

HIPAA NOTICE OF PRIVACY PRACTICES
Kentucky Mountain Health Alliance, Inc.

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.

This notice describes our privacy practices. All these entities, sites, and locations follow the terms of this notice. In addition these entities, sites, and locations may share health information with each other for treatment, payment or health care operations purposes described in this notice.

Our Pledge Regarding Health Information Privacy

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep on you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel that are involved in taking care of you. They may work at our office, at the hospitalized, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctors may need to tell the dietitian at the hospital if you have diabetes so that they can arrange for the appropriate meals. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

For Payment. We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to file your health plan information about your office visit so your health/plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose your health information for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with other and to see where we can make improvements. We may remove information that identifies you from this set of health information so that others may use it to study health care delivery without learning who our specific patients are.

To a Business Associate. Certain services are provided to us by third party administrators known as "business associates." For example, we may input information about your health care treatment into an electronic claims processing system maintained by KMHA's business associate so your claim may be paid. We may disclose your health information to its business associate so they can perform its claims payment function. However, we will require its business associates, through contract, to appropriately safeguard your health information.

Treatment Alternatives. We may use and disclose your health information to tell you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you.

Individual Involved in Your Care or Payment of Your Care. We may disclose health information to a close friend or family member involved in or who helps pay for your health care. We may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.

As Required by Law. We will disclose health information about you when required to do so by federal, state, or local law.

Special Use and Disclosure Situations

We may also use or disclose your health information under the following circumstances:

Lawsuits and Disputes. If you become involved in a lawsuit or other legal action, we may disclose your health information in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process by someone else involved in dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a valid court order, subpoena, warrant, summons or similar process;
- In reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crime.
- To identify or locate a suspect, fugitive, material witness or missing person

Workers' Compensation. We may disclose your health information for worker's compensation or similar programs. These programs provide benefit for work-related injuries or illness.

Military and Veterans. If you are or become a member of the U.S. armed forces, we may release health information about you as requires by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

To Avert Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following:

1. To prevent or control disease, injury, or disability
2. To report births and deaths
3. To report child abuse or neglect
4. To report reactions to medication or problems with products
5. To notify people of recalls of products they may be using
6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
7. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure if you agree or when required by law.

Health Oversight Activities. We may disclose your health information to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs. All or a portion of your health information may also be released to the Kentucky Health Information Exchange (KHIE), an Immunization Registry, and your school if applicable. An individual has a right to adequate notice of the uses and disclosures of health information that may be made by the cover entity (45 C.F.R. 164.520 (a) (1)).

Research. Upon patient authorization, we may use and disclose your health information for medical research purposes.

National Security, Intelligence Activities, and Protective Services. We may release your health information to authorized federal officials:

1. For intelligence, counterintelligence, and other national security activities authorized by law and
2. To enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Coroners, Medical Examiners, and Funerals Directors. We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release your health information to a funeral director, as necessary, to carry out his/her duty.

Your Rights Regarding Health information About You

Your rights regarding the health information we maintains about you are as follows:

Right to Inspect and Copy. You have the right to inspect and copy your health information. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes.

To inspect and copy health information maintained by we, submit your request in writing to we Administrator. We may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, we may deny your request to inspect and copy your health information. Generally, if you are denied access to health information, you may request a review of the denial.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask we to amend it. You have the right to request an amendment for as long as the information is kept by or for we.

To request an amendment, send a detailed request in writing to our Administrator. You must provide the reason(s) to support your request. We may deny your request if you ask us to amend health information that was: accurate and complete, not created by us; not part of the health information kept by or for us; or not information that you would be permitted to inspect and copy.

Right to An Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of disclosures of your health information that we have made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations.

To request an accounting of disclosures, submit your request in writing to our Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested and may not include dates before April 14, 2003.

Right to Request Restrictions. You have the right to request a restriction on the health information we uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

To request restrictions, make your request in writing to our Administrator. **You must advise us:**

1. What information you want to limit;
2. Whether you want to limit our use, disclosure, or both; and
3. To whom you want the limit(s) to apply.
4. *Note: We are not required to agree to your request.*

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we send your explanation of benefits (EOB) forms about your benefit claims to a specified address.

To request confidential communications, make your request in writing to our Administrator. We will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may write to our Administrator to request a written copy of this notice at any time.

Changes to this Notice

We reserve the right to change this notice at any time and to make the revised or changed notice effective for health information we already has about you, as well as any information we receives in the future. We will post a copy of the current notice in the Administrative Office, patient lobby at all times and on the website. KMHA participants will be notified 60 days of a material revision.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

Note: You will not be penalized or retaliated against for filing a complaint.

Other Uses and Disclosures of Health information

Other uses and disclosures of health information not covered by this notice or by the laws that apply to we will be made only with your written authorization. If you authorize us to use or disclose your health information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclosure your health information for the reasons covered by your written authorization; however, we will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information

If you have any questions about this notice, please contact:

Kentucky Mountain Health Alliance, Inc.
279 East Main Street
Hazard, KY. 41701
(606) 487-9505