



## Notice of Privacy Practices

Effective April 14, 2003  
Revised September 23, 2013

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

### OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

We are committed to protecting the privacy of all health information we create and maintain as a result of the health care we provide you. Your "protected health information" (PHI) includes information about your past, present or future health, health care we provide you and payment for your health care contained in the record of care and services provided by University of Kentucky health care facilities. The purpose of this Notice is to explain who, what, when, where and why your protected health information may be used or disclosed, and assist you in making informed decisions when authorizing anyone to use or disclosure your PHI.

### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

**I** To request in writing to the treatment area a restriction on the uses and disclosures of protected health information as described in this Notice. We are not required to agree to the restriction you request. We may not be able to comply with your request in certain situations, which include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services and uses and disclosures that do not require your authorization.

**I** To request in writing a restriction on disclosures for payment or health care operations when paying out-of-pocket in full for health care item or service. We are required to agree to this restriction.

**I** To obtain a paper copy of this Notice and upon written request submitted to the UK health care facility maintaining the record, inspect and/or obtain a copy of your health record.

**I** To amend your health record by submitting a written request with the reasons supporting the request to the Medical Records department. We may deny your request if a) the record was not created by us, unless the person that created the record is no longer available to make the amendment; b) the record is not part of the health information used to make decisions about you; c) we believe the record is correct and complete; or d) you would not have the right to inspect and copy the record as described herein.

**I** To request in writing to the Privacy Officer a written list of disclosures we made of your health information, except that we are not required to account for disclosures for purposes of treatment, payment, operations, directory notification, disaster relief, as allowed under certain circumstances by law or pursuant to your authorization.

**I** To request in writing to the treatment area that we communicate with you by a specific method and at a specific location. We will typically communicate with you in person; or by letter or telephone.

**I** To revoke your authorization to use or disclose PHI at any time except, unless your authorization was obtained as a condition of obtaining insurance coverage, and except to the extent your PHI has already been disclosed pursuant to your authorization. Your revocation request must be made in writing to the Medical Records unit of the facility where you originally filed your authorization.

**I** To be notified of a breach of your unsecured protected health information

**I** To receive a copy of your medical record in electronic format, if possible.

### OUR RESPONSIBILITIES

**Maintain** the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information.

**Abide** by the terms of the Notice currently in effect. We have the right to change our Notice of Privacy Practices and we will apply the change to all of your personal health information, including information obtained prior to the change.

**Post** notice of any changes to our Privacy Practices in the lobby and make a copy available to you upon request.

### CONTACT FOR QUESTIONS/COMPLAINTS/REQUESTS

Direct your questions, complaints and requests made pursuant to this Notice to: **Privacy Officer, 2333 Alumni Drive, Suite 200, Lexington, KY 40517, (859)323-1184 or (859)323-8002.** You may also file a complaint with the Secretary of Health and Human Services. Filing a complaint will not result in retaliation.

### HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI for the following purposes:

**Treatment:** We may use and disclose your protected health information to anyone involved in the provision of health care to you, including for example, University physicians, nurse practitioners, nurses and other medical professionals, including our medical students, residents and volunteers. We may also disclose your protected health information to outside treating medical professionals and staff as deemed necessary for your health care.

**Payment:** We may use and disclose your protected health information to billing and collection agencies, insurance companies and health plans to collect payment for our services.

**Health Care Operations:** We may use and disclose your protected health information for our own health care operations. For example, we may use your protected health information to assess your care in an effort to improve the quality and safety of our service to you; to evaluate the skills, qualifications and performance of our health care providers; to provide training programs to students, trainees and other health care providers. In addition, our accountants, auditors and attorneys may use your protected health information to assist our compliance with applicable law.



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We may use and disclose your PHI for the following purposes:

**Business Associates** There are some services provided to our organization through contracts with business associates, such as laboratory and radiology services. We may disclose your protected health information to our business associates so that they can perform these services. We require the business associates to safeguard your information to our standards.

**Individuals Involved With Your Care:** We may disclose your protected health information to family or others identified by you or who is involved in your care or payment for your care. We may also notify a family member, or another person responsible for your care, about your location and general condition, unless you object by contacting the caregiver at the facility providing your care.

**Legally Required Disclosures & Public Health:** We may disclose your protected health information as required by law, including to government officials to prevent or control disease, to report child, adult or spouse abuse, to report reactions or problems with products, and to report births and deaths.

**Health Oversight Activities** We may disclose your protected health information to a federal or state health oversight agency that is authorized to oversee our operations.

**Workers Compensation:** We may disclose your protected health information for workers compensation or similar programs.

**Serious Threats to Health and Safety** We may disclose your protected health information if necessary to prevent or reduce the risk of a serious or imminent threat to the health or safety of an individual or the general public.

**Law Enforcement & Subpoenas:** We may disclose your protected health information to law enforcement such as limited information for identification and location purposes, or information regarding suspected victims of crime, including crimes committed on our premises. We may also disclose your protected health information to others as required by court or administrative order, or in response to a valid summons or subpoena.

**Inmates:** We may disclose your protected health information to a correctional facility which has custody of you if necessary a) to provide health care to you; b) for the health and safety of others; or, c) for the safety and security of the correctional facility.

**Information Regarding Decedents:** We may disclose your protected health information regarding a deceased person to: 1) coroners and medical examiners to identify cause of death or other duties, 2) funeral directors