



Our Notice of Health Information Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Understanding Your Health Information

When admitted to Maryhurst, a record of your/your child's stay is made. Typically, this record contains your/your child's history, assessment, medical information, diagnoses, treatment, a plan for future treatment. This information, often referred to as you/your child's health or medical record, serves as a:

- Basis for planning your/your child's care and treatment
- Means of communication among the many health professionals who contribute to your/your child's treatment
- Legal document describing the care you/your child received
- Means by which you or a third-party payer can verify that services billed were provided
- A tool in educating health professionals
- A source of data for health research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for agency planning and marketing
- A tool with which we can assess and continually work to improve the care we give and outcomes we achieve.

Understanding what is in you/your child's record and how you/your child's health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your/your child's health information
- Make more informed decisions when authorizing disclosure to others.

Notice Effective: 4/14/03

Your Health Information Rights

Although your child's health record is the physical property of Maryhurst, the information belongs to you. You have the following rights:

Right to request a restriction.

You have the right to request a restriction on our use and sharing of your/your child's protected health information.

- ◆ You have the right to request that we restrict disclosure of your/your child's protected health information for treatment, payment, or health care operations.
- ◆ You have the right to request that we restrict the protected health information we disclose about you/your child to a family member, friend or other person who is involved in you/your child's care or the payment.

We do not have to agree to your request. In the event that we agree to your request we are required to comply with the agreement. We have the sole right to deny a request if it is unreasonable or would be detrimental to your/your child's treatment.

Right to a paper copy of this Notice.

You have the right to obtain a paper copy of this Notice even if you have agreed to receive this Notice electronically. You may obtain a paper copy of this Notice on our website, www.maryhurst.org, or by a verbal request to admissions staff.

Right to amend your/your child's health information.

You have the right to request the agency to amend the health information we maintain about you/your child if you feel it is incorrect or incomplete for as long as the information is kept by Maryhurst.

To request an amendment, you must submit a request in writing and state the reason that supports your request.

We may deny your request for an amendment to health information for the following reasons:

- ◆ *It is not submitted in writing*
- ◆ *It does not contain a reason to support the request.*
- ◆ *It was not created by Maryhurst, unless the person or entity that created the information is no longer available to make the amendment;*
- ◆ *It is not part of the health information kept by or for Maryhurst;*
- ◆ *Is not part of the information which you are permitted to inspect and copy; or*
- ◆ *It is currently accurate and complete*

Right to an accounting of disclosures

You have the right to obtain an accounting of the disclosures we made of health information about you/your child.

This list will not include disclosures

- ◆ made for treatment, payment or health care operations,
- ◆ made directly to you,
- ◆ Made for national security purposes,
- ◆ Made to corrections or law enforcement personnel, or
- ◆ made before April 14, 2003.

To request this list of disclosures, you must submit your request in writing to the privacy officer.

Your request must state a time period that must not be longer than six years and may not include dates before April 14, 2003. The first list requested within a twelve (12) month period will be free. For additional lists, you will be charged for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to request alternative means of communication.

You have the right to request communications of your/your child's health information by alternative means or at alternative locations.

For example, you could request that we only contact you at work or by mail. To request communications by alternative means, you must submit your request in writing. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right of Access to protected health information:

You have the right to request, either verbally or in writing, your/your child's health information, with certain exceptions. We must respond to you within thirty (30) days (or sixty (60) days if extra time is needed) of your request.

If your request is denied you have the right to have the request reviewed by a reviewing official who did not participate in the original decision to deny access.

In accordance with Kentucky State Law 422.317, we shall provide, without charge to the client, a copy of the client's medical record. There will be a charge for any additional copies thereafter.

Examples of Disclosures for Treatment, Payment, and Health Care Operations

We will use your/your child's health information for treatment.

We will use and disclose your/your child's protected health information in providing treatment and services. We may disclose your/your child's protected health information to agency and non-agency personnel who may be involved in your/your child's care, such as physicians, nurses, and therapists.

For example, a psychiatrist providing treatment to your child may request information from your/your child's therapist to determine the effectiveness of a prescribed medication.

We may also disclose protected health information to individuals who will be involved in your/your child's care after you/they leave Maryhurst.

We will use your/your child's health information for payment.

