

**KY PPEC, INC. HIPAA NOTICE OF PRIVACY PRACTICES  
EFFECTIVE APRIL 14, 2003 (REVISED NOVEMBER 2021)**

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) 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 about this Notice, please contact  
The Kidz Club Support Center • 1101 Herr Lane, Louisville, KY 40222 • 502-210-5538**

**OUR PLEDGE REGARDING YOUR PHI**

We understand that your PHI is personal. We are committed to protecting this information. We create a record of the care and services that you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice tells you about the ways in which KY PPEC, Inc. may use and disclose your PHI, your rights to your PHI, and our obligations regarding the use and disclosure of your PHI.

We are required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI;
- Abide by the terms of the Notice that is in effect at the time we use or disclose your PHI; and
- Notify you promptly following a breach of unsecured PHI that may have compromised the privacy or security of your PHI.

The law provides you with certain rights as described in this Notice. We will not use or share your PHI other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**HOW WE MAY USE AND DISCLOSE YOUR PHI**

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures in this Notice, we explain what we mean and provide examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

**How Do We Typically Use or Share Your PHI?**

We typically use or share your PHI in the following ways:

**For Treatment:** We may use and disclose your PHI to provide you with health care treatment or services. We may use and disclose PHI about you to doctors, nurses, technicians, health students, or other professionals who are involved in taking care of you. They may work at our Center, at the hospital if you are hospitalized under our supervision, or at a doctor's office, lab, pharmacy, or other health care provider to whom we may

refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell a Center employee if you have diabetes so that we can arrange for appropriate meals. We may also disclose PHI about you to an entity or individual outside the Center who may be involved in your medical care after you leave the Center, such as family members, clergy, or others who provide services that are part of your care. In addition, we may disclose your PHI to another physician or health care provider (*i.e.*, specialist) who, at the request of your doctor, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**For Payment:** We may use and disclose PHI about you so that the treatment and services you receive from us may be billed to, and payment collected from you, an insurance company, or a third party. For example, we may need to disclose PHI to your health plan information about services provided at KY PPEC, Inc. so we may receive payment from your health plan or you may be reimbursed for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose PHI about you to operate our centers, improve your care, and contact you when necessary. These uses and disclosures are necessary to run KY PPEC, Inc. and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI of many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of PHI so others may use it to study health care delivery without learning who our specific patients are. We may also disclose PHI to doctors, nurses, technicians, students, and other Center personnel for review and learning purposes. We will share your PHI with third party "Business Associates" that perform various activities (*i.e.*, therapy services) for us. Whenever an arrangement between our Center and a Business Associate involves the use and disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy and security of your PHI.

**Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

**Health-Related Services and Treatment Alternatives:** We may use and disclose PHI to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to send you this information, or if you wish to have us use a different address to send this information to you.

**Certain Disclosures to Health Plans:** You have the right to restrict certain disclosures of PHI to a health plan if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you (or any person other than the health care plan) pays for "out-of-pocket" and in full.

## How Else Can We Use or Share Your PHI?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good. We must meet many conditions in the law before we can share your information for the purposes listed below. We can use or disclose your PHI for the purposes listed below without your written authorization.

These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report adverse reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person or organization required to receive information on FDA-regulated products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and/or
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

The following are more detailed examples of the Public Health Activities mentioned above:

- **Public Health.** We may disclose PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Suspected Abuse, Neglect, or Domestic Violence.** We may disclose your PHI to a public health authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration.** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

- **Communicable Diseases.** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight Purposes:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested.

**Law Enforcement Purposes:** We may release PHI if asked to do so by a law enforcement official:

- in reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crime;
- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person:
  - Name and address
  - Date of birth or place of birth;
  - Social security number;
  - Blood type or rh factor;
  - Type of injury;
  - Date and time of treatment and/or death, if applicable; and
  - A description of distinguishing physical characteristics.
- about the victim of a crime, if the victim agrees to disclosure, or under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our Center; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors:** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

**Research:** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject

to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process; but we may, however, disclose PHI about you to people preparing to conduct a research project. For example, we may help potential researchers look for patients with specific health needs, so long as the PHI they review does not leave our Center. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the Center.

