

Notice of Privacy Practices

PLEASE REVIEW IT CAREFULLY.

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

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

Get an electronic or paper copy of your medical record.	<ul style="list-style-type: none"> You can ask to see or get an electronic or paper copy of your health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. In Kentucky, you are entitled to one free copy of your medical record. We may charge a reasonable, cost-based fee for second copies of your record.
Ask us to correct your medical record.	<ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, at home or office by phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. <ul style="list-style-type: none"> We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. <ul style="list-style-type: none"> We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

YOUR RIGHTS continued

Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting us using the information on this page.• You can 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/.• You can file a complaint on the Ombudsman line at 502-587-8240.• You can file a complaint with the Privacy Officer at 502-589-8600.• We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to	<ul style="list-style-type: none">• Share information with your family, close friends, or others involved in your care. We will ask you to sign an authorization to release form to these people.• Share information in a disaster relief situation• If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious or imminent threat to health or safety.• Seven Counties does not create or maintain a facility directory.
In these cases we <i>never</i> share your information unless you give us written permission	<ul style="list-style-type: none">• Marketing purposes• Sale of your information• Most sharing of psychotherapy notes
In the case of fundraising	<ul style="list-style-type: none">• We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES and DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways. We are not required to obtain your authorization to use your health information in these ways.

Treat You	<ul style="list-style-type: none">• We can use your health information and share it with other professionals who are treating you.	<i>Examples:</i> Your health information will be shared among your treatment team. We will share your
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	<ul style="list-style-type: none"> We can use and disclose your health information about you to provide, coordinate or manage your care and related services. 	information with outside agencies performing services relating to your treatment, such as lab work, or to pharmacies to fill your prescriptions.
Participate in health information exchanges.	<ul style="list-style-type: none"> We may participate in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment and permitted health care operations with other participants in the HIE. You will be provided the opportunity to opt out of HIE participation. 	<i>Examples:</i> HIEs allow your health care providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes. We have entered into a business associate agreement with KHIE but will not share your information unless you sign the opt-in consent form.
Run our Organization	<ul style="list-style-type: none"> We can use and share your health information to run our practice, improve your care, and contact you when necessary. 	<i>Examples:</i> We use health information about you to manage your treatment and services. We will use your information to contact you to remind you that you have an appointment with us.
Bill for your services	<ul style="list-style-type: none"> We can use and share your health information to bill and get payment from health plans or other entities. 	<i>Examples:</i> We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety.
Do research	We can use or share your information for health research.
Comply with the law	We may disclose health information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to lawsuits and legal actions	We can share health information about you in response to a court order.
Work with a medical examiner or funeral director	We may share health information with a coroner, medical examiner, or funeral director when an individual dies.
Respond to organ and tissue donation requests	We may share health information about you with organ procurement organizations.
Address workers' compensation, law enforcement and other government requests	<p>We may use or share health information about you:</p> <ul style="list-style-type: none"> For workers' compensation claims For specific law enforcement purposes or to a correctional institution if you are an inmate With health oversight agencies for activities authorized by law For special government functions such as military, national security and presidential protective services

CONFIDENTIALITY OF SUBSTANCE USE DISORDER RECORDS

Seven Counties Services offers programs for substance use disorder treatment. We are required to comply with federal regulations (42 CFR, Part 2 Confidentiality of Substance Use Disorder Records) that place strict limitations on how drug or alcohol treatment information may be used or disclosed. When you received services from these programs, we may not tell an external entity that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless:

- You authorize the disclosure in writing
- The disclosure is permitted by a court order
- The disclosure is made to medical personnel in a medical emergency
- The disclosure is to qualified personnel for research, audit or program evaluation purposes
- A situation exists that requires a mandatory report be made to the proper authorities, to report suspected child abuse or neglect or threats to commit a crime on the premises against another person
- Communication is between a program or an entity having administrative control over the program
- An agreement with a Qualified Service Organization exist that authorized the Part 2 health information to be shared

OUR RESPONSIBILITIES

- 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.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site at www.sevencounties.org.

The privacy practices in this notice will be followed by health and behavioral healthcare professionals that treat you at any of our locations, and by all employed associates, staff and volunteers of the following organization:

Seven Counties Services, Inc.
10401 Linn Station Rd.
Ste. 100
Louisville, KY 40223
www.sevencounties.org
SCS Privacy Officer: 502-589-8600