



Notice of Privacy Policy

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all medical and dental records and other individually identifiable information used or disclosed by us in any form are kept properly confidential and secure. HIPAA gives you rights to control how your health information is used and holds us accountable for how your Protected Health Information (PHI) is used. PHI is information about you including demographic information that may identify you and that relates to your past, present or future physical or mental health and related health care services. SCHC is required to abide by this notice and required by law to maintain the privacy of protected health information, provide you with notice of our legal duties with respect to privacy practices, and notify any affected individuals following a breach of unsecured protected health information.

How we use or may disclose your health information:

- **To treat you**
 - We can use your health information and share it with other professionals who are treating you.
 - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- **To run our organization**
 - We can use and share your health information to run our practice, improve your care and contact you.
 - Examples:
 - We may use information in quality assessment and employee review to make sure you are receiving the best quality care.
 - We may use a sign-in sheet at the front desk and may call you by name when your doctor is ready to see you.
 - We may call your home and leave a message to remind you of an upcoming appointment, to schedule a new appointment or to call our office.
 - We may send post cards or letters.
 - We may share information with business associates that perform functions on our behalf or provide us with services.
- **To bill for services**
 - We can use and share your health information to bill and get payment from your insurance or other entities.
 - Example: We give information about you to your insurance plan so it will pay for your services.
- **For research purposes**
- **To coordinate your care with social service agencies and supportive services**

- **As required by law**
 - As required by law we may disclose public health issues, communicable diseases, abuse or neglect, helping with product recalls, preventing threat to health or safety.
 - We may disclose information related to legal proceedings, law enforcement and legal issues, coroners, funeral directors, organ donation, military activity or national security, workers compensation.
 - As required by the Secretary of Health and Human Services we may disclose information related to investigating or ensuring compliance with HIPAA.
- Other permitted and required uses and disclosures will be made only with your written authorization unless required by law. You can revoke this authorization at any time, in writing.

You have the right to:

- Get an electronic or paper copy of your medical record
 - This does not include therapy notes or information compiled in reasonable anticipation of or use in a criminal, civil, or administrative action or proceeding.
- Ask us to correct your medical record
 - If we deny your request, you have the right to file a statement of disagreement with us and we may prepare and provide you with a rebuttal to your statement.
- Request confidential communications, by asking us to contact you in a specific way
- Ask us to limit what we share
 - This request may be denied if it will affect your care.
 - If you pay for a service in full, you can ask us not to share that information with your health insurer, family members or friends who may be involved in your care.
- Receive a record of certain disclosures we have made of your protected health information
- Get a copy of this notice privacy

We reserve the right to change the terms of this notice and will inform you of any changes in your patient packet and in the clinic lobby. You then have the right to object or withdraw as provided in this notice.

Complaints

If you have a complaint, believe your privacy rights have been violated, or have any question, you may contact the Shawnee Christian Healthcare Center Compliance Manager or the Secretary of Human Services. You may file a complaint by notifying the Compliance Manager at our office or through main telephone number.

The compliance manager is:

Shawnice Whitfield, Compliance Manager
 Shawnee Christian Healthcare Center Inc.
 234 Amy Ave, Louisville, KY 40212
 Phone (502)-778-0001