Notice of Privacy Practices

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.

If you have any questions, please contact our Privacy Officer, whose address and phone number are listed at the bottom of this notice.

Our Duty to Safeguard Your Protected Health Information.
Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" ("PHI"). We are required to extend certain protections to your PHI and to give you this Notice about our privacy practices that explains when, why, and how we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. If a breach of unsecured PHI occurs, we will notify affected individuals.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time.** If we do so, we will post a new Notice in each facility where you receive services and on our website.

How We May Use and Disclose Your Protected Health Information.
We may use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for the purposes of treatment, payment, or operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to use or disclose your PHI without your consent or authorization. If we disclose your PHI to any outside entity for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your PHI as we must apply. The following sections provides additional details and examples of how we may use and disclose your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:
Generally, we may use or disclose your PHI as follows:

For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI may be shared with outside entities performing ancillary services relating to your treatment, such as lab work or for consultation purposes, or other health agencies involved in provision and/or coordination of your care.
To obtain payment: We may disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact and/or release portions of your PHI to Medicaid, Medicare, a private insurer, and/or the local Vocational Rehabilitation office to get paid for services we delivered to you.
For health care operations: We may disclose your PHI in the course of operating our Mental Health, Substance Abuse, Intellectual and Developmental Disabilities, and Family or Children's service programs. For example, we may take your photograph for identification purposes, use your PHI to evaluate the quality of services provided, or disclose your PHI to our accounting department or attorney for audit purposes. Release of your PHI to state agencies might also be necessary to determine your eligibility for publicly funded services.
Appointment Reminders: Unless you direct us otherwise, we may use the contact information you provide to send appointment reminders and similar notifications.

Uses and Disclosures Requiring Authorization:
For uses and disclosures beyond treatment, payment, and operations purposes we are required to have your written authorization unless the use or disclosure falls within one of the exceptions described below. You may revoke your authorization at any time, except to the extent that we have already acted in reliance on it.

Uses and Disclosures Not Requiring Authorization:
The law provides that we may use or disclose your PHI without authorization or consent in the following circumstances:

To avert a serious threat to health or safety: We may disclose your information to law enforcement or other individuals who are reasonably able to prevent or lessen the threat of harm.
To report abuse: We may disclose your information to the appropriate authorities if staff suspect or have knowledge that a child or vulnerable adult has been abused or neglected.
For research, audit or evaluation purposes: In certain circumstances, we may disclose your information for research, audit, or evaluation purposes such as to government agencies for audits, investigations, inspections, or licensure.
Regarding decedents: We may disclose your information to funeral directors, coroners, or medical examiners as necessary to carry out their duties, and as authorized by law regarding decedents.

For specific government functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
When otherwise required by law: We may disclose your information at other times when required by law such as information related to suspected criminal activity or in response to a court order.

Your Rights Regarding Your Protected Health Information:
You have the following rights relating to your protected health information:

To request limits on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do.
To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have the right to see your PHI when you submit a written request. We will respond to your request within 30 days. If we deny you access, we will give you a written reason for the denial and explain any right you have to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.
To request amendment of your PHI: If you believe there is a mistake or missing information in our record of your PHI, you have the right to request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine the PHI is (i) correct and complete, (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI, inform you of the change, and tell others that need to know about the changes when necessary.
To find out what disclosures have been made: You have the right to request a list of certain disclosures we have made of your PHI going back as far as six years from the date of your request. This list will include information about when your PHI was released, to whom, for what purpose, and what information was disclosed. This list will not include disclosures made for treatment, payment, or healthcare operations, disclosures made directly to you or your family, disclosures made with your written authorization, or disclosures made to law enforcement officials, correctional facilities or for national security purposes. We will respond to your written request within 60 days. You are entitled to one free accounting each year. If you request additional lists within the same year, there may be a reasonable fee.

How to Report a Privacy Concern:
If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with our HIPAA Privacy Officer. To do so, please contact:

HIPAA Privacy Officer
380 Suwannee Trail Street
Bowling Green, KY 42103
(270) 901-5643

In addition to the person listed above, you may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at:
U.S. Department of Health and Human Services
200 Independence Ave., SW
HHH Building Room 5095
Washington D.C. 20201

We will take no retaliatory action against you if you make such complaint.