



brooklawn
child & family services

NOTICE OF HEALTH INFORMATION PRACTICES

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

Use of Health Information

Brooklawn will use your/your child's health information to carry out treatment, billing, and health care operations.

Treatment: Personal health information will be exchanged between the professionals treating you/your child for the purpose of collaboration, communication, and treatment planning and delivery. We may disclose your/your child's personal health information to facility and non-facility personnel who may be involved in your/your child's care, such as physicians, nurses, and therapists. The treatment process begins at the time of referral and ends with the termination of aftercare services.

Payment: Personal health information is used by the Business Office and reimbursement sources during the billing and payment process.

Health Care Operations: Examples of the use of personal health information in Brooklawn's health care operations include activities that ensure compliance with regulations and best practice by internal and external regulatory review, promote continuous quality improvement, assist in facility planning and marketing (including campus tours), and are necessary to perform other important administrative functions.

Examples of Use and Disclosure for Other Specific Purposes

As Required By Law. We will disclose your/your child's personal health information when required by law to do so.

Disaster Relief. We may disclose your/your child's personal health information to an organization assisting in a disaster relief effort.

Public Health Activities. We may disclose your/your child's personal health information for public health activities. These activities may include, for example

- Reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect;
- Reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products or medications for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements;

- To notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; or
- For certain purposes involving workplace illness or injuries.

Individuals Involved in Your/Your Child's Care or Payment for your/your Child's Care. Unless you object, we may disclose your/your child's personal health information to a family member or close personal family friend, including clergy, who is involved in your/your child's care.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you/your child have/has been a victim of abuse or neglect, we may use and disclose your/your child's health information to notify a government authority if required by law.

Judicial and Administrative Proceedings. We may disclose your/your child's personal health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Health Oversight Activities. We may disclose your/your child's personal health information to a health oversight agency for oversight activities authorized by law. These may include for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your/your child's personal health information when necessary to prevent a serious threat to your/your child's health or safety or the other health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Research. We may allow personal health information of clients from our facility to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections. Your/your child's personal health information may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your/your child's death, or if you authorize the use or disclosure.

Workers' Compensation. We may use or disclose your/your child's personal health information to comply with laws relating to workers' compensation or similar programs.

Law Enforcement. We may disclose your/your child's health information for certain law enforcement purposes, including:

- As required by law to comply with reporting requirements;
- To comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;
- To identify or locate a suspect, fugitive, material witness, or missing person;

- When information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
- To report information about a suspicious death believed to be the result of criminal conduct;
- To provide information about criminal conduct occurring at the facility;
- To report information in emergency circumstances about a crime; or
- Where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

Your Authorization Is Required for Other Uses of Personal Health Information

We will use and disclose personal health information (other than as described in this Notice or required by law) only with your written authorization. You may revoke your authorization to use or disclose personal health information in writing, at any time. If you revoke your authorization, we will no longer use or disclose your/your child's personal health information for the purposes covered by the authorization, except where we have already relied on the authorization.

Your Health Information Rights

Although your/your child's health record is the physical property of Brooklawn, the information belongs to you. You have the following rights:

Right to request a restriction. You have the right to request a restriction on our use or disclosure of your/your child's personal health information for treatment, payment, or health care operations. You also have the right to restrict the personal health information we disclose about you/your child to a family member, friend or other person who is involved in your/your child's care or the payment for your/your child's care.

We are required to agree to your requested restriction unless you/your child is being transferred to another health care institution, the release of records is required by law, or the release of information is necessary to provide you/your child emergency treatment.

Right to a paper copy of this Notice. You have the right to obtain a paper copy of this Notice even if you have agreed to receive this Notice electronically. You may obtain a paper copy of this Notice on our website, www.brooklawn.net.

Right to amend your/your child's health information. You have the right to request the facility to amend the health information we maintain about you/your child if you feel it is incorrect or incomplete for as long as the information is kept by or for Brooklawn.

To request an amendment, you must submit a request in writing and state the reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not contain a reason to support the request. In addition, we may deny your request if the information:

- (1) Was not created by Brooklawn, unless the person or entity that created the information is no longer available to make the amendment;
- (2) Is not part of the medical information kept by or for the Brooklawn;
- (3) Is not part of the information which you are permitted to inspect and copy; or
- (4) Is not accurate and complete.

Right to an accounting of disclosures. You have the right to obtain an accounting of our disclosures we made of medical information about you/your child. This list will not include disclosures made for treatment, payment or health care operations, disclosures made directly to you, or disclosures for facility directory purposes. This list will not include disclosures for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 13, 2003.

To request this list of disclosures, you must submit your request in writing to Brooklawn Child & Family Services, ATTN: Medical Records at 2125 Goldsmith Lane, Louisville, Kentucky 40218. Your request must state a time period that must not be longer than six years may not include dates before April 13, 2003. The first list requested within a twelve (12) month period will be free. For additional lists, you will be charged for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to request alternative means of communication. You have the right to request communications of your/your child's health information by alternative means or at alternative locations. For example, you could request that we only contact you at work or by mail. To request communications by alternative means, you must submit your request in writing. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

In accordance with Kentucky State Law 422.317, we shall provide, without charge to the patient, a copy of the patient's medical record. There will be a charge for any additional copies thereafter.

Our Responsibilities

This organization is required by law to:

- Maintain the privacy of your/your child's health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you/your child;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your/your child's health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Director of Quality Improvement at 502-451-5177.

If you believe your privacy rights have been violated, you can file a complaint in writing with the facility or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with the facility, contact the Supervisor on Duty. There will be no retaliation for filing a complaint.

Exemptions

To request a revision to the privacy practices for you/your child please request an *Exemption From Privacy Practices Form* and submit in writing the requested exemption to Matt Mooring. Mr. Mooring can be reached at 502-451-5177.

Changes to this Notice

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by the facility as well as for all personal health information we receive in the future. We will post a copy of the current Notice in the facility. In addition, we will provide a copy of the revised Notice to residents/parents/legal guardian upon request on or after the effective date of the revision. You may obtain a copy of this Notice at our website, www.brooklawn.net.

Notice of Privacy Practices Acknowledgment

By signing this form you are acknowledging that you have had an opportunity to review Brooklawn's *Notice of Privacy Practices*.

_____ I would like to receive a paper copy of the document.

Client Name: _____

Signature

Date