

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.

Understanding Your Health Record/Information When you begin receiving services from Wendell Foster, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials who oversee the delivery of health care in the United States
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities

Wendell Foster takes the privacy of your medical information very seriously. We are required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you in the event of a breach of your unsecured medical information.

Changes to This Notice We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. [Should our information practices change, we will post a new notice in waiting areas and on our website, www.wendellfoster.org. You may](#) request a paper copy at any time.

How We Will Use or Disclose Your Health Information

1. **Treatment.** We will use your health information for treatment. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from Wendell Foster.

2. **Payment.** We will use your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

3. **Health care operations.** We will use your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an

effort to continually improve the quality and effectiveness of the health care and services we provide.

4. Business associates. There are some services provided in our organization through contracts with business associates. Examples include our accountants, consultants, and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require business associates to appropriately safeguard your information.
5. Directory. Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you live at Wendell Foster, we may also use your name on a nameplate next to or on your door in order to identify your room, unless you notify us that you object.
6. Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number they have provided us, e.g. on voicemail.
7. Communication with family. Health professionals, using their best judgment, may disclose to a family member, other close relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
8. Research. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
9. Funeral directors. We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.
10. Organ procurement organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
11. Fundraising. We may contact you as part of a fundraising effort. If you do not wish to receive fundraising communications, please contact the Privacy Officer or the Vice President for Development & Community Education at 270-683-4517 or follow the instructions provided on any fundraising communication you receive.
12. Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
13. Workers compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
14. Public health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
15. Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
16. Law enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
17. Reports. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.
18. Abuse and Neglect. We may disclose your medical information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, if you do not agree to the disclosure, the disclosure will be made consistent with the requirements of applicable federal and state laws, and only if required or authorized by law.

Authorizations Required

Uses and disclosures of your personal health information will only be made with your written permission, unless otherwise permitted or required by law, in the following situations:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes except:
 - To provide appointment reminders;
 - To provide information about treatment alternatives or other health related benefits and services provided by Wendell Foster that may be of interest to you;
- Communications made for case management or to recommend alternate treatment, provides, or care settings;
- Face to face communications; and
- Promotional gifts of nominal value;
- Disclosures that constitute the sale of PHI; and
- All other uses and disclosures of PHI.

Your Health Information Rights

Although your health record is the physical property of Wendell Foster, the information in your health record belongs to you. You have the following rights:

- If you are dissatisfied with the manner in which, or the location where, you are receiving communications from us regarding your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the Privacy Officer. We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. and 164.522(b).
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. We ask that you use the form provided by Wendell Foster to make such requests. For a request form, please contact the Privacy Officer. If you request to have copies made, there will be no charge for the first request. You have the right to request an electronic copy of your personal health information contained in an electronic health record or to request in writing or electronically that another person receive an electronic copy of these records. If you request an electronic copy, we will provide the record in the requested format or mutually agreed upon format. You may be charged for the cost of electronic media used to provide a copy of the electronic protected health information.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by Wendell Foster to make such requests. For a request form, please contact the Privacy Officer. For more information about this right, see 45 C.F.R. & 165.526. If Wendell Foster believes that the information in the record is accurate and correct, Wendell Foster is not required to agree to the requested amendment. • You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such request be made in writing on a form provided by Wendell Foster. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee. For more information about this right, see 45 C.F.R. & 164.528.
- You have the right to request restrictions or limitations on certain uses and disclosures of your health information. We will inform you of our decision on your request. Requests should be submitted in writing to the Privacy Officer. We must comply with a request from you not to disclose your medical information to a health plan for payment or health care operations if the health care items or services to which the information applies have been paid for out-of-pocket and in full; otherwise we are not required to agree to your request. Except for restrictions that we must comply with, Wendell Foster may terminate our agreement to a restriction at any time by notifying you in writing. This will only apply to information created or received after we sent you the notice of termination, unless it is mutually agreed to make the termination retroactive.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. • You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken or for treatment, payment, or operations. Such a request must be made in writing.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Wendell Foster Privacy Officer. If you believe that your privacy rights have been violated, you may file a complaint with us. We ask that you use the form provided by Wendell Foster to make such requests. The complaint form may be obtained from the Privacy Officer, and when completed, should be returned to the Privacy Officer. You may also file a complaint with the secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

Email: privacy@wendellfoster.org

Mail:

Wendell Foster Privacy Officer

PO Box 1668

Owensboro, KY 42302