



**COMMUNITY  
MEDICAL  
CLINIC**

**PATIENT RIGHTS &  
RESPONSIBILITIES**

Pennyroyal Healthcare Services, Inc DBA Community Medical Clinic

1102 S Virginia Street - Hopkinsville, KY 42240 - 270-632-6741 - 270-632-6742 (Fax)

Dental 1102 S Virginia Street Suite B - Hopkinsville, KY 42240 - 270-632-3088 - 270-632-6742 (Fax)

244 Thompsonville Lane - Oak Grove, KY 42262 - 270-632-6743 - 270-632-6744 (Fax)

1022 W Main Street - P.O. Box 151 - Princeton, KY 42445 - 270-365-0227 - 270-365-2559 (Fax)

## Patient Rights

*As a patient at Community Medical Clinic, you have the right to:*

- **Service:** Receive care regardless of your race, color, national origin, sex (including gender identity, sexual orientation, and pregnancy), age, disability, religion, language, education, social class, or ability to pay. Access care through our sliding fee discount program, based on income and family size. Not be denied services because of inability to pay.
- **Respect & Safety:** Be treated with dignity and respect, and to be free from abuse, neglect, or mistreatment.
- **Privacy:** Expect that your treatment will remain confidential and handled with discretion.
- **Information:** Be informed about your diagnosis, treatment plan, prognosis, and potential risks or consequences of accepting or declining treatment.
- **Choice:** Take part in decisions about your care, including the right to consent to or refuse treatment.
- **Confidentiality:** Expect confidentiality in all personal matters, relationships, and written healthcare records, with access to your own records upon request.
- **Continuity of Care:** Receive appropriate referrals to specialists, services, or agencies to support your ongoing health needs.
- **Access to Records:** Review your medical records when requested.
- **Billing:** Receive a clear explanation of charges for your medical or behavioral healthcare, regardless of the source of payment, and to ask questions about those charges.
- **Recommendations:** Offer constructive feedback or suggestions to help improve clinic policies, services, or communication.
- **Knowledge of Expectations:** Be informed of clinic rules and standards that apply to you as a patient.
- **Communication:** Receive information in a language you understand. Interpreter services are available if needed at no cost.
- **Grievances:** File a complaint about services or treatment and receive assistance in doing so.
- **Suggestions & Compliments:** Share your feedback through our patient satisfaction surveys or by calling **270-365-0227**. Staff can also connect you with a manager if you prefer.

## Patient Responsibilities

*To help us provide safe and effective care, patients are expected to:*

- **Respect:** Treat staff, other patients, and clinic property with courtesy and respect.
- **Honesty:** Provide accurate and complete information about your health, medical history, medications, and any changes in your condition.
- **Participation:** Take an active role in your care by following agreed-upon treatment plans and instructions.
- **Appointments:** Keep scheduled appointments, arrive on time, and notify the clinic at least 24 hours in advance if you need to cancel or reschedule.
- **No-Show Policy:** Understand that repeated missed appointments without notice may affect your ability to continue receiving care at the clinic.
- **Financial Responsibility:** Work with staff to meet financial obligations related to your care and promptly address questions about billing.
- **Communication:** Ask questions if you do not understand information or instructions, and let staff know if you need clarification or interpreter services.
- **Courtesy in Communication:** Use appropriate and respectful language when speaking with staff or other patients.
- **Feedback:** Share your concerns, suggestions, or compliments to help us improve the quality of care.

*Thank you for helping us maintain a safe, respectful, and high-quality healthcare environment for everyone.*



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## **NOTICE OF PRIVACY PRACTICES**

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**Effective Date:** 01/01/2025

Community Medical Clinic values and protects the privacy of your health information. This notice explains how we may use and share (“disclose”) your health information, your rights, and our responsibilities.

### **Our Duties**

- We are required by law to protect your health information.
- We must give you this notice and follow its terms.
- We may change this notice at any time. A new version will apply to all records we maintain.

### **Information We Collect**

We may collect personal details such as:

- Your name, address, birth date, and Social Security number
- Your medical and mental health history
- Payment and insurance information
- Names of caregivers and emergency contacts

### **How We May Use or Share Your Health Information (Without Your Written Permission)**

1. **Treatment, Payment, and Operations**
  - Share information with your doctors, consultants, or facilities involved in your care
  - Share with business partners (like billing companies) under strict contracts
  - Work with your insurance for payment and coverage decisions
  - Use information for quality, safety, training, and research purposes (with limits on identifiable details)
  - Contact you about appointments, treatment options, or services we offer
  - Call your name in the waiting room
2. **When Required by Law** – such as reporting diseases to public health authorities, responding to legal orders, or meeting government oversight requirements.
3. **Public Health & Safety** – report diseases, injuries, recalls, or exposures to contagious diseases.
4. **Oversight, Abuse, Neglect** – share with agencies investigating abuse, neglect, or compliance with healthcare laws.
5. **Legal & Law Enforcement** – respond to subpoenas, locate missing persons, or report crimes.
6. **Death, Organ Donation, & Research** – provide information to coroners, funeral directors, or approved research projects.
7. **Military, Security, & Custody** – disclose to military or national security officials, or correctional facilities if you are in custody.
8. **Workers’ Compensation** – comply with laws related to workplace injuries.

