

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 unless it was for treatment, for payment, to make sure you received quality care, or to make sure laws are being followed. We also will not send you a list of 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.

BGMHMR must report:

1. 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.

BGMHMR must share information with:

1. Agencies or persons with a need to know when a client 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 criminal conduct, and (d) a medical emergency when a crime is likely to have occurred.
3. A coroner investigating any death of a client of BGMHMR.
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. If you are receiving substance abuse services, your health information is also protected under a separate federal regulation, 42.CFR, Part 2, that may give additional privacy protection.

HOW DO I FILE A COMPLAINT?

If you think we have not protected your privacy and wish to complain to Bluegrass Regional MH-MR Board, Inc., send your complaint, in writing, to:

**Regional Privacy Officer
1351 Newtown Pike Bldg 1
Lexington KY 40511-1277
(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 in all locations operated by BGMH-MR Board, Inc., on the website: www.bluegrass.org, and can be sent to you upon request. You will be offered a copy of this notice each time you initiate services.

Bluegrass Regional Mental Health-
Mental Retardation Board, Inc.



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.**

1351 Newtown Pike Bldg 1
Lexington KY 40511-1277

A Joint Commission
Accredited Organization

Effective 4/14/03; Revised: 12/20/04; 6/30/09

YOUR HEALTH INFORMATION IS PRIVATE.

Bluegrass Regional Mental Health-Mental Retardation Board, Inc. (BGMHMR) 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 when we contact you, (i.e., for appointment changes, etc.) we will do so at a location you name, (i.e., P.O. Box, mother's house, etc.) and in a manner you prefer (i.e., telephone or mail).
4. We will call you the day before your scheduled appointment to remind you of it, unless you ask us not to.

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 healthcare 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 BGMHMR. 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 clients 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 record and/or request a copy of your medical record. 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 us to limit;
2. whether you want to limit our us, disclosure or both; and
3. to whom you want the limits to apply, for example, disclosures to your spouse.

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

You will be asked to sign a separate form called an Authorization 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.