**Cadaveric Organ, Eye or Tissue Donation:** If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**As Required By Law:** We will disclose PHI about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Workers' Compensation:** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Specialized Government Functions:**

- **Military and Veterans:** If you are a member of the armed forces or separated/discharged from military services, we may release PHI about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release PHI about foreign military personnel to the appropriate foreign military authorities.
- **National Security and Intelligence Activities:** We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI about you to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**State Specific Requirements:** Many states have requirements for reporting including population-based activities related to improving health or reducing health care costs. Some states have separate privacy laws

that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

## **YOUR RIGHTS REGARDING YOUR PHI**

When it comes to your PHI, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Right to Inspect and Copy:** You can ask to see or get an electronic or paper copy of your medical record and other PHI that we have about you and may use to make decisions about your care. Usually, this includes health, medical, and billing records, but does include psychotherapy notes. To see and copy PHI that we have about you and may use to make decisions about you, you must submit your request in writing to *The Kidz Club Support Center, 1101 Herr Lane, Louisville, KY 40222, 502-210-5538*. At your request, we will provide a copy or summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies and services associated with your request.

We may deny your request to see and copy in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by our Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to correct the health information about you. You have the right to request an amendment for as long as we keep the health information. To request an amendment, please submit a written request to *The Kidz Club Support Center, 1101 Herr Lane, Louisville, KY 40222, 502-210-5538*. The written request must be limited to one page of paper legibly handwritten or typed in at least 10-point font size. In addition, you must provide a reason that supports your request for an amendment. 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 PHI that:

- was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- is not part of the PHI kept by or for the Center;
- is not part of the PHI which you would be permitted to inspect and copy; or
- is accurate and complete.

If we deny your request, we will tell you why in writing within 60 days.

Any amendment we make to your PHI will be shared with those with whom we disclose PHI as previously specified.

**Right to an Accounting of Disclosures.** You can ask for a list (accounting) of the times we have shared your PHI for six (6) years or less prior to the date you ask, who we shared it with, and why, except for uses and disclosures for treatment, payment, and health care operations, as previously described, and certain other disclosures

(such as any you asked us to make). To request this list or accounting of disclosures, you must submit your request in writing to *The Kidz Club Support Center, 1101 Herr Lane, Louisville, KY 40222, 502-210-5538.*

The first list you request within a 12-month period will be free. For additional requested lists within the 12-month period, we may charge you a reasonable, cost-based fee for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date will not exceed a total of 60 days from the date you made the request.

**Right to Request Restrictions.** You can ask us not to use or share certain PHI about you for treatment, payment, or health care operations. You also can ask us to limit the PHI we use or share about you to someone who is involved in your care or the payment for your care, such as a family member, other relative, or close personal friends. For example, you could ask that we restrict a specified nurse from use of your information, or that we not share information to your parent about a surgery you had.

*We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact your care.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to *The Kidz Club Support Center, 1101 Herr Lane, Louisville, KY 40222, 502-210-5538.* In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply; for example, use of any information by a specified nurse, or disclosure of specified surgery to your parent.

Please note that we are not required to agree to a restriction that you request unless you are asking us to restrict the use and disclosure of your PHI to a health plan and (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you (or any person on your behalf other than the health care plan) pays for "out-of-pocket" and in full.

**Right to Request Confidential Communications.** You can ask us to communicate with you about health matters and your PHI in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail to a post office box. To request confidential communications, you must make your request in writing to *The Kidz Club Support Center, 1101 Herr Lane, Louisville, KY 40222, 502-210-5538.* We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You can ask us for a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. However, at the time of first service rendered after April 14, 2003, we are required to give you a paper copy. To obtain a paper copy of this Notice, please request it *The Kidz Club Support Center, 1101 Herr Lane, Louisville, KY 40222, 502-210-5538.*

You may also obtain a copy of this Notice from our website, [www.thekidzclub.com](http://www.thekidzclub.com).

**Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will make sure the person has authority and can act for you before we take any action.

## CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our Center and on our website. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current Notice in effect. The new Notice will also be available upon request.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us and the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You can file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). To file a complaint with us, contact ***The Kidz Club Support Center, 1101 Herr Lane, Louisville, KY 40222, 502-210-5538.*** All complaints must be submitted in writing. **We will not retaliate against you for filing a complaint.**

## OTHER USES OF YOUR PHI

Other uses and disclosures of PHI not covered or described in this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

For certain PHI, you can tell us your choices about what we share. If you have a clear preference for how we share your PHI in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **Opportunity to Agree or Object**

You have both the right and choice to tell us in advance if you agree or object to the uses and disclosures listed below. If you are not able to tell us your preference, i.e., you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**Individuals Involved in your Care or Payment for Your Care:** We may release PHI about you to a family member, other relative, close personal friend, or other person identified by you who is involved in your medical care or payment for your care if we (1) first provide you with the chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement to share your PHI with these individuals. If you are not present at the time we share your PHI, not able to agree or disagree to our



sharing your PHI because you are not capable, or there is an emergency circumstance, we may use our professional judgment to decide that sharing the PHI is in your best interest. We may also use or disclose your PHI to notify (or assist in notifying) these individuals about your location and general condition. You have the option to object to the disclosure of this information, in its entirety, or restrict what information may be disclosed or to whom the information may be given.

**Disaster Relief Situation:** We may disclose PHI about you to an entity or individual assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

### **Written Authorization Required**

In the cases listed below, we will never share your information unless you give us prior, written permission.

1. **Marketing Purposes.** We must obtain a written authorization from you to use or disclose PHI as part of a marketing effort when required by law. If the marketing involves any direct or indirect compensation to us from a third party, we will disclose that information in the authorization. Simply put, we will not sell your PHI to a third party or Business Associate for the party's own purpose unless we obtain prior written authorization from you. Your authorization is not needed for face-to-face communications made by us to you to market a product or service or for promotional gifts of nominal value provided by us (*i.e.*, providing a free package of certain products).

Marketing is defined as a communication about a product or service that encourages recipients of the communication to purchase or use of the product or service. Marketing does not include communications made: (1) to describe a health-related product or service (or payment for such product or service) that is provided by us (*i.e.*, using our patient list to announce the arrival of new personnel or the acquisition of new equipment through a general mailing or publication); (2) for your treatment (*i.e.*, providing you with a prescription refill reminder); or (3) for your case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care to you (*i.e.*, an endocrinologist sharing your medical record with several behavioral health management programs to determine which program best suits your ongoing needs). The communications described in those three (3) exceptions often are considered to be within the definition of "health care operations" under HIPAA, and thus permissible without your authorization.

2. **Sale of Electronic Health Records or PHI.** We may not sell your PHI unless a written authorization is signed by you. If the sale or marketing involves any direct or indirect compensation to us from a third party, we will disclose that information in the authorization. An authorization is not needed if the purpose of the exchange is for:
  - Your treatment and payment for services;
  - Public health purposes;
  - Research purposes where the price charged reflects the cost of preparation and transmittal of the information;

- Health Care Operations related to the sale, transfer, merger, or consolidation of KY PPEC, Inc., its entities, sites, and locations;
  - Performance of services by a Business Associate on behalf of KY PPEC, Inc.;
  - Providing you, when requested, with access to, or a copy of, the PHI maintained about you;
  - Other reasons determined necessary and appropriate by law.
3. **Psychotherapy Notes.** We will not disclose psychotherapy notes unless a written authorization is signed by you except: (1) to carry out the following treatment, payment, or health care operations: (a) use by the originator of the psychotherapy notes for treatment; (b) use or disclosure by us for our own professional training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (c) use or disclosure to defend ourselves in a legal action or other proceeding brought by you; and (2) a use or disclosure related to DHHS compliance investigations or health oversight activities, to coroners regarding deceased individuals, to prevent a serious and imminent threat, or as required by law.
4. All other uses and disclosures not described in this Notice will only be made with your written Authorization. You may revoke such written authorization in writing unless we have taken action in reliance upon the authorization.

### **Fundraising**

**Fundraising Activities:** We may use PHI about you to contact you in an effort to raise money for our operations. We may disclose PHI to a foundation related to our Center so that the foundation may contact you in raising money for us. We only will release information, such as your name, address, phone number, and other contact information, demographic information, outcome information, health insurance status, and the dates you received treatment or services from us. You have the right to opt out of receiving such fundraising communications from us. If you do not want KY PPEC, Inc. to contact you for fundraising efforts, please let us know by notifying *The Kidz Club Support Center, 1101 Herr Lane, Louisville, KY 40222, 502-210-5538.*

### **ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE**

We will request that you sign a separate form or notice acknowledging you have received a copy of this Notice. If you choose, or are not able to sign, a staff member will sign their name and date it. This acknowledgement will be filed with your records.