

## **CAN I KNOW WHO HAS RECEIVED INFORMATION ABOUT ME?**

You may ask for a list, called an "Accounting of Disclosures" of any places where health information may have been sent. Exclusions to this accounting would include disclosure for treatment, payment purposes, to make sure you received quality care, and/or to make sure laws are being followed. We also will not list persons or facilities to whom we sent information if you signed an Authorization Form allowing us to send the information.

## **COULD MY HEALTH INFORMATION BE RELEASED WITHOUT MY AUTHORIZATION?**

There are times when by law we have to share private health information, even if you do not sign an Authorization Form.

Oakwood must report information about:

1. The abuse or neglect of a dependent adult and/or domestic violence offenses to the Department for Community Based Services.
2. Any instance of child neglect, exploitation or abuse to the Department for Community Based Services and/or police.
3. Any threats against persons to the intended victim and to the police.

Oakwood must share information with:

1. Agencies or persons with a need to know when a resident is in need of hospitalization.
2. Police for law enforcement reasons as required by law or in response to a court order. Law enforcement purposes include (a) limited information requests for identification and location purposes, (b) pertaining to victims of crime, (c) suspicion of death as a result of crimi-

nal conduct, and (d) a medical emergency when a crime is likely to have occurred.

3. A coroner investigating any death of a resident of Oakwood.
4. The Federal Government when they are investigating something important to protect our country, the President of the United States, and/or other government officials.

If you introduce your personal mental health or substance abuse issues in court proceedings, you give up your right to privacy.

## **HOW DO I FILE A COMPLAINT?**

If you think we have not protected your privacy and wish to complain to Oakwood, send your complaint, in writing, to:

**Regional Privacy Officer  
1351 Newtown Pike  
Lexington, KY 40511  
(859) 253-1686 ext. 585**

You may also complain to the Federal Government by writing to the:

Office of Civil Rights  
US Department of Health and Human Services  
61 Forsyth Street SW  
Suite 3B70  
Atlanta, GA 30323

## **WHAT WILL HAPPEN TO ME IF I FILE A COMPLAINT?**

Absolutely nothing. It is against the law for us to take any retaliatory or other negative action against you if you file a complaint.

***We are required to abide by the terms of this notice, however we reserve the right to change it. We reserve the right to make the revised notice effective for information we already have about you as well as future information we receive. All notices will have the effective date on them. A current copy of this notice will be posted throughout the facility and on the website: [www.bluegrass.org](http://www.bluegrass.org) and can be sent to you upon request. You will be offered a copy of this notice when you become a resident at Oakwood.***



# **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.***

2441 S. Highway 27  
Somerset, KY 42501

## ***YOUR HEALTH INFORMATION IS PRIVATE.***

Oakwood understands that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. The law says:

1. We must keep your health information from other people who do not need to know it.
2. You may ask that we not share certain health care information. You must make your request in writing. In some instances we may not be able to agree with your request. If that happens we will explain the reasons to you.
3. You may ask that we contact you at a location you name. (I.e. P.O. Box, mother's house) in the manner you prefer (I.e. telephone or mail).

## ***WHO SHARES AND SEES MY HEALTH INFORMATION?***

- ◆ Your private health information may be used by healthcare providers such as doctors, nurses, psychologists, therapists, and social workers who take care of you. They may need your private health information to plan your care.
- ◆ We may share information about you in order to be paid for services. We send a bill (also called a "claim") to your insurance or to a government program such as Kentucky Medicaid to get paid.
- ◆ The bill has all of the information about what services you had. We review health care information and bills to make sure that you get quality care and that all laws about providing and paying for your healthcare are being followed.

- ◆ We share health information about you on a need-to-know basis in order to help you get services you may need.
- ◆ We may also use information about you to judge how well we do our job and for other performance improvement activities within the hospital. For example, we may use information to review our treatment and services and to evaluate the performance of staff.
- ◆ We may also combine information about many residents to help us decide what additional services we may need to offer or what services are no longer needed.

## ***MAY I SEE MY HEALTH INFORMATION?***

You have the right to inspect your medical record and/or receive a copy of it as long as it doesn't interfere with your treatment. Your first copy is free; after that we may charge a fee for additional copies.

## ***WHAT IF I THINK SOMETHING IN MY RECORD IS INCORRECT?***

Our goal is to keep your information up-to-date and to correct inaccurate information. If you think some of the information is wrong, you may ask that it be changed or that new information be added - this is called an amendment. You may ask that the amendment be sent to anyone else who has received your health information from us. Your request must be in writing and submitted to the Regional Privacy Officer. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information kept by or for us;
- is accurate and complete.

## ***CAN I LIMIT WHO CAN SEE MY INFORMATION AND RESTRICT ACCESS TO WHAT THEY CAN SEE?***

You have the right to request restrictions on the information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care.

We are not required to agree. However, if we do agree we will comply with your request unless the information is needed to give you emergency treatment.

To request restrictions, you must make your request in writing to the Regional Privacy Officer. Your request must state: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply, for example, disclosures to your spouse. This process can be explained more fully to you upon intake to our facility.

## ***WHAT IF I NEED FOR MY HEALTH INFORMATION TO GO SOMEWHERE ELSE?***

You will be asked to sign a separate form called an Authorization Form allowing your health care information to go to someone else such as another provider.

Your Authorization tells us what information is to be sent where and to whom. This Authorization is good for 60 days or until the date you put on the form. You can cancel the authorization or limit the information sent by letting us know in writing. After we receive your cancellation we will not share any more information, but it cannot be helped if information was shared before your request was received.