Contact Family Health Centers Privacy Officer at 502-774-8631.
- Contact Administration at 502-774-8631.
- You may file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- 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.

NOTE: We will NOT retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE:
We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at our offices and make copies available upon request.

PRIVACY NOTICE CONTACT INFORMATION:
For questions about this Privacy Notice, contact:
Privacy Officer
Family Health Centers
2215 Portland Avenue
Louisville, KY 40212
Telephone: (502) 774-8631