



310 SOUTH MAIN STREET
LEITCHFIELD, KY 42754
(270) 259-4666

NOTICE OF PRIVACY PRACTICE

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.

**If you have any questions about this Notice, please contact our Privacy Contact,
Ina Fulkerson**

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked by Dr. Fulkerson to sign a consent form. Once you have consented to the use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, Dr. Fulkerson will use or disclose your protected health information as described in this Section. Your protected health information may be used and disclosed by Dr. Fulkerson, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

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The Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types and disclosures that may be made by our office once you have provided consent.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information.

- Home health agencies
- Other physicians who are treating you
- Physicians to whom you have been referred
- Other physicians or health care providers (specialist or laboratory) who may become involved in your care
- Pharmacies who may be involved in your care

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services.

- Insurance plans for determining eligibility or coverage
- Utilization review activities
- Pre-authorization for hospital admission or testing

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities or your physician's practice including, but not limited to:

- Quality assessment activities
- Training of medical students
- Licensing
- Making or reminding of appointments
- Third party "business associates" that perform various activities for the practice (billing agencies, collection agencies).
- Providing you with health-related benefits and services that may be of interest of you.

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Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that Dr. Fulkerson has taken an action in reliance on the use and disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures that May be Made with Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

- To notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.
- To assist in disaster relief efforts and to coordinate your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation.

- () Consent will be obtained as soon as reasonably practicable after the delivery of treatment.
- () If the physician is required by law to treat you and has attempted to obtain consent, but is unable to do so, then she may still use or disclose your protected health information for treatment.

Communication Barriers: We may use and disclose your protected health information if your physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

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Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization.

Required by law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. This use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information 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. This information may also be released to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information 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 protected health information 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.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, and in certain conditions in response to a subpoena or other lawful process. A subpoena must be signed by a judge and delivered by a sheriff or a deputy. Requests must be specific as the information requested.

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Law Enforcement: We may also disclose protected health information for law enforcement purposes. These may include: 1) legal processes, 2) requests for limited information for identification and location

purposes, 3) requests pertaining to victims of a crime, and 4) alerting law enforcement officials when: (a) there is suspicion that death has occurred as a result of criminal conduct, (b) in the event that a crime occurs on our office premises, or (c) a medical emergency exists and it is likely that a crime has occurred.

Coroners, Funeral Directors and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may also disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) for foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.

Workers Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate at a correctional facility and have been treated by our physician.

NOTICE OF PRIVACY PRACTICE YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- () You have the right to inspect and copy your protected health information. under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of use in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.
- () You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes. Your restriction must state the specific restriction requested and to whom you want the restriction to apply. Dr. Fulkerson is not required to agree to a restriction that you may request. If Dr. Fulkerson agrees to the requested restriction, we may not use or disclose your protected health information unless it is needed to

provide emergency treatment. Please discuss any restriction you wish to request with Dr. Fulkerson. This restriction will be noted in your medical record. Termination of such restrictions will also be noted in your medical record.

- () You have the right to request to receive confidential communications from us by alternate means or at an alternative location. We will accommodate reasonable requests. Please make this request in writing to our Privacy Contact.
- () You may have the right to have your physician amend your protected health information. This means you may request for an amendment of protected health information about you in a designated record for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. Please contact our Privacy contact with any request for an amendment to your medical record.
- () You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
- () You have the right to obtain a copy of this notice from us upon request.

NOTICE OF PRIVACY PRACTICE TREATMENT OF MINORS (under 18)

When a minor lawfully obtains treatment without the consent of a parent, the minor has the exclusive right to exercise the rights relating to the minor's protected health information relating to the treatment received. Under Kentucky law, minors may obtain treatment without the consent of a parent in the following circumstances:

1. When obtaining diagnosis and treatment for venereal disease, alcohol and other drug abuse or addiction, contraception, pregnancy or childbirth.
2. Any child 16 or older may authorize outpatient mental health counseling.
3. Any emancipated minor, or any minor who has married or borne a child, may consent to care for child or himself/herself.

MAKING A COMPLAINT

You may complain to us to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, Ina Fulkerson at (270) 259-4666 for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003.

FEEES FOR MEDICAL INFORMATION

Under Kentucky law, if an individual requests a copy of medical records, a physician can provide on free copy of the medical records, but may charge for additional billing records. If the individual requests another copy of protected health information, the practice may impose a reasonable, cost based fee. Our fees for additional copies are \$1.00 per page (\$.50 per page for workers compensation). Sales tax will be added to this charge.

SECURITY AND PRIVACY

Security is about controlling access to Patients Health Information. Privacy is about use and disclosure of Patients Health Information.

Every effort is made in the office of Gay Fulkerson, M.D., P.S.C. to safe guard PHI with use of computers, workstations, insurances, business associates, faxing and employees.

Dr. Fulkerson practice takes the following procedures in securing the PHI:

- Records are secured. The building is locked and a security system is installed in the entire building.
- All employees are given instruction on releasing information and required to sign a confidentiality statement.
- Consent for release of information must be signed by individual patient.
- Patient records are not to be left where anyone can see any information. Charts are placed in a rack only to personnel.
- Computer is logged out every night. Password is required for entrance to computers.
- Confidentiality statement on fax cover sheet.
- Transmission of electronic claims is done according to HIPPA regulations.
- Other safeguards are set forth in the HIPPA Privacy given to each patient.

Business Associates may include the following:
accountant, waste disposal, bank, professional insurances, health plans, computer software and hardware, radiology centers, pathology and clinical laboratories, home health care service, hospital, ambulatory centers, nursing homes, occupational therapists, funeral homes.

Welcome to Our Office

Our office hours are:

Tuesday, Thursday and Friday 8:00 a.m.-4:00 p.m.

Monday 6:00 a.m.-5:00 p.m

Walk-ins Welcome

Closed Sunday, Wednesday and Saturday

We strive to provide the best possible health care and privacy of your records. We specialize in caring for the family; physically, mentally, and spiritually.

Office Address:

310 South Main Street

Leitchfield, KY 42754

(270) 259-4666 phone

(270) 259-0061 fax

If you want any other family member, other than yourself, to get any information about you, they will need to know your office chart number to receive this information. This information may include: whether you have been in the office today, lab results, making appointments, medication refills, treatments.

Your chart number is _____.