

# 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 THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

Your privacy is important

Frontier Medical Associates, PLLC understands your privacy is important. We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice. We will handle this information only as allowed by federal/state law and agency policy, adhering to the most stringent law that protects your health information. If at any time you believe your privacy rights have been violated, you may verbally or in writing contact:

- The Secretary of Health and Human Services of the Federal Government

Addresses and phone numbers to use are listed at the end of this notice. You will not suffer any change in services or retaliation for filing a complaint. Each time you receive services from us, the provider will make a record of the visit. Typically, this record contains one or more of the following pieces of information: your assessment, service plan, progress notes, diagnosis, treatment, and/or plan for future care of treatment.

Your federally defined rights under 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patients), and 45 CFR Part 160 and 164 (HIPAA Privacy Standards)

There are several rights concerning your protected health information that we want you to be aware of:

- You have the right to obtain a paper copy of this Privacy Notice at any time upon request.
- You have the right to inspect or request copies of your medical records. This process will be kept confidential. The right is not absolute. In certain situations, as if access would cause harm, we can deny access. If denied access, you will receive a timely, written notice of the decision and reason, and a copy of this notice becomes part of your record.
- You have the right to request amendment of your medical records if you believe information in the records is inaccurate or incomplete. You must make the request in writing. We may deny the request for proper reasons but you will be provided with a written explanation of the denial.
- You have the right to receive an accounting of the agency's disclosures of your protected health information that were not for the purpose of planned treatment, payment, health care operations, or that were not otherwise authorized by you. You also have the right to be given names of anyone, other than employees of the agency, who received information about you from the agency.
- You have the right to request a restriction with regards to the use or disclosure of your protected health information. This request will be given serious consideration and you will be informed promptly whether we will be able to honor the requested restriction and still offer effective services, receive payment, and maintain health care operations. Legally we are required to agree to any restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency circumstances.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such request must be made in writing. We will agree to all reasonable requests.

## **Use and Disclosure of Your Information**

Upon signing the agency's Consent to Treatment form, you are allowing us to use and disclose necessary information about you within the agency and with business associates in order to provide treatment, receive payment for treatment/services, and conduct our day-to-day health care operations.

### ***Example***

- In order to effectively provide treatment/services, the physicians, nurse, or counselor may consult with other service providers within the agency. During those consultations, health information about you may be shared.

## **HIPAA NOTICE OF PRIVACY PRACTICES**

- If you are not paying for yourself, in order to receive payment of services provided, your health information may be sent to the agencies or groups responsible for payment coverage, and a monthly bill is sent to the responsible party noted on the financial form.

In day-to-day health care operations, trained staff may handle your physical medical record in order to have the record assembled, available for review by the primary counselor, or for filing of documentation. Certain data elements are entered into our computer system that processes most billing, and for state statistical reporting to The Department of Mental Health and Mental Retardation Division of Substance Abuse Services, State Narcotic Authority. As a part of our continuous quality improvement efforts to provide effective services, your record may be reviewed by professional staff to assure accuracy, completeness, and organization. Records may also be reviewed during accreditation surveys by the Commission on Accreditation of Rehabilitation Facilities or by KYSN Authority.

## **Enhancing Your Healthcare**

Some agency programs provide the following support to enhance your overall health care and may contact you to provide:

- Appointment reminders by call or letter.
- Inquiry by letter or call when you have failed to come as scheduled.
- Information about health-related benefits and services that may be of interest to you.
- Information about treatment alternatives.

## **Individuals Involved in Your Care or Payment for That Care**

Unless you object, in emergencies, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

## **Specific Circumstances for Disclosure**

This agency is also allowed by federal and state law in certain circumstances to disclose specific health information about you. These specific circumstances are:

- Judicial Order and Administrative proceedings of our agency (e.g., Order from a court with a subpoena, or legal counsel to the agency) though in most circumstances like these we will seek your authorization first.
- Law Enforcement purposes (e.g., Reporting of gunshot wounds, limited information request about suspects, fugitives, material witness, missing persons, criminal conduct on the premises).
- To avert a serious threat to the health and safety of another person (e.g., In response to threats made by you to harm another).
- Children or incapacitated adults who are victims of abuse, neglect, or exploitation.
- To medical personnel in a life-threatening emergency involving your health.
- Coroners and Medical Examiners for identification of a deceased person or to determine cause of death.
- To the US Department of Health and Human Services, or the Commonwealth of Kentucky Division of Substance Abuse in connection with an investigation of use for compliance with federal regulations.

The law permits us to disclose information to the Center for Disease Control on communicable diseases, to the Department for Homeland Security in cases involving the president's safety, and to other entities for reasons paralleling those listed above. Until clear legal precedent has been set, we will disclose without your permission only in situations exactly corresponding to those given above.

### **Other Uses and Disclosure of Your Information by Authorization Only**

We are required to get your authorization to use or disclose your protected health information for any reason other than for treatment, payment, or health care operations, and those specific circumstances outlined previously. We use an "Authorization to Release Protected Health Information" form, which is signed by you or your legal representative. You have the ability to revoke the signed authorization at any time by a written statement except to the extent that we have acted on the authorization.

### **Changes to Privacy Practices**

Frontier Medical Associates, PLLC reserves the right to change any of its privacy policies and related practices at any time allowed by federal and state law and to make the change effective for all protected health information that we maintain. Revised Privacy Notices will be posted at all service sites and be available upon request by mailing or by discussion with an agency representative, or by electronic means, or by a combination of the three. This will be accomplished within ten (10) working days of the effective date of the revision.

For additional information concerning our Privacy Policy or the federal or state laws pertaining to privacy, please contact:

- Antoin Hana, CEO/President,
- Secretary of Health and Human Services, 2000 Independence Ave, SW, Room 509, Washington DC 20201, 800-368-1019

*Please remember: You may be held liable for violating the confidentiality of any other person who happens to be in treatment with you. Avoid talking to others about whom you see at any of our facilities. Do not assume that another patient who comes here wants to have a conversation with you outside the program. Whom you see here and what is said here should remain here. It works to protect your privacy, it is common courtesy, and it is the law.*

### **Limits of Confidentiality**

It is the policy of Frontier Medical Associates, PLLC to report abuse, neglect, or suspected abuse and neglect and death concerning children or adults in accordance with KRS 620.030; and KRS 209.030.