

Joint Endeavors PLLC

127 Fairfax Avenue

Louisville, KY 40207

Notice of Privacy Practice

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review the following carefully.

Protected health information (PHI) about you is maintained as a written and/or electronic record of your contacts or visits for healthcare services with Joint Endeavors. Specifically, PHI is information about you, including demographic information (such as your name, address, phone number, etc.) that may identify you and relates to your past, present and future physical and/or mental health condition and related healthcare services. Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information for billing purposes and disclosing or sharing the information with other healthcare professionals involved in your care and treatment. This notice describes your rights to access and control your PHI. It also describes how we follow applicable rules for the use and disclosure of your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

Your Rights under the Privacy Rule

The following is a statement of your rights under the Privacy Rule in reference to your PHI. Please feel free to discuss any questions with our staff.

You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices. We are required to follow the terms of this notice. We reserve the right to change the terms of our notice at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices by mail or at your appointment. This notice will also be posted in a conspicuous location within our practice and on our web site.

You have the right to authorize other use and disclosure of your PHI. This means you have the right to authorize any use or disclosure of your PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes or if we intended to sell your PHI. You may revoke an authorization at any time in writing, except to the extent that your healthcare provider or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to request an alternative means of confidential communication. This means you have the right to ask us to contact you about medical matters using an alternative method (such as e-mail, telephone) and to a destination (such as a cell phone number, alternative address) designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number we have on file. We will follow all reasonable requests.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of your complete health record. If your health record is maintained electronically, you have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state and/or federal guidelines.

You have the right to request a restriction of your PHI. This means you may ask us (in writing) not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request (in writing) that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full out of pocket. We are not permitted to deny this specific type of requested restriction.

You have the right to request an amendment to your PHI. This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request.

You have the right to request a disclosure accountability. This means that you may request a listing of disclosures that we have made of your PHI to entities or persons outside of our office.

You have the right to receive a privacy breach notice. You have the right to receive written notification if the practice discovers a breach of your unsecured PHI and determine through a risk assessment that notification is required.

How We May Use or Disclose Protected Health Information

The following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

Treatment: We may use and disclose your PHI to provide, coordinate or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI as necessary to a pharmacy that fills your prescriptions. We will also disclose PHI to other healthcare providers who are involved in your care and treatment.

Special Notices: We may use or disclose your PHI as necessary to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by our office, for fund-raising activities or, with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices and each such notice will include instructions for opting out.

Payment: Your PHI will be used as needed to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as making a determination of eligibility or coverage for insurance benefits.

Healthcare Operations: We may use or disclose as needed your PHI in order to support the business activities of our practice. This includes, but is not limited to, business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

Health Information Organization: The practice may elect to use a health information organization or other such organizations to facilitate the electronic exchange of information for the purposes of treatment, payment or healthcare operations.

To Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person that you identify your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

Other Permitted and Required Uses and Disclosures: We are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law, for public health activities, health oversight activities, in cases of abuse or neglect, to comply with Food and Drug Administration requirements, research purposes, legal proceedings, law enforcement purposes, coroners, funeral directors, organ donation, criminal activity, military activity, national security, worker's compensation, when the patient is an inmate in a correctional facility and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

Privacy Complaints

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the Privacy Manager at (502) 890-3899. We will not retaliate against you for filing a complaint.

By signing this contract, I am agreeing that I have read the Privacy Act given to me by Joint Endeavors PLLC and agree with its terms.

Print Name: _____ Date: _____

Signature: _____

I authorize the staff to leave detailed medical information on my voicemail on the following:

Home Work Cell None

I authorize the staff to give information to the following individual(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient Signature: _____ Date: _____