



10101 Linn Station Rd.  
 Louisville, KY 40223  
 502-589-8600

## 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 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. You have the right to:

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| <b>Get an electronic or paper copy of your medical record.</b> | <ul style="list-style-type: none"> <li>• 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.</li> <li>• We will provide a copy or a summary of your health information, usually within 30 days of your request. You are entitled to one free copy of your medical record. We may charge a reasonable, cost-based fee for second copies of your record.</li> </ul> |
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| <b>Ask us to correct your medical record.</b> | <ul style="list-style-type: none"> <li>• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul> |
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| <b>Request confidential communications</b> | <ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way (for example, at home or office by phone) or to send mail to a different address.</li> <li>• We will say “yes” to all reasonable requests.</li> </ul> |
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| <b>Ask us to limit what we use or share</b> | <ul style="list-style-type: none"> <li>• You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.             <ul style="list-style-type: none"> <li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul> </li> <li>• 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.             <ul style="list-style-type: none"> <li>• We will say “yes” unless a law requires us to share that information.</li> </ul> </li> </ul> |
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| <b>Get a list of those with whom we’ve shared information</b> | <ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>• 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 one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul> |
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| <b>Get a copy of this privacy notice</b> | <ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul> |
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## YOUR RIGHTS continued

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### 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 and can act for you before we take any action.
- However, we will only share information with your family, close friends or others involved in your care after you sign a release form to them.

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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on this page.
- 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/orc/privacy/hipaa/complaints/](http://www.hhs.gov/orc/privacy/hipaa/complaints/).
- You can file a complaint on the Centerstone Kentucky Ombudsman line at 502-587-8240.
- You can file a complaint with the Privacy Officer at 502-589-8600.
- We will not retaliate against you for filing a complaint.

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## OUR USES and DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways. We are not required to obtain your authorization to use your health information in these ways.

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### Treat You

- We can use your health information and share it with other professionals who are treating you, such as doctors, nurses and therapists or others who are involved in your care.
- We can use and disclose your health information about you to provide, coordinate or manage your care and related services.

*Examples:* Your health information will be shared among your treatment team. We will share your information with outside agencies performing services relating to your treatment such as lab work or drug screens or to pharmacies to fill your prescriptions. Your information will be shared with outside health care providers who are providing care to you. We will use your information to contact you to remind you that you have an appointment with us.

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### Run our Organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Examples:* We use health information about you to manage your treatment and services. We can share your information with agencies for accreditation, certification or licensing activities. We may disclose information to our business associates that perform functions on our behalf.

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### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

*Examples:* We give information about you to your health insurance plan so it will pay for your services.

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We will share your health information about a treatment you are going to receive in order to obtain prior approval from your health plan.

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**How else can we use or share you health information?** The following describes other ways we are allowed or required to use and disclosure health information that identifies you.

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**Help with public health and safety issues**

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

- Preventing disease
- Helping with product recall
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety
- Assisting with a disaster relief situation when a relief organization seeks your protected health information to coordinate your care, or notify family and friends of your location or condition in a disaster.

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**Do research**

We may use or share your information for health research. Before we use or disclose health information for research, the project will go through a special approval process.

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**Comply with the law**

We may disclose health information when required to do so by international, federal, state or local law.

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**Health Oversight Activities**

We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure.

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

We may share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Respond to organ and tissue donation requests**

We may share health information about you with organ procurement organizations.

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

We may use or share health information about you:

- For workers’ compensation claims
- For specific law enforcement purposes or to a correctional institution if you are an inmate
- With health oversight agencies for activities authorized by law
- For special government functions such as the military, national security and to avert a serious threat to health and safety
- For protective services for the President and other authorized persons.

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**Respond to lawsuits and legal actions**

We can share health information about you in response to a court order

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**Fundraising and Marketing**

We may use certain information to contact you for the purpose of raising money for our organization. You have the right to opt out of receiving such communications with each solicitation. The money raised will be used to expand and improve the services and programs we provide to the community. Your decision to opt out will have not impact on your treatment or payment for services.

Any marketing efforts will be done face to face with you and might include receiving of promotional gifs of nominal value.

*We will not sell your protected health information without your signed authorization.*

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**CONFIDENTIALITY OF SUBSTANCE ABUSE RECORDS**

The confidentiality of drug or alcohol treatment records is protected by federal law. AS a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless:

- You authorize the disclosure in writing
- The disclosure is permitted by a court order
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes
- The disclosure is made to report suspected child abuse or neglect under state law to appropriate state or local authorities
- You threaten to commit a crime either at the program or against any person who works for or attends our programs.

Suspected violations may be reported to the United States Attorney in the district where the violation occurs. For more information see: Title 42 of the Code of Federal Regulations (C.F.R.), Part 2 – regulations governing confidentiality of alcohol and drug abuse patient records.

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**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 except for the purposes described in this notice without your written permission. You may revoke such permission at any time in writing to our Privacy Officer.

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site at [www.centerstoneky.org](http://www.centerstoneky.org)