

Privacy Consent Form

1 Notice of Privacy Practices

Patient Confidentiality is respected and information is only released about you in accordance with state and federal laws.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This notice describes policies related to the use of the records of your care at this private practice facility. I am required to give you this Notice about (1) the use and disclosure of your health information, (2) my legal responsibilities, and (3) your rights concerning your health information and to abide by the terms of this notice. You may request a copy of this Notice at any time by emailing to info@compasscaps.com and requesting the Notice of Privacy Practices. For more information about privacy practices please contact the above email address or make your request in writing to the practice address.

1. Use and disclosure of health information: The minimum necessary health information is disclosed about you for your treatment, for payment of your services and for health care operations.
 - a. For Treatment: Health information for the purposes of referral to another health care professional for concurrent or transfer of treatment will be provided only when a signed authorization for release of information has been completed by the patient.
 - b. For Payment: Information may need to be disclosed to obtain payment of services. For example, insurance companies or other agencies may be provided with the minimum necessary information in order for them to pay for your treatment. Should your insurance company require information other than identifying information, dates of service, diagnosis, CPT Codes and provider information, you will be asked to sign an authorization for release of information. Identifying information and balance due may also be disclosed to collection agencies in accordance with fair practices laws for small businesses.
2. Information disclosed without your consent: Under Kentucky and Federal law, information about you may be disclosed without your consent in the following circumstances.
 - a. **Emergencies:** Sufficient information may be shared to address an immediate emergency you are facing.
 - b. **Judicial and Administrative Proceedings:** Your personal health information may be disclosed in the course of a judicial or administrative proceeding in response to a valid court order or other lawful process, including if you were to make a claim for worker's compensation.
 - c. **Public Health Activities:** If it was concluded that you were an immediate danger to yourself or others, health information may be disclosed about you to authorities, as well as to alert any other person who may be in danger.
 - d. **Child/Elder Abuse:** Information may be disclosed about you in relation to the suspicion of child and/or elder abuse or neglect.
 - e. **Criminal Activity or Danger to Others:** Information may be disclosed about you if a crime is committed on the premises or against staff or clinicians, or if it is believed someone else is in danger.



- f. **National Security, Intelligence Activities, and Protective Services to the President or others:** Health information may be released about you to authorized federal officials as authorized by law in order to protect the President or other national or international figures, or in cases of national security.
 - g. **Health Oversight Activities:** Information may be disclosed about you to a health oversight agency for activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights laws. Regulatory and accrediting agencies may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.
 - h. **Business Associates:** The minimum necessary health information may be provided to our business associates that perform functions on my behalf or that provide this office with services if the information is necessary to perform such functions. All of my business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any of the information other than specified for the purposes of their contracted activity, such as financial auditing.
 - i. **Marketing:** No information will be disclosed to a third party for the purposes of telemarketing, direct mail marketing or marketing through electronic mail. This office does not keep a mailing list for marketing purposes.
 - j. **Scheduling appointments:** Your phone number or email address may be used to contact you or to leave messages to schedule or remind you of appointments. Your address may be used to mail monthly statements or other billing information.
3. Your Rights Regarding Your Health Insurance:
- a. **Right to Inspect and Copy:** You have the right to look at or get a copy of your record with limited exceptions. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.
 - b. **Right to Amend:** You have the right to request that your record be amended. Your request must be in writing and it must explain why the information should be amended. Your request may be denied under certain circumstances.
 - c. **Right to an Accounting of Disclosures:** You have the right to receive an accounting of the disclosures made of your health information, for most purposes other than treatment, payment or health care operations. To request an accounting of disclosures, you must submit your request in writing. Accountings remain available for seven (7) years after the last date of service.
 - d. **Right to Request Restrictions:** You have the right to request a restriction or a limitation on health information disclosed about you. For example you could ask that no information shared with an insurance company in which you would be responsible to pay in full for services provided. While you are in treatment or after treatment has terminated, a written request should be mailed to 7984 New LaGrange Road, Louisville, KY 40222. Your request may be denied under certain circumstances and after serious consideration or unless the information is needed in an emergency or by law.
 - e. **Right to Request Confidential Communication:** You have the right to request that communications with you about health information be disclosed in a certain way or sent to a specified address. You must make this request in writing, and it must specify the alternate means through which you may be reached. Every attempt to accommodate reasonable requests will be made.



- f. Right to Obtain a Paper Copy of this Notice. You have the right to obtain a copy of this notice and can make such requests through email for an electronic copy or by sending your request in writing with a SASE to 7984 New LaGrange Road, Louisville, KY 40222.

Any other uses or disclosures not set out in this Notice will be made only with your written authorization. You may revoke authorization for release of information at any time by sending your revocation in writing. Revocations will become effective only after they have been received and filed and will only be for disclosures not already completed. The right to change the Privacy Practices is reserved provided applicable law permits such changes. Before the effective date of a material change, changes to this Notice will be made and dispersed. The practice is required to abide by the terms of this Notice beginning October 1, 2015.

Questions and Complaints: If you believe your privacy rights have been violated, you may file a complaint with the US Department of Health and Human Services. This notice is effective October 1, 2015.

Signature

Client or Representative Signature

Date: