

Notice of Privacy Practices

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. **Please read it carefully.**

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:

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| 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 (medical and billing records) 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 will 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. 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. We will say "yes" unless a law requires us to share that information. |
| Get a list of those with whom we have shared information | <ul style="list-style-type: none"> You can ask for a list (accounting) of the times we have shared your health information, who we shared it with, and why. An accounting for non-substance use disorder treatment will be available for six years prior to the date you ask. We will include all disclosures made except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will 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. Contact the business staff at any of our locations to request a copy of our Notice. You may also find this notice at www.sevencounties.org. |
| 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

- 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 Privacy Officer at 502-589-8600.
 - You can file a complaint with SCS Ombudsman 502-587-8240.
 - 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/orc/privacy/hipaa/complaints/.
 - **We will not retaliate against you for filing a complaint.**
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OUR USES and DISCLOSURES

We are not required to obtain your authorization to use your health information in these ways.

Treat You

- We can use your health information and share it with other professionals who are treating you.
- We can use and disclose your health information about you to provide, coordinate, or manage your care and related services.

Examples: Your health information will be shared among your treatment team.

We will share your information with outside agencies performing services relating to your treatment, such as lab work, or to pharmacies to fill your prescriptions.

Our providers may use augmented intelligence technology to audio record your visits. You will be asked to give consent.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Examples: We give information about you to your health insurance plan so it will pay for your services.

Run our Organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Examples: 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.

We may use information to review our treatment and services and to evaluate the performance of our staff in caring for clients or for accreditation activities.

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

- 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.
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In these cases, we never share your information unless you give us written permission

- Marketing purposes*
- Sale of your information*
*No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All other categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.
- Sharing of psychotherapy notes or SUD counseling notes, which are kept outside of the legal health record.
- Share your information with Health Information Exchanges. 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 Health Information Exchange. You will be provided the opportunity to opt out of HIE participation.

In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

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

- We can share health information about you for certain situations such as:
- Preventing or controlling disease
 - Reporting adverse reactions to medications or problems with medical devices
 - 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 local, state, or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are 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

- We may use or share health information about you:
- For workers’ compensation claims
 - For specific law enforcement purposes, such as locating a suspect or missing person, or to a correctional institution if you are an inmate
 - With health oversight agencies for activities authorized by law such as licensure, certification and investigations or inspections.
 - For special government functions such as military, national security and presidential protective services
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CONFIDENTIALITY OF SUBSTANCE USE DISORDER (SUD) RECORDS

Federal Law (42 CFR, Part 2, Confidentiality of Substance Use Disorder Records) protects the confidentiality of substance use disorder (SUD) client records. Seven Counties Services offers programs for substance use disorder treatment. If you are receiving substance use disorder treatment (SUD) treatment at one of our programs, you have certain rights regarding your information in addition to those rights described elsewhere in our Notice of Privacy Practices.

This section describes: 1) How SUD information about you may be used and disclosed, 2) Your rights with respect to your SUD treatment information, 3) How to file a complaint concerning a violation of privacy or security or of your health information or of your rights concerning your information.

When you receive services from these programs, we will share your SUD treatment information amongst our staff as needed to provide care to you or bill for services. Generally, 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:

- 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 to be made to the proper authorities; to report suspected child abuse or neglect or to report a crime you commit or threaten to commit on the premises or against another person.
- The communication is between a program or an entity having administrative control over the program.
- An agreement with a Qualified Service Organization exists that authorized the Part 2 health information to be shared.
- The disclosure is allowed by a court order and that order includes a subpoena or other legal mandate requiring that we share your information. In particular, note that records, or testimony about your records, cannot be shared in any civil, administrative, criminal, or legislative proceedings against you unless there is specific written consent or a court order. If there is a court order, we must let you know and provide you will an opportunity to object.

In all other circumstances, we will ask for your consent to release your information outside of our program. Instances where we may share information with your consent:

- You authorize the disclosure in writing.
- You consent to allow us to share information about you outside of our program for all future treatment, payment, and healthcare operations purposes.

Organizations who would receive your information for these purposes are required by law or contract to protect your information as required by Federal law protecting SUD information or by HIPAA.

Recipients who are required to protect your information as required by HIPAA may share your information only as allowed by HIPAA except that they may not re-disclose information for civil, criminal, administrative, and legislative proceedings against you.

If you consent to our sharing your information, you can change your mind and ask us not to at any time by letting us know in writing. If you change your mind, we will stop any future sharing of your information but will be unable to stop any information that has already been released.

You have certain rights with regard to your information in addition to those rights described in our HIPAA Notice of Privacy Practices:

You have the right to an accounting of disclosures of electronic records of your care by our SUD treatment program to people outside our program for the past 3 years. In addition, if you provided consent to share your information for treatment through a health information exchange, care management organization, or other intermediary, you have a right to a list of disclosures by an intermediary for the past 3 years.

You have a right to elect not to receive fundraising communications.

You may revoke your written consent at any time.

You may ask to discuss this notice with the Privacy Officer if you have any questions.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to provide this notice of our legal duties and privacy practices with respect to your health information.
- We must follow the terms of the notice currently in effect.
- We are required to let you know if a breach of unsecured records occurs that may have compromised the privacy or security of your information.

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

Contact:
SCS Privacy Officer
Phone: 502-589-8600
Email: privacyofficer@sevencounties.org