



CARROLL: (502) 732-1082  
OWEN: Behavioral Health (502) 484-2595

GALLATIN: (859) 567-1591

OWEN: (502) 484-2117

Dental Clinic (502) 484-5888

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. We are required by law to protect the privacy of your information, to provide this Notice about our privacy practices, and to follow the privacy practices that are described in this Notice with respect to your medical information. **Please review it carefully.**

### YOUR RIGHTS

You have the right to:

Get a copy of your paper or electronic medical record

- Correct your paper or electronic medical record
- Request confidential communication
- Request us to limit the information we share
- Get a list of those with whom we've shared your info
- Get a copy of this privacy notice and Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### YOUR CHOICES

You have some choices in the way that we use and share info as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services
- Raise funds

### OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you and bill for your services
- Run our organization
- Help with public health and safety issues
- Do research and Comply with the law
- Contact you for information or reminder calls (phone, mail, etc.)
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Training staff and students for teaching purposes

### 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.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct/amend your health information about you that you think is incorrect or incomplete, in writing. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days. You must give a reason for the amendment of your request.

#### Request confidential communications

- 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, in writing. We will say yes to all "reasonable" requests. Your request must specify how or where you wish to be contacted.

#### Request us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations, in writing. We are not required to agree to 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, in writing, 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.

#### Get a list of those with whom we've shared information for reasons other than treatment, payment or health care operations

- You can ask for an accounting of times we shared your health information, in writing, for 3 years prior to the date you ask, who we shared it with/why.
- 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). We'll provide 1 accounting a year free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you received the notice electronically. We will provide you with a paper copy promptly.

#### 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 (a copy of the legal document for power of attorney, legal guardianship, etc. must be in your patient record).
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated, we will not retaliate against you for filing a complaint

- You can file a complaint if you feel we have violated your rights by contacting the HIPAA Privacy Officer at the contact information identified below.
- You can 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, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### 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, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care if your provider decides it is relevant per their professional judgement.
- Share information, such as location or general condition to FEMA or Red Cross, in a disaster relief situation  
*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### In these cases, we never share your information unless you give us written permission:

- Marketing purposes, sale of your protected health information and sharing of most psychotherapy notes
- When required by law, we will obtain your authorization before releasing certain classes of protected health information, such as substance use, sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records and HIV/AIDS information.
- In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you.

## **Our Uses and Disclosures**

**How do we typically use or share your health information?** Here are some examples of how we typically use and disclose protected health information without your authorization (a written document that gives us permission to share your health information):

**Treatment** (we use and disclose your health information to provide treatment and/or joint treatment):

- We can use your health information and share it with other professionals who are treating you, such as for referral purposes to another provider.  
*Example: A doctor treating you for an injury asks another doctor in the Northern Ky area you have seen about your overall health condition, labs, etc.*

**Run our organization** (we may use and disclose your health information to carry out health care operations):

- Your information may be used by Triad and disclosed to organizations that assist Triad or comply with its legal obligations as described in this Notice  
*Example: we may disclose information to consultants who assist us in our business activities, these business associates must agree to protect the confidentiality of your information.*
- We can use and share your health information to run our practice, improve your care, and contact you when necessary.  
*Example: We use health information about you to manage treatment and services, authorized staff may look at portions of your record to perform administration activities and sign-in sheets at registration desk, as well as call you by name in the waiting room when the physician is ready to see you.*

**Bill for your services** (we may use and disclose your health information for payment purposes):

- We can use and share your health information to bill and get payment from health plans or other entities.
- *Example: We share information about you to your health insurance plan so it will pay for your services* that includes information that identifies you, as well as your diagnosis, the procedure performed, the supplies used so that we can be paid for the treatment provided.

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease, helping with product recalls, reporting adverse reactions to medication
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

### **Do research and Respond to organ and tissue donation requests**

- We can use or share your information for health research and we can share health information about you with organ procurement organizations.

### **Comply with the law**

- 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.

### **Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director if an individual expires.

### **Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers’ compensation claims,
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- If you are an inmate at a correctional institution or under the custody of a law enforcement official, we may disclose your PHI

### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- 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.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We reserve the right to change this Notice and the right to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. We will post a copy of the current Notice in all offices and on the website and you may request a copy.

### **Other Instructions for Notice**

- **Updated/Reviewed: 03/25/2019, 07/05/2022**
- All **written request or appeals** should be submitted to our **HIPAA Privacy Officer** at Triad Health Systems, Inc., attention HIPAA Privacy Officer, Gallatin County Clinic and District Office, 441 US Hwy 42 West, Warsaw, KY 41095.
- If you have **questions or need further assistance regarding this Notice**, please contact the HIPAA Privacy Officer at Triad at (859) 567-1591.
- Who will follow this notice: the privacy practices in this notice will be followed by any health care professional that treats you at any of our locations, by all departments of our organization and by all employed associates, staff and any volunteers of our organization.
- Our practice **may contact you or your authorized representative** to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The practice might routinely contact patients via telephone at home/cell and/or work, via mail at home, and unless otherwise requested, may leave messages on the appropriate voice mail or answering service regarding appointments and billing questions if requested on the “Acknowledgement of Receipt of Notice of Privacy Practices” form and signed by patient and/or guardian/responsible party.
- All **medical record’s requests** must be submitted to Triad Systems, Inc. with a valid “Authorization for Release of Confidential Information” form, fully completed and signed by the patient or/or guardian/responsible party. Valid proof of identification must be provided at time of signing the release. If patient is under age of 18, parent must show proof of child’s SSN and provide date of birth.