

## E. Your rights regarding your PHI:

You have the following rights regarding your PHI:

**1. Confidential communications.** You have the right to ask that we contact you about your health and related issues in a certain way or at a certain location. For instance, you may ask us to contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our **Privacy Officer**, whose contact info is at the end of this document, specifying the method of contact you want, or the location where you wish to be contacted. We will accommodate **reasonable** requests.

**2. Requesting restrictions.** You have the right to ask us to restrict our use or disclosure of your PHI for treatment, payment or health care operations. You can ask us to limit our disclosure of your PHI to only certain persons, such as family members or a friend. **We are not required to agree to your request;** but, if we do agree, we will be bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. To ask for a limit on our use or disclosure of your PHI, in write our **Privacy Officer**, whose contact info is at the end of this document. Your request must describe clearly:

- The information you want restricted,
- Are you asking us to limit use, disclosure or both?
- To whom do you want the limits to apply?

**3. Inspection and copies.** You have the right to read and get a copy of your PHI including your medical records and billing records, *but not including psychotherapy notes*. Write your request to our **Privacy Officer**, whose contact info is at the end of this document. [There may be a charge for the copying.] We may, in a few situations, deny your request to inspect and/or copy your PHI; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct a review of your request.

**4. Amendment.** You may ask us to change your PHI if you believe it is wrong or incomplete. You may request a change for as long as the information is kept by or for us. Your written request for a change in your PHI should be sent to our **Privacy Officer**, whose contact info is at the end of this document. Include the reason you are asking for the change. Your request (and the reason for your request) must be in writing. Also, we

will not change information that is, in our opinion, (a) accurate & complete; (b) not part of the PHI kept by or for us; (c) not part of the PHI which you would be permitted to inspect & copy; or (d) not created by Comprehend, unless the individual or organization that created the information is not available to change the information.

**5. Accounting of disclosures.** You have the right to ask for a list of *non-routine* disclosures of your PHI. Routine patient care – for example, the doctor sharing information with your counselor; or the billing department using your information to file your insurance claim – will not be listed. In order to get a list of disclosures, write your request to our **Privacy Officer**, whose contact info is at the end of this document. You must state a time period not longer than six (6) years from the date of disclosure and not before April 14, 2003. Your first list within a 12-month period is free, but we may charge you for additional lists within the same 12-months. We will tell you the costs of an additional request before you incur any costs.

**6. Right to a copy of this notice.** You are entitled to have a copy of our notice of privacy practices at any time. Contact our **Privacy Officer**, whose contact info is at the end of this document.

**7. Right to provide an authorization for other uses and disclosures.** We will obtain your written permission for uses and disclosures that are not identified by this notice. You may cancel such authorization any time *in writing*. We will then stop use &/or disclosure of your PHI as you request. *Please note:* we are required to retain records of your care.

**8. Right to file a complaint.** If you believe your privacy rights have been violated, **you will not be penalized for filing a complaint.**

To file a complaint with Comprehend, contact

**Quality Control / Corporate Compliance / Privacy Officer, Comprehend, Inc., 611 Forest Avenue, Maysville, KY 41056**  
Telephone: **606-564-2735**

**You may reach the KY Cabinet for Health Services at : 502-564-5080.** Complaints must be in writing.



## Notice of Privacy Practices

Effective date: April 14, 2003, revised 3/10/207

*As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).*

**This notice describes how health information about you (as a client of Comprehend) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.**

### A. Our commitment to your privacy:

Comprehend is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and your treatment and services. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and our privacy practices. By federal and state law, we must follow the terms of the Notice of Privacy Practices in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights regarding your PHI,
- What we must do as we use or disclose your PHI.

**B. The terms of this notice apply to all records containing your PHI that are created or retained by Comprehend. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that Comprehend has created or maintained in the past, and for any of your records that we may create or maintain in the future. Comprehend will always post a copy of our current Notice in our offices in a visible location, and you may ask for a copy of our most current Notice any time.**

### **C. We may use and disclose your PHI in the following ways:**

**1. Treatment.** Comprehend may use your PHI to treat you. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for Comprehend – including, but not limited to, our doctors and counselors – may use or disclose your PHI in order to treat you or to assist others in your treatment with a release.

**2. Payment.** Comprehend may use and disclose your PHI in order to bill and collect payment for the services you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

**3. Health care operations.** Comprehend may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, we may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for us. We may disclose your PHI to other health care providers and entities to assist in their health care operations with a release.

**4. Appointment reminders.** Comprehend may use and disclose your PHI to contact you and remind you of an appointment.

**5. Health-related benefits and services.** Comprehend may use and disclose your PHI to inform you of benefits or services that may be of interest to you.

**6. Disclosures required by law.** Comprehend will use and disclose your PHI when we are required to do so by federal, state or local law, or court order.

### **D. Use and disclosure of your PHI in certain special circumstances:**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

**1. Public health risks.** Comprehend may disclose your PHI to public health authorities who are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,

**2. Health oversight activities.** Comprehend may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**3. Lawsuits and similar proceedings.** Comprehend may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**4. Law Enforcement.** We may release your PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person’s agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

**5. Serious threats to health or safety.** Comprehend may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**6. Military.** Comprehend may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) if required by the appropriate authorities with either a signed release or a court order.

**7. National Security.** Comprehend may disclose your PHI to federal officials for intelligence and national security activities if required by law. We also may disclose your PHI to federal and national security activities if required by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations as required by law.

**8. Inmates.** Comprehend may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official with a release. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**9. Workers’ compensation.** Comprehend may release your PHI for workers’ compensation and similar programs