



## Privacy Policy

### NOTICE OF PRIVACY PRACTICES

Effective Date: \_\_\_\_\_

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.

### **Your Rights**

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You have the following rights regarding your health information:

**Right to Inspect and Copy:** You have the right to inspect and receive a copy of your health information held by our practice. We may charge a reasonable fee for copies.

**Right to Request an Amendment:** If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information.

**Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of your health information.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your information, although we are not required to agree to these restrictions.

**Right to Request Confidential Communications:** You can ask us to communicate with you in a specific way (e.g., home or office phone) or to send mail to a different address.

**Right to a Paper Copy of This Notice:** You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

**Right to Revoke Authorization:** You can revoke any prior authorization for use or disclosure of your health information, except to the extent that action has already been taken.

### **Our Responsibilities**

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We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **How We May Use and Disclose Your Health Information**

For Treatment: We may use your health information to provide, coordinate, or manage your health care and any related services. This includes consultation with other health care providers.

For Payment: We may use and disclose your health information as needed to obtain payment for health care services we provide to you.

For Health Care Operations: We may use and share your health information for our business operations, like quality assessment and improvement activities, employee review, and training.

## **Legal Exceptions to Privacy**

Mandatory Reporting: We must report suspected abuse or neglect of children, elders, or dependent adults.

Threat to Safety: If we believe there is a serious threat to your health or safety or that of others, we may disclose information to prevent or lessen that threat.

Court Orders: We must comply with court orders, subpoenas, or other legal processes.

Public Health Risks: We may disclose information about communicable diseases, workplace injuries, or medical device-related events to public health authorities.

Law Enforcement: We may disclose information for law enforcement purposes as required by law or in response to a court order, warrant, or similar legal process.

## **Other Uses and Disclosures**

We may also use or disclose your health information in the following situations:

Research: With your authorization or if the research has been approved by an ethics committee.

Health Oversight: For audits, investigations, and inspections by government agencies that oversee health care.

Coroners, Medical Examiners, and Funeral Directors: As necessary for their duties.

Organ Donation: If you are an organ donor, we may share information with organizations involved in organ procurement.

Special Government Functions: For military, national security, and presidential protective services.

## **Changes to This Notice**

We reserve the right to change this notice at any time. Any changes will apply to all health information we maintain, even if it was created or received before the change occurred. We will post a copy of the current notice in our office and on our website if applicable.

## **Complaints**

If you believe your privacy rights have been violated, you can file a complaint with our office by contacting:

Jennifer Lewis  
1505 Carter Ave, Suite 4  
Ashland, KY 41101  
jenlewis@thecenterky.com

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

By signing below, you acknowledge that you have received and understand this Notice of Privacy Practices.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

***If Applicable (for Minors):***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_