
NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Woodfords Family Services uses your health information for your treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you require. Your health information is maintained in a record that is the physical property of Woodfords. Woodfords Family Services has a duty to maintain the privacy of your protected health information (PHI) and to provide you with a notice of our legal duties and privacy practices with respect to your health information. Woodfords reserves the right to change our privacy practices at any time and to make new provisions effective for all PHI we maintain. If we make important changes to this notice, the new notice will be available upon request, and it will be posted on our website. You may also obtain a copy of the current notice at any time by contacting the main office.

PHI is health information, including demographic information such as your name, address, telephone number, social security number, birth date, and gender, as well as past, present, or future information about your or your child's physical, developmental or mental health condition, and information about the services provided to you, including payment information, if any of that information may be used to identify you.

This Notice describes how Woodfords may use and disclose PHI. It also advises you of your rights to access and control your PHI.

B. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your PHI:

Treatment. We may use and disclose your PHI to provide you with health care treatment or services, including your treatment options. For example, we may use your PHI to assist in your treatment.

Payment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, the treatment.

Health Care Operations. We may use and disclose your PHI to assist in the operation of Woodfords in certain circumstances. For example, we may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business-planning activities.

Business Associates. We sometimes contract with third-party business associates for services. Examples include medical transcriptionists, answering services, billing services, consultants and legal counsel. We may disclose your PHI to our business associates so that they can perform the job we have asked them to do. To protect your PHI, we require our business associates to appropriately safeguard your information.

Appointment Reminders. We may use and disclose your PHI to contact you to remind you about an appointment. You may request that we provide such reminders only in a certain way or only at a certain place. We will try to accommodate reasonable requests.

Release of Information to Family/Friends. We may disclose your PHI to a family member, close friend or other person you identify and authorize, to the extent the information is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to such a disclosure whenever it is reasonably practicable for us to do so. We may generally disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Disclosure Required by Law. We may disclose your PHI as required by federal, state or local law.

De-identified Information. We may use your PHI to create de-identified information or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. When we de-identify health information, we remove information that identifies you as the source of the information.

Limited Data Set. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health and health care operations. We may not disclose the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data and not identify the information or use it to contact any individual.

Health Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you. In face-to-face communications, such as appointments with your care provider, we may tell you about other products or services that may be of interest to you.

Newsletters and Other Communications. We may disclose your PHI in order to communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease management programs, wellness programs or other community-based initiatives or activities in which we are participating.

Marketing. In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with promotional gifts of nominal value. We do not sell or license your PHI.

Fundraising. We may use and disclose your PHI to contact you as part of a fundraising effort relating to Woodfords. You have the right to “opt out” of receiving fundraising communications by following the opt out instructions on the communication or contacting our Privacy Officer and making a request to opt out of receiving fundraising communications.

C. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe special circumstances in which we may use or disclose your PHI:

Public Health Risks. We may disclose your PHI to public health authorities that are authorized by law to collect information for the purposes that include maintaining vital records, such as births and deaths, reporting child abuse or neglect, and preventing or controlling disease, injury or disability.

Health Oversight Activities. We may disclose your PHI as part of health oversight activities as authorized by law. These activities include investigations and audits to monitor government programs and the health care system in general.

Mental Health Information and HIV Infection Status. State law protects the confidentiality of certain mental health information and HIV infection status. We may not disclose any information regarding HIV infection status or certain mental health information without your written consent except as required or authorized by law.

Lawsuits and Similar Proceedings. We may use and disclose your PHI in a court or administrative proceeding in response to an order expressly directing disclosure and, in certain circumstances, in response to a subpoena, discovery request or other lawful process.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official in certain circumstances regarding a crime victim when authorized by law, concerning a death we believe has resulted from criminal conduct when authorized or required by law, regarding criminal conduct at our offices, and in response to a warrant, summons, court order or similar legal process.

Abuse, Neglect, and Domestic Violence. Your PHI may be disclosed to an appropriate government agency if there is a belief that a consumer has been or is currently the victim of abuse, neglect, or domestic violence and you agree to the disclosure or it is required by law that we do so.

Deceased Consumers. We may release PHI to a medical examiner, coroner or funeral director as required or authorized by law to enable them to carry out their lawful duties.

Organ and Tissue Donation. If you are an organ donor, we may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary, to facilitate organ or tissue donation and transplantation.

Research. We may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes in accordance with applicable law.

Threats to Health or Safety. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Government Functions. We may disclose your PHI if you are a member of United States or foreign military forces (including veterans) and if required by the appropriate authorities. We may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

Inmates. We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care services to you, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. We may disclose your PHI to the extent authorized by and necessary to comply with laws relating to workers' compensation and similar programs.

D. YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding the PHI that we maintain about you:

Confidential Communications. You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. The request must be made in writing to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Please call (207) 878-9663 for more information.

Requesting Restrictions. You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment or health care operations. If you paid out-of-pocket in full for a health care service or item provided by Woodfords, you have the right to restrict disclosure of your PHI to your health plan for purposes of payment or health care operations, and we are required to honor this request.

To request a restriction on our disclosure of your PHI, you must make your request in writing to the Privacy Officer. Please call (207) 878-9663 for more information.

Inspection and Copies. You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about you, including your medical records and billing records, but not including psychotherapy notes. You must submit a request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your PHI. Please call (207) 878-9663 for more information. If your information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. We have up to 30 days to provide your PHI and may charge a reasonable fee.

Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and may request an amendment for as long as the information is kept by or for Woodfords. To request an amendment, you must submit your request in writing to the Privacy Officer. Please call (207) 878-9663 for more information.

Accounting of Disclosures. You have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of certain disclosures we have made of your PHI. In your accounting, we are not required to list certain disclosures, including:

- Disclosures made for treatment, payment and health care operations purposes or disclosures made incident to treatment, payment and health care operations, unless the disclosures were made through an electronic health record. If the disclosures were made through an electronic health record, you have the right to request an accounting of disclosures for treatment, payment and health care operations during the previous three years.
- Disclosures made pursuant to your authorization.
- Disclosures made to create a limited data set.
- Disclosures made directly to you.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. Please call (207) 878-9663 for more information.

Right to a Paper Copy of this Notice. If you received this Notice in electronic format and you would like to receive a paper copy, please contact the Privacy Officer at (207) 878-9663.

Right to Provide an Authorization for Other Uses and Disclosures. We will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. Any authorization you provide us regarding the use and disclosure of your PHI may be revoked at any time in writing. Once an authorization is revoked, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care.

Right to Receive Notice of a Breach. If for any reason there is an unsecured breach of your PHI, we will utilize the contact information you have provided to notify you of the breach, as required by law. In addition, your PHI may be disclosed as part of the breach notification and reporting process.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. To file a complaint with us, contact the Privacy Officer at the address above. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred.

See the Office of Civil Rights website, www.hhs.gov/ocr/hipaa for more information. You will not be penalized or retaliated against for filing a complaint.

E. EFFECTIVE DATE OF NOTICE

This notice was published and originally became effective on April 14, 2003. This Notice was last updated on May 12, 2022. Please note that changes in law affecting your privacy rights may take effect at different times. Please speak with the Privacy Officer by calling (207) 878-9663 if you have any questions.