We may use and disclose your/your child's protected health information so that we can bill and receive payment for the treatment and services you/your child receive(s) at the agency. For billing

and payment purposes, we may disclose your child's protected health information to your representative, an insurance or managed care company, Medicaid or another third party payer.

We will use your/your child's health information for regular health care operations.

We may use and disclose your/your child's protected health information for agency operations. These uses and disclosures are necessary to manage the agency and to monitor our quality of care.

For example, we may use personal health care information to evaluate our agency's services, including the performance of our staff.

Examples of Uses and Disclosures for other Specific Purposes

As Required by Law.

We will disclose your/your child's protected health information when required by law to do so.

Disaster Relief.

We may disclose your child's protected health information to an organization assisting in a disaster relief effort.

Public Health Activities.

We may disclose your/your child's protected health information for public health activities. These activities may include, for example

- ◆ reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect;
- ◆ reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products or medications for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements;
- ◆ to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; or
- ◆ for certain purposes involving workplace illness or injuries.

Individuals Involved in Your/Your Child's Care or Payment for Your/Your child's Care.

Unless we have agreed to a restriction, we may disclose your/your child's protected health information to a family member or close personal family friend, including clergy, who is involved in your/your child's care.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you/your child have/has been a victim of abuse or neglect, we may use and disclose your child's health information to

notify a government authority if required by law.

Judicial and Administrative Proceedings.

We may disclose your/your child's personal health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Health Oversight Activities.

We may disclose your/your child's personal health information to a health oversight agency for oversight activities authorized by law. These may include for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.

We may release your/your child's protected health information to a coroner, medical examiner, funeral director or, if you/your child are/is an organ donor, to an organization involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety.

We may use and disclose your/your child's protected health information when necessary to prevent a serious threat to your/your child's health or safety or the other health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Research.

We may allow protected health information of patients from our agency to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections.

Your/your child’s protected health information may be used for research purposes only if :

- ♦ the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board,
- ♦ the researcher is collecting information in preparing a research proposal,
- ♦ the research occurs after your/your child’s death,
- ♦ if you authorize the use or disclosure.

Workers’ Compensation.

We may use or disclose your/your child’s protected health information to comply with laws relating to workers’ compensation or similar programs.

Law Enforcement.

We may disclose your/your child’s health information for certain law enforcement purposes, including

- ♦ as required by law to comply with reporting requirement
- ♦ to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;

- ♦ to identify or locate a suspect, fugitive, material witness, or missing person;
- ♦ when information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
- ♦ to report information about a suspicious death believed to be the result of criminal conduct;
- ♦ to provide information about criminal conduct occurring at the agency;
- ♦ to report information in emergency circumstances about a crime; or
- ♦ where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

National Security and Intelligence Activities; Protective Services for the President and Others.

We may disclose your/your child’s protected health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of States or to conduct certain special investigations.

Your Authorization is required for other uses of protected health information

We will use and disclose protected health information (other than as described in this Notice or required by law) only with your written authorization. You may revoke your authorization to use or disclose protected health information in writing, at any time. If you revoke your authorization, we will no longer use or disclose your child’s protected health information for the purposed covered by the authorization, except where we have already relied on the authorization.

Our Responsibilities regarding your/your child’s protected health information

This organization is required by law to :

- maintain the privacy of your/your child’s health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you/your child
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to make changes to this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. Any changes made will affect the protected health information we maintain at that time. We will post a copy of the current Notice at all program sites. We will provide a revised copy of the Notice to parents/legal guardians upon request on or after the effective date of the revision. You may obtain a copy of this Notice at our website, www.maryhurst.org

We will not use or disclose your/your child’s health information without your authorization, except as described in this notice.

If you have questions or would like additional information, you may contact the Privacy Officer.

If you believe your privacy rights have been violated, you may file your complaint by sending a written statement to either of the following:

Paula Garner, Privacy Officer
 1015 Dorsey Lane
 Louisville, KY 40223
 502-245-1576

Office of Civil Rights
 U.S. Department of Health and Human Services
 Atlanta Federal Center, Suite 3B70
 61 Forsyth Street, SW.
 Atlanta, GA 30303-8909



There will be no retaliation for filing a complaint .