### **Other Uses Require Your Authorization**

We will not share your information for other reasons without your written permission. You may revoke your authorization at any time in writing.

You may also agree or object to:

- Sharing information with family, friends, or caregivers involved in your care
- Sharing limited information with disaster relief organizations

## Your Rights

You have the right to:

- **Access:** See and request a copy of your health records (exceptions apply, such as psychotherapy notes).
- **Restrictions:** Ask us to limit how we use or share your information. We may not be able to agree, but if we do, we must follow it.
- **Confidential Communication:** Request that we contact you in a certain way or at a certain location.
- **Amend:** Request corrections to your health record if you believe something is wrong.
- **Accounting:** Get a list of certain disclosures of your health information made in the past six years.
- **Copy of This Notice:** Request a paper copy of this notice at any time.

## Reporting a Problem or Concern

If you believe your privacy rights have been violated, you may contact:

- **Patient Representative** – (270) 365-0227
- **Compliance Officer** – (270) 365-0227
- **Email:** MLEWIS@COMMUNITYMEDICALCLINIC.ORG

You will not be retaliated against for filing a complaint.

## Additional Information

We may collect other types of information not specifically listed above. Any use or disclosure of your information will always follow the principles described in this Notice and be permitted under privacy laws. For more details about our privacy practices, please contact:

**Martha Lewis, Safety/Compliance Officer**

☎ (270) 365-0227

✉ mlewis@communitymedicalclinic.org

## Patient Care and Safety Concerns

If you have a concern about your care or safety that has not been addressed, we encourage you to contact:

**Cabinet for Health Services, Office of Inspector General**

☎ (270) 889-6052

**US Department of Health and Human Services, Office for Civil Rights**

[www.hhs.gov/ocr/complaints](http://www.hhs.gov/ocr/complaints)

**Health Resources & Services Administration**

☎ (877) 464-4772

## Office Hours & Emergencies

- **Regular Hours:** Monday–Friday, 7:30 a.m. – 5:30 p.m.
- **After Hours:** Call (270) 890-1489 or go to your nearest emergency room.

*Thank you for choosing Community Medical Clinic. We are committed to protecting your privacy and providing safe, quality care.*



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**HEALTH  
CONCERNS**

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## What is AIDS?

AIDS stands for **Acquired Immune Deficiency Syndrome**. It is a serious illness that weakens the body's immune system, making it unable to fight infections and certain cancers. People with AIDS become sick from infections that the body can no longer fight off. These infections can eventually lead to death.

## What Causes AIDS?

AIDS is caused by the **Human Immunodeficiency Virus (HIV)**.

- Early diagnosis is important. If you are HIV positive, getting medical treatment right away can help you stay healthier longer.
- Free or low-cost **confidential HIV testing and counseling** is available at every local health department in Kentucky.
- After infection, it may take **2 weeks to 6 months** before a test can detect HIV antibodies.

## How is HIV Spread?

HIV can be spread through:

- Sexual contact (oral, anal, or vaginal) with an infected person when blood, semen, pre-ejaculate, rectal fluids, or vaginal secretions are exchanged.
- Sharing syringes, needles, cotton, cookers, or other drug injection equipment.
- Receiving contaminated blood or blood products (rare today—blood has been screened since 1985).
- From an infected mother to her baby during pregnancy, childbirth, or breastfeeding.
- Receiving tissue/organs or artificial insemination from an infected donor.
- Needle stick or sharps injuries in a healthcare setting (risk can be reduced with **post-exposure prophylaxis** and strict use of **universal precautions**).

## HIV is NOT Spread By:

- Sharing food, utensils, or dishes
- Touching, hugging, or shaking hands
- Donating blood or plasma (this is safe)
- Using public restrooms
- Mosquito or insect bites
- Tanning beds (when properly cleaned)

## How Can I Prevent HIV/AIDS?

- Do not share needles or drug equipment.
- Have sex only with a monogamous partner who is not infected and does not share needles.
- If you are sexually active with other partners, always use:
  - **Latex condoms** (male)
  - **Female condoms**
  - **Dental dams**
  - **Water-based lubricants** (oil-based lubricants can weaken condoms)
- Learn the facts about HIV/AIDS and share them with others.

## Pregnancy and HIV/AIDS

- Mothers with HIV can pass the virus to their babies during pregnancy, delivery, or breastfeeding.
- Without treatment, about **1 in 4 babies** born to HIV-positive mothers will become infected.
- With proper medical care during pregnancy, delivery, and after birth, the risk can be reduced to **less than 2 in 100**.
- HIV-positive mothers **should not breastfeed** their babies.