

HORN AND ASSOCIATES IN REHABILITATION, PLLC



2412 Greatstone Point
Lexington, Kentucky 40504
Phone (859) 224-4081

4127 Todds Road
Lexington, KY 40509
Fax (859) 224-4082

www.horntherapy.com

Notice of Privacy Practices

This notice describes how medical/education information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Health Information is Private.

Horn and Associates in Rehabilitation, PLLC (HRA) understands that information that we collect about you or your guardian's health/educational components is private. Keeping this information private is our most important responsibility. We are committed to protecting this information and following all laws regarding the use of this 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 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 we contact you at a location you name (i.e. PO Box, work, mother's house) in the manner you prefer (i.e., phone or email). We may leave messages on your answering machine regarding appointments and we may call you by your name if you come into our office for an appointment.

Who Shares and Sees My or My Guardian's Health Information?

1. Your private health information may be used by healthcare providers such as doctors, therapists and nurses. They may need your private health information to plan your care.
2. We may share information about you in order to be paid for services. We send a bill to your insurance or other state/government programs (such as First Steps).
3. The bill has all of the information about the services you or your guardian 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.
4. We share health information about you or your guardian on a need-to-know basis in order to help you receive services for you or your guardian.
5. We may also use information about you to evaluate how well we do our job and for other performance improvement activities.

May I See My Health Information?

You have the right to inspect your medical record and/or receive a copy of it as long as it does not interfere with your treatment. Your first copy is free; after that, there is a \$1.50 per page 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 any of the information is wrong, you may ask that it be changed or new information 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 Privacy Officer, Dr. Donna Horn. 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 your request. In addition, we may deny your request if you ask us to amend information that was not created by us, is not part of the information kept by or for us, and/or is accurate and complete. We must act within 30 days from the time we get your written request

Can I Limit Who Can See My or My Guardian's Information and Restrict Access to What They Can See?

You have the right to request restrictions on the information we or you disclose about you for evaluation, treatment, payment or healthcare operations. You also have the right to request a limit on the information we disclose about you or your guardian to someone who is involved in your or your guardian's care or the payment for your care. We are not required to agree, however, if we do agree, we will comply with your request.

What If I Need for My or My Guardian's Health Information to Go Somewhere Else?

You will be asked to sign a separate form called an Authorization Form allowing your healthcare information to go to someone else such as another provider. This authorization tells us what information is to be sent where and to whom. This Authorization is good for 1 year 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.

Can I Know Who Has Received Information About Me?

You may ask for a list, available in our charts, of any places where health information may have been sent.

Could My or My Guardian's 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. These include: 1. The abuse or neglect of a dependent adult and/or domestic violence offenses to the Department of 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/or to the police.

We also must share information with: 1. Police or 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. 2. A coroner investigating any death. 3. The Federal Government when they are investigating something important to protect our country, the President of the United States, and/or other government officials.

How Do I File a Complaint?

If you think we have not protected your privacy and wish to complain, send your complaint in writing to: Privacy Officers, Julie Kennedy and Sarah Melanson, 2412 Greatstone Point, Lexington, Kentucky 40504. You may also complain to the Federal Government by writing to the: Office of Civil Rights, US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201.

What Will Happen If I File a Complaint?

Absolutely nothing. It is against the law for us to take any retaliatory or other negative action against you or your guardian 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. Effective Date: June 6, 2008