

**GRAVES-GILBERT CLINIC  
NOTICE OF CURRENT 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.**

This notice describes how the Graves-Gilbert Clinic will treat your personal healthcare information. Our goal is to describe to you the ways in which that information will be used and the people with whom we may share information. We also have included a description of the conditions under which we will share information with others, including other healthcare providers and the Clinic's business associates.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from us. On occasion, we receive and retain information from others that have cared for you or provided services to you. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the healthcare records collected and maintained by the Clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private, and only used or disclosed in ways permitted by the law;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of Notice of Privacy Practices that is currently in effect; and
- Notify you of what action we will take with regard to requests that you make concerning restrictions on use, restrictions on disclosure, alternate means of communication that you choose, amendments that you request, or accountings of disclosures.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information:

For Treatment. We may use health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Clinic personnel who are involved in taking care of you. We may also disclose medical information about you to people or entities outside of the Clinic when we believe that such disclosure is necessary to coordinate or manage the care of your health, or when we believe that consultation between healthcare providers will be beneficial to you.

*Example: If you have x-rays taken at the Graves Gilbert Clinic and later have x-rays taken outside of the Clinic, the outside radiologist may be aided in his or her analysis by comparing your Clinic films with your*

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*non-Clinic films. If asked by the outside radiologist to provide films for such a purpose we may disclose those films to that physician.*

For Payment. We may use and/or disclose to others, healthcare information about you so that medical treatment, services or goods provided to you can be billed appropriately. This includes the release of information to health insurance providers and third party payors.

*Example: If you are insured by a health insurance plan and we bill the health insurance plan, we may communicate to your health insurance plan the nature of the medical service we provided.*

Appointment Reminders. We may use information about you to generate appointment reminders and reminders of the need to schedule an appointment. We may call you or contact you by other means, to remind you of your appointment or the need to make an appointment.

*Example: We may send patients a reminder that they should schedule a mammogram.*

Treatment Alternatives. We may use healthcare information about you to determine if you would be an individual likely to benefit from treatments or testing which are alternatives to the treatment or testing that you are already receiving or have already received.

*Example: If we become aware of a new treatment for a medical problem, we may utilize our patient data to determine if there are Clinic patients who would benefit from the new treatment. In such a case, we may further use that information to contact those patients who may benefit.*

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. Disclosure to outside individuals or entities would not be done unless: 1) you have specifically consented to such a use and/or disclosure; or 2) the information was stripped of information which would allow someone seeing the information to associate the information with any individual; or 3) the use or disclosure is specifically required by law. We may use information about any of our patients to create an invitation list composed of Clinic patients that may be contacted regarding their possible eligibility to participate in a particular research project. Participation is always voluntary.

*Example: Some of our patients participate in clinical drug studies. This is never done without the prior consent of the patient. When a patient agrees to participate in such a study, the information acquired is provided to the sponsor of the study.*

As Required by Law. We will disclose and use healthcare information about you when permitted or required to do so by applicable federal, state, or local law.

*Example: State law requires us to report to the public health authorities; information about certain communicable diseases that we discover.*

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Health Oversight Activities. We may disclose medical information to a health oversight agency if that disclosure is authorized by law. These oversight activities include, for example, audits, investigations, inspections, and reviews by licensing authorities. These activities are necessary for the government or others that monitor the health care system.

*Example: State law permits the Board of Medical Licensure access to medical records relevant to their duties as the regulator of physicians. If they make an appropriate request for records, we would accommodate that request.*

Legal Proceedings. The Clinic and its employees are obligated to abide by certain subpoenas, court orders, and the laws of Kentucky and the United States of America.

*Example: If we are issued a court order requesting us to divulge all or part of your record, we would comply with that court order.*

Releases to Law Enforcement. There are very limited circumstances wherein the law would allow us to disclose information to law enforcement authorities. We will not make such disclosures unless they are allowed by both Kentucky law and federal law.

*Example: We are required to report evidence of abuse and neglect if we have a reasonable suspicion. Under those circumstances we will comply with the law and report information to the appropriate law enforcement agencies.*

Coroner, Medical Examiners, and Funeral Directors. There are occasions when the law permits us to make disclosures to these individuals. When appropriate we will make such disclosures.

*Example: We will release medical information to a coroner that is investigating the cause of a patient's death.*

To Protect Our Legal Interests. We may share information with our attorneys and our insurance companies.

*Example: If we are sued, we will provide to our lawyers whatever information is necessary to aid them in providing us with a defense.*

Business Associates. There are individuals and entities that provide the Clinic services that are useful to us in operating as a healthcare provider. Accordingly, there are occasions where disclosures will be made to these individuals or entities.

*Example: We may use consultants who will review our billing process and make recommendations based on their review of our records and billing.*

Disclosures to Financially Responsible Parties. In some instances, an individual agrees to be responsible for the financial obligations associated with a patient's care at the Graves-Gilbert Clinic. In such circumstances, the Clinic will assume that the responsible party is involved with the patient's care and the Clinic may disclose to the responsible party information relevant to the responsible party's role as an involved caregiver and/or payor.

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*Example: A patient's adult child may agree to be responsible for their mother's account. The Clinic will share with the adult child of the patient information relevant to the care of the patient.*

Individuals Involved in Your Care. We may use or disclose information about you and your health to other individuals who are involved in your care.

*Example: Some patients rely on a family member to help them remember when and how medications should be used. In such cases, we would share with those family members information about when and how a patient's medicine should be taken.*

Worker's Compensation and Job-Related Injuries or Illnesses. We may release information about job-related injuries or illnesses to your employer and/or state and federal regulatory agencies when the law permits such disclosures.

*Example: If you have filed a worker's compensation claim, we will disclose to your employer or to your employer's representative health information relevant to your claim.*

Uses and Disclosures Which You Authorize. If you provide us with written authorization in an appropriate form, we will disclose information as directed. Under some circumstances, we may charge you for copies made.

*Example: If by proper authorization you instruct us to disclose information to your attorney, we will abide by that request.*

Disclosures Within a Single Billing Account. The Clinic ordinarily bills patients and tracks account balances by using a family billing account. By using this technique, a unified bill is created for a husband, wife, and their children.

A unified bill may also be created for a husband and wife. Information relevant to the billing of a unified account may be shared with anyone named on the unified family account.

*Example: A husband, his wife, and their minor children may all be placed on a single account carried in the husband/father's name. Under such circumstances charges and information relevant to those charges incurred by his wife may be revealed to the husband without her granting an express authorization.*

Disclosures in Infusion Therapy. Infusion programs conducted by the Clinic, including chemo therapy programs, are conducted in a ward setting to encourage patients to participate in and receive the benefits associated with support group type therapy. Inherent in such programs is the incidental disclosure of patient information to other infusion patients and those providing care to those other patients.

*Example: Patients receiving chemotherapy ordinarily receive that therapy in a room with other patients receiving chemotherapy. Under such circumstances information communicated between patient and*

*caregiver will frequently be overheard by other chemotherapy patients.*

Other Uses and Disclosures. Any other uses and disclosures will be made only with the written authorization of an individual or their representative. Such authorizations are revocable; however, the revocation must be in writing.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy health information about you that we maintain.

To inspect and copy your medical information that may be used to make decisions about you, you must submit your request in writing to the Graves-Gilbert Clinic. If you request a copy of the information, we may, if state law allows, charge a fee for the costs of copying.

Right to Seek Restrictions on Use or Disclosure. To request restrictions, you must make your request in writing to Graves-Gilbert Clinic's Privacy Official. In your request, you must tell us: (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. The Clinic is not required to agree to your request unless the request is to limit disclosures made to carry out payment or healthcare operations and relates to services which have been fully paid for.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. All such requests must be made in writing. The Clinic may condition such an accommodation on receiving satisfactory information about how payment will be handled and/or what alternate or backup address or communication system will be used.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Clinic. Information retained by the Clinic that is not a part of the medical information will not be amended.

To request an amendment, your request must be made in writing and submitted to the Graves-Gilbert Clinic's Privacy Official. The Clinic may deny your request for an amendment if the Clinic determines that the unamended record is accurate and complete. We may deny your request for an amendment if the request is not in writing or does not include a reason to support the request. The Clinic may deny your request if such denial is permitted under the applicable provisions of the federal HIPAA rules. 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

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available to make the amendment. If the Clinic denies your request for an amendment, the Clinic will notify you of the reasons for the denial.

If the Clinic does accept your proposed amendment in whole or in part, the Clinic will make a reasonable effort to provide that amendment to those persons that you identify as having received the protected health information in an unamended form. In such circumstances, the Clinic will also notify persons, including business associates that the Clinic knows have unamended medical information and may be to your detriment, or individuals who have relied on that information, or could foreseeably rely on such information.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of medical information about you. This disclosure list will not include disclosures that we have made to: 1) carry out treatment, payment, and health care operations of the Clinic; 2) you; 3) individuals or entities involved in your care; or 4) other individuals or entities that are excepted from the accounting of disclosures rules promulgated under the 42 CFR 164. 528. The Clinic cannot assure that records of disclosure will be retained for more than six years following the date of a disclosure.

To request this list or accounting of disclosures, you must submit your request in writing to the Graves-Gilbert Clinic’s Privacy Official. Your request must state a period for which you want an accounting, and may not request a period time period longer than six years and may not include dates before April 14, 2003.

Right to Receive a Written Copy of This Notice. All Clinic patients are entitled to a free written copy of the Clinic’s current Notice of Privacy Practices.

**PREVIOUS NOTICES AND AMENDMENTS TO THIS NOTICE**

If you have received a previous privacy practices notice from us or if our obligation to provide you with notice of our privacy practices has been covered by a privacy practices notice delivered to you pursuant to an organized healthcare arrangement, than this notice of privacy practices shall supercede that previous notice.

The Clinic may from time to time amend or modify its Privacy Practices and may therefore amend its Notice of Privacy Practices. If the Notice of Privacy Practices is amended, you will be notified of the changes by the appearance of the amended form on the internet web based version and in the version conspicuously placed within the Clinic.

**COMPLAINTS**

You may express any complaints relating the way in which we have used or disclosed your confidential healthcare information. We encourage you to make your complaints to the Clinic’s contact person. You may also express your complaints to the Secretary of Health and Human Services, or the Secretary’s designee. The Clinic’s contact person is Chris Vowels. He may be contacted at (270) 781-5111 or at 201 Park Street, Bowling Green, KY 42101. The Clinic will not retaliate, intimidate, threaten, harass, or coerce anyone for filing a complaint or for exercising

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any right granted by this notice, and or the statutes and regulations existing under the federal HIPAA statues.

**EFFECTIVE DATE**

The effective date of this version of the Clinic's Notice of Privacy Practices is January 3, 2018.