



PRIVACY PRACTICES

Effective Date April 14, 2003

THIS DOCUMENT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

This Notice tells you:

- How Intrust Healthcare, LLC (“Intrust”) and its’ contracted business partners may use and give out your protected health information (PHI) to carry out treatment, collection efforts, health care operations, and/or for other purposes permitted or required by law; and
- What YOUR rights are regarding the access and control of your health information; and
- How Intrust protects your health information

The Privacy Practices of Intrust are followed by:

- All staff of Intrust; and
- All health care professional authorized to enter information into your health record; and
- All volunteers of Intrust; and
- All consultants/contractors and their employees. In addition, these parties may share health information with each other for treatment, payment, or administrative operation purposes described in this notice.

Your health information is personal. Intrust is legally required to protect the privacy of your personal health information. It does so in all aspects of its business. Intrust has policies about protecting the privacy of your information. These policies comply with State and Federal laws. Intrust uses and gives out your health information with only permission or where required by law. Intrust shall not disclose personal health information to law enforcement officials, or parties to a lawsuit, without first being presented with a warrant, subpoena, or court order.

Our Responsibilities to Protect Your Privacy

- Maintain the privacy of your health information; and
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you; and
- Notify you if we are unable to comply with a requested restriction/amendment; and

- Release only the information necessary to achieve the purpose of the disclosure; and
- Provide you with a paper copy of this legal notice and give you a new notice is practices change

Treatment, Health Operations and Payment Purpose

Intrust and businesses we work with receive and give out your health information for:

- The coordination of your treatment with medical professionals and facilities; and
- The billing and payment of your claims; and
- Submitting claims to insurance companies; and
- The review of your health care and use of benefits; and
- The Prior Authorization of your requested services; and
- Conducting or arranging for medical review for medical problems you may be experiencing in the event that clinical supervision is necessary and/or appropriate audit services; and
- Cabinet for Families and Children, that is authorized by law to receive reports of abuse neglect and exploitation. In addition we may disclose your health information if we believe that you have been a victim of abuse, neglect, exploitation or domestic violence to the governmental agency authorized to receive such information; and
- Intrust may use your medical information to approve services or treatments. We may give out information to others who must make decisions about your care; and
- Warrant, subpoena, court order, and
- If life threatening circumstances exist.

Data exchanged for your treatment and claim payment involves communication between your healthcare providers, Intrust, your insurance carriers and other organizations necessary to receive, review, approve, process and successfully pay for your health care claims.

Data Security

Your health record contains Protected Health Information. State and Federal law protects this information. Understanding that we expect to use and share your health information helps you to make sure it is correct.

- Help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
- Environment. A secure environment is one that promotes confidentiality and integrity without compromising the availability of the information; and
- In addition to our use of your health information for treatment, payment or healthcare operations you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice; and

With your written permission we may disclose your health information to YOU, to a family member, friend or other person to the Records containing health information shall be created, maintained, used, transmitted, collected and stored in a secure extent necessary to help with your healthcare or with payment for you healthcare, but only if you agree that we may do so.

Marketing Health-Related Services

Intrust will NOT use your health information for marketing communications without your written authorization.

Client Rights

- *Right to Request Restrictions on Uses and Disclosures*
 - You have the right to request that Intrust limits its' uses and disclosures of PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request Intrust to restrict the use or discloser of your PHI to family members or personal representatives. Any such request must be made in writing to the Privacy Officer listed in this notice and must state the specific restriction requested and to whom that restriction would apply. Intrust is not required to agree to a restriction that you request. However, if it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency care to you.
- *Right to Receive Confidential Communications*
 - You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communications. Intrust is required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request.
- *Right to Access Your Protected Health Information*
 - You have the right to inspect and copy your PHI that is contained in a designated record set for up to 6 years. A designated record set contains claim information, billing records and any other records Intrust has created in making claim and coverage decisions related to you.
- *Right to Amend Protected Health Information*
 - You have the right to request that PHI in a designated record set be amended for as long as INTRUST maintains the PHI. Intrust may deny your request for amendment if the PHI is not accurate and complete or if it determines that the PHI (was not created by Intrust and is not part of the designed record set or is not information that is protected by law.

If any of your requests for the above is denied, you may have a right to have that decision reviewed. Request should be directed to the Privacy Officer listed in this notice.

- *Right to Receive and Accounting of Disclosures*
 - You have the right to receive an accounting of all disclosures of your PHI that Intrust has made, if any, for reasons other than disclosures for treatment, payment and health care operations, as described above and

disclosures made to you or your personal representative. Your right to and accounting of disclosures applies only to PHI created by Intrust after April 14, 2003 and cannot exceed a period of six years prior to the date of your request. Request for an accounting of disclosures of your PHI should be directed to the Privacy Officer listed in this notice.

- *Right to Receive a Paper Copy of this Notice*
 - You have the right to receive a paper copy of this notice upon request. Request for a paper copy of this notice should be directed to the Privacy Officer listed in this notice.

Complaints

If you believe your privacy rights have been violated, and wish to make a complaint you may file a complaint by calling the Privacy Officer at 606-676-0638 ext. 106 or in writing to:

Intrust Healthcare, Privacy Officer
Attn: Dorothy Aaron
401 Bogle Street, Suite 102
Somerset, KY 42503