Funding

• We may use, or disclose to a business associate or to the Owensboro Health Foundation or any other institutionally-related foundation, the following information to contact you for our fundraising activities: your name, address, other contact information, age, gender and date of birth; the department(s) where you received services, your treating physician, your outcome information, your health insurance status, and the dates you received services. We raise funds to expand and support health care services, educational programs, and research activities related to curbing disease. You have the right to opt-out of receiving our fundraising communications. If you opt out of receiving fundraising communications, you can always choose to opt back in with respect to specific campaigns or ask to be contacted for our fundraising efforts by calling us at 270-688-2113 or e-mailing us at fundraising@owensborohealth.org. We do not condition treatment on your choice of whether to receive fundraising communications.

Authorization requirements

• Certain uses and disclosures by us of your medical information require that we obtain your prior written authorization. These include:

  * Psychotherapy Notes. If Psychotherapy Notes are created for your treatment, most uses and disclosures of these notes will require your prior written authorization. “Psychotherapy Notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. “Psychotherapy Notes” excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, progress, and prognosis.

  * Marketing. If we use or disclose your medical information for marketing purposes, we must first obtain your written authorization to do so, except if the communication is face-to-face by us to you, or is a promotional gift of nominal value.

  * Sale of your medical information. If a disclosure of your medical information would constitute a sale of it, we must first obtain your written authorization to do so.

Other uses/disclosures of medical information

• In any other situation not described in this notice, we are required to obtain your written authorization before using or disclosing your medical information. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing. However, the revocation will not be effective [1] to the extent we took action in reliance on the authorization before receiving the revocation, or [2] if the authorization was obtained as a condition of obtaining insurance coverage, often law provides the insurer with the right to contest a claim under the policy or the policy itself.

Your rights regarding medical information about you

• In most cases, you have the right to look at and to get a copy of your medical records and billing records that we maintain or that are maintained for us, when

you submit a written request. If the information is maintained electronically and if you request an electronic copy, we will provide you with an electronic copy in the form and format requested by you. If it is readily producible in that form and format (it is not, then we will agree with you on a readable electronic form and format). You can direct us to transmit the copy directly to another person if you submit a signed written request to our Privacy and Security Officer that identifies the person to whom you want the copy sent and where to send it. If you request copies, we may charge a reasonable cost-based fee for the labor involved in copying the information, the supplies for creating the paper copy or the cost of the portable media, postage, and providing a summary of your records, if you request a summary. If we deny your request to review or obtain a copy of your medical or billing records, you may submit a written request for a review of that decision.

• If you believe that information in your medical or billing records is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request to our Privacy and Security Officer that identifies the reason for requesting the amendment. We could deny your request to amend a record for a number of reasons, including: if the information was not created by us; if it is not part of the information maintained about you by or for us; or if we determine that record is accurate and complete. You may submit a written statement of disagreement with our decision not to amend a record.

• You have the right to a list of those instances where we have disclosed medical information about you, except in certain instances. These instances include: disclosures for treatment, payment and health care operations; disclosures made to you, disclosures incident to a use or disclosure permitted or required by the Federal HIPAA Privacy Rule; disclosures authorized by you; disclosures for our directory; disclosures to persons involved in your care or the payment for your care, like a family member or a friend. For instance, you have the right to request an accounting of certain disclosures made to your health plan, if the purpose for the disclosure is not related to treatment, and the health care items or services to which the information applies (such as a goods and/or services) have been paid for out of pocket and in full, otherwise, we are not required to agree to your request.

• You have the right to request restrictions on the use or disclosure of your medical information, if you agree with your health care provider on the time period desired for the accounting, which must be less than a six-year period from the date of the request. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

• You have the right to receive a paper copy of this notice upon request.

• You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to send to communicate with you. We may condition your agreement to receive information as to how payment will be handled and specification of an alternate address or other method of contact.

Complaints

• If you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made about access to your records, you may contact our Privacy and Security Officer (listed below). You may also contact our Compliance Department at (270) 691-8240 or the Owensboro Health Hotline, a 24-hour hotline, at 1-855-632-1920. You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. You may contact our Privacy and Security Officer can provide you the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Nondiscrimination & Accessibility

Owensboro Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, or age.

For further information, you may contact the:  


Privacy and Security Officer

Questions? Please call: 

Owensboro Health 

Privacy and Security Officer

(270) 417-8627

1201 Pleasant Valley Road

Owensboro, KY 42303

Fax (270) 417-8627

privacy@owensborohealth.org

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 and Security Officer at the address or phone number on the back of this notice.
information about you. We are committed to protecting medical information about you. We create a record of the care and services you receive and make this record the basis of our continuing effort to provide quality medical care to you. This record contains health information about your past, present, and future well-being.

We understand that medical information about you is personal. We are committed to protecting your health information in accordance with the Federal HIPAA Privacy Rule, and only make the uses and disclosures of your health information that have been authorized by law. The use or disclosure will be consistent with the requirements of applicable federal and state law, and only made consistent with the requirements of applicable federal and state law, and only made consistent with the requirements of applicable federal and state law, and only made consistent with the requirements of applicable federal and state law.

Changes to This Notice: We may change our practices in the handling of your health information and the ways we use and disclose that information in the future. If we make changes to our practices, we will make the revised Notice available to you. Any such changes will apply only to information we collect in the future, not to information we have already collected.

If you have any questions about this notice or want more information about our privacy policies and practices, please contact our Privacy and Security Officer at 219-277-8697.

For public health activities. We may disclose your medical information for public health activities and purposes to:

• Medical Staff. Because OH RH and OH MCH are clinically integrated care settings, our Medical Staff includes physicians that are employed, or have an agreement to provide services, with OH RH or OH MCH. This includes all physicians who provide care to patients treated at OH RH or OH MCH. All health care professionals who treat you at any of our locations.

•Kentucky Health Information Exchange. The Kentucky Health Information Exchange ("KHE") makes patient health care information available electronically to the Kentucky Department for Medical Services, Kentucky State Laboratory, and certain health care providers who are covered by HIPAA and participate in the KHE (KHE Participants). KHE Participants agree to KHE’s terms and conditions, including its security and privacy policies, for accessing and using the Kentucky Health Information Exchange ("KHE") shared electronic health record. KHE uses a standardized data model to enable health care providers to view common demographics, care plans, and treatment methods.

•Kentucky Health Information Exchange. The KHE participants in the shared electronic health record OHC are required to share patient information to provide health care and health care operations according to applicable federal and state law. A detailed description of the KHE can be found at b.hive.ky.gov/Pages/IDX/EXPI. Making patient health care information available to participating health care providers through KHE is the only mechanism for sharing medical information in Kentucky.

•Kentucky Health Information Exchange. The KHE participants in the shared electronic health record OHC have agreed, as permitted by law, to share and update your health information among themselves for the purpose of preventing or controlling disease, injury or disability; to provide for the payment for health care services; and to improve the quality of health care services. This sharing allows us to better address your health care needs. The organizations participating in the shared electronic health record OHC are not in any way providing health care services mutually or on each other’s behalf. They are separate health care providers and each is individually responsible for its own activities, including compliance with privacy laws, and all health care services it provides. For a list of the health care providers that participate in the shared electronic health record OHC, please visit https://www.ownburnohio.org/ph/physician/provider/list.

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