



Notice of Privacy Practices

Effective November 9, 2006

Effective Date: August 18, 2010

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.

Organized Health Care Arrangement

Recovery Works participates in a clinically integrated care setting in which participants typically receive health care from more than one health care provider. This arrangement is called an Organized Health Care Arrangement (or OHCA) under the federal laws governing the privacy of patient health information. This means when you receive services at Recovery Works, you may receive certain professional services from Physicians or Advanced Registered Nurse Practitioners on our Medical Staff, who are independent practitioners and not employees or agents of Recovery Works. These independent practitioners have agreed to abide by the terms of this Notice when providing services at Recovery Works. Therefore, this Notice applies to all of your health information that is created or received as a result of being a patient at Recovery Works. However, this Notice does not apply to the independent practitioners in their private offices. As a result, you will also receive Notices of Privacy Practices from these independent practitioners when they provide services in their private offices.

Who will follow this notice?

The privacy practices in this notice will be followed by any health care professional that treats you at any of our locations, by all departments and units of our organization, and by all employed associates, staff and volunteers of our organization.

Our pledge to you

We understand that medical information about you is personal. We are committed to protecting your medical information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of your care records that we maintain, whether created by facility staff or your personal doctor.

Purpose

We are required by law to keep medical information about you private, to give you this notice of our legal duties and privacy practices with respect to your medical information, and to follow the terms of the notice that is currently in effect.

Changes to this Notice

We may change our policies at any time. Changes will apply to information we already hold, as well as new information after the change occurs. If we make a material change in our policies that affects this notice, we will change our notice and post the new notice in our facilities and on our website at www.recoveryworksky.com. You may receive a copy of the current notice at any time. The effective and revised dates are listed just below the title. You will be offered a copy of the current notice each time your register. You will be asked to acknowledge in writing that you were offered the notice.

How we may use and disclose medical information about you

Under certain circumstances, we are entitled to use or disclose your medical information without obtaining your written authorization. Some examples of when we are permitted to do this are represented below:

Treatment. We will use or disclose medical information about you for treatment purposes to doctors, nurses, technicians, and other caregivers in accordance with the Medical Authorization and Release that you signed and provided to us.

Payment. We will use and disclose your medical information as necessary for payment purposes, in accordance with the Medical Authorization and Release that you signed and provided to use. For instance, we may forward information regarding your medical treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment. We may use and disclose your medical information to another entity or health care provider for payment of the entity that receives the information. For instance, we may forward information to the ambulance company that brought you to /from our facility so they can prepare a bill for you or your insurance company for the ambulance service.

Health Care Operations. We may use and disclose and medical information about you to support our health care operations. For example, we may use or disclose your medical information in order for us to review our services and to evaluate our staff's performance. We may use or disclose your medical information to obtain a medical consultation regarding your care or treatment.

Subject to certain requirements, we are **permitted or required by law** to make certain other uses and disclosures of your medical information without your authorization.

For instance, we will release your medical information if we suspect child abuse or neglect, if we believe you have been a victim of **abuse, neglect, or domestic violence**, and as required by law to report wounds, injuries, and crimes. We may disclose your medical information for **public health purposes** such as reposting births and deaths, and reporting information to prevent and control disease. We may disclose your medical information to a health oversight agency such as the Department of Health and Human Services for health oversight activities including, but not limited to, conducting an audit or inspection of our facility. We may also disclose your medical information to coroners and funeral directors, as well as to organ donation agencies (to facilitate organ donation and tissue donation and transplantation.)

We may disclose medical information about you for **workers' compensation** purposes if you are injured on the job. We may also disclose medical information **when permitted or required by law**, such as in response to a request **from law enforcement officials** in specific circumstances, and in response to valid judicial, administrative, or court orders. We may also disclose information about you in certain **emergencies** or to **avert or lessen a serious threat to the health and safety** of a person or the public. We may release your medical information if you are a member of the military as required by armed forces services, or if necessary for **national security or intelligence activities**. We may also disclose medical information for purposes of medical **research studies** when such use has been approved by an Institutional Review Board.

Other uses of medical information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing your medical information. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding your medical information

In most cases, **you have a right to receive a copy and/or inspect the medical information** we retain about you, upon written request. After the first request for copies, we may charge a fee for the cost of copying, mailing, and other related supplies. If we deny your request, you may submit a written request for a review of that decision. In some circumstances, another licensed healthcare professional chosen by Recovery Works may review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. However, in some circumstances, our denial of the request by you to inspect and/or receive copies of your information is not subject to review.

You **have the right to request that we amend your medical information**, by submitting a request in writing that provides your reason for requesting the amendment. We have the right to deny your request if the information was not created by us, if it is not part of the medical information maintained by us, if it is not part of the information which you would be permitted to inspect and copy, or if in our opinion that record is accurate. If we deny your request, we will provide you with a written statement of the basis for the denial and a description of how you may file a written statement of disagreement. If you do not file a written statement of disagreement, you may request that your request for amendment and our written denial be provided with any future disclosures of your medical information.

You have the right to a list of those instances where we have disclosed your medical information when you submit a written request. This list will not include: disclosures made for treatment, payment or health care operations, disclosures made directly to you, disclosures you authorized pursuant to a signed authorization, disclosures made to correctional institutions and for other law enforcement purposes. The request must state the time period desired for the accounting, which must be less than a 6 year period and start after November 9, 2006. You may receive the list in paper or electronic form. The first disclosure list request in a 12 month period is free. Additional requests may be provided for a fee. We will inform you of the fees before you incur any costs.

If this notice was sent to you electronically, **you have a right to a paper copy of this notice.**

You have a right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to a P.O. Box instead of your home address, by notifying us in writing of the specific way or location for us to communicate with you. We will not ask you the reason for your request. We will accommodate all reasonable requests, but we may not be able to agree to your request.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment, or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. You are entitled to a restriction to not disclose information to your health plan for health care services that we provided for which you paid us directly in full when the purpose of the disclosure is for the health plan's payment or health care operations. We are not required to agree to other types of requests.

Complaints

If you are concerned that your privacy rights have been violated, or if you disagree with a decision we made about access to your records, you may lodge a written complaint to our Privacy Officer (listed below). Finally, you may send a written complain to the U.S. Department of Health and Human Services Office for Civil Rights. Our Privacy Officer can provide you with the address. Under no circumstance will you be penalized or retaliated against for filing a complaint.

Privacy Officer

If you have questions or need further assistance regarding this Notice, please contact the HIPAA Privacy Officer/Director of Nursing at Recovery Works, 3107 Cincinnati Road, Georgetown KY 40324, 502-570-9313.