

We may disclose protected health information about you to a friend or a family member who is involved in your care, though you may limit such disclosure in situations that are not emergencies.

We may disclose information to disaster relief or emergency medical authorities so that your family can be notified of your location and treatment.

Other uses of protected information

In any situation not covered by this notice, we will ask for your written authorization before using or disclosing information about you. If you chose to authorize such a use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding your information

In most cases, **you have the right to review or to a copy of information** that we use to document and make decisions about your services. If you request copies, we may in certain cases charge a fee for the cost of copying, mailing or other associated expenses. If your request to review your records is denied, you may submit a written appeal to the Executive Director.

If you believe that information in your record is inaccurate, **you have the right to request a correction.** You may submit a request in writing which states your reason for the change. We must deny the request if the information was not created by Catholic Charities; if it is not part of the information maintained by us, or if the requested change is inaccurate.

If your request to amend your records is denied, you may submit a written appeal to the Executive Director.

You have a right to a list of those instances where information about you has been disclosed, other than for treatment, payment or operational purposes. To exercise this right, submit a written request to your service provider. The request will cover a one-year period and will begin with authorized releases after April 22, 2003. The first disclosure will be at no charge. Additional disclosures in a one-year period will be provided at a reasonable administrative cost. You will be informed of the cost prior to the charge being applied.

You have a right to a paper copy of this notice in its most up-to-date form.

You have the right to consent to certain types of disclosures which are optional, such as your choice about where, when and how to contact you and to limit such contacts.

You have the right to be seen in a private setting and to limit conversations with others about your care.

You have the right to restrict certain uses of your information, including restricting disclosure of information to a health plan if the disclosure pertains to services for which you have paid out-of-pocket in full. If you wish to do so you will be given an opportunity to identify what information you wish to limit and to whom the limits apply. Catholic Charities will not require you to authorize the release of information to any third party.

You have the right to be notified by us following a breach of personal health information.

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Lexington, KY 40508
Tel (859) 253-1993
Fax (859) 255-1134

60 Martha's Vineyard
Prestonsburg, KY 41653
Phone & Fax:
(606) 874-9170

www.CatholicCharitiesLexington.org

HIPAA

The Health Insurance Portability & Accountability Act of 1996

NOTICE OF PRIVACY PRACTICES

*Updated September 2013
Adopted April 22, 2003*

Catholic Charities of the Diocese of Lexington



Empowering residents of the Diocese of Lexington to improve their quality of life

This document contains only a summary of your rights. For a copy of the complete Privacy Rule, you may ask any Catholic Charities staff member. The latest copy of this Notice is always available in the waiting room with an indication of the date of revision on the first page under the title.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

If you have questions about the material in this notice, please contact Catholic Charities of the Diocese of Lexington's Executive Director, Ginny Vicini, at (859) 253-1993 ext. 215. If you believe that your privacy rights have been violated, you may file a written complaint to CCDL's Executive Director: Ginny Vicini, Executive Director, CCDL, 1310 W. Main St., Lexington, KY 40508, or to the U.S. Secretary of the Department of Health and Human Services. A complaint must be filed within 180 days of when you knew or should have known that the act or omission occurred.

Who will follow this notice?

Catholic Charities of the Diocese of Lexington (CCDL) provides a variety of behavioral health care services to clients in collaboration with other professionals and organizations like insurance companies and physicians.

The information about privacy practices contained here will be followed by:

- Any behavioral health care professional who provides services, either in the offices of CCDL or at other locations;
- All administrators, employed associates, staff, and volunteers at CCDL;
- All administrators, employed associates, staff, and volunteers at the Roman Catholic Diocese of Lexington; and,
- Any business associate with whom we share health information.

Our Pledge to You

We understand that information about you and the services you receive is personal. We are committed to protecting your privacy. We create a record of the services you receive in order to provide quality care and to comply with the legal, moral and ethical requirements of the professions of our staff. This notice applies to all of the records of your care that we maintain whether created by our staff or others who have served you and who, with your permission, have shared that information with us.

We are required by law to:

- Keep behavioral health information about you private;
- Give you this notice of our privacy practices; and,
- Follow the terms of the current notice.

We promise to protect your interests and to share information to the minimum degree necessary to provide you with the best possible care.

We may use and disclose information about you:

- to improve your *treatment*, such as in a conversation between your service provider and a supervisor.
- for *payment* purposes, such as with an accounting clerk; and
- to carry out our internal *health care operations*, such as statistical data gathering.

We may use and disclose protected health information for public health purposes, abuse or neglect reporting, health oversight or licensing audits or inspections, certain clinical studies and in the case of emergencies.

We must disclose information *when required by law*, such as in response to a request by law enforcement

officers or in response to a subpoena, judicial or administrative order.

We may use private information, such as your address or telephone number, to contact you for appointment reminders, to tell you about other services that may be of interest to you, or to ask you to support our fundraising efforts. You have the right to limit these contacts.

For any other use or disclosure of your medical information, we must have your written authorization. You may cancel your written authorization for the use and disclosure of any or all of your medical information, unless we have taken action in reliance on your permission.

Some uses and disclosures that require your authorization are those with respect to psychotherapy notes, some marketing situations or the sale of personal health information.

We are prohibited from using or disclosing genetic information about you for underwriting purposes.

Changes to this notice

We may change our policies at any time. Changes will apply to information we already hold, as well as new information created after the changes occur. Before we make a significant change in our policies, we will change this "Privacy Notice" and post the new notice in our waiting areas and on our website at www.CatholicCharitiesLexington.org.

You can receive a copy of the current notice at any time. The effective date is listed just below the title. You are offered a copy of the current notice when our services begin and you will be asked to acknowledge in writing that you have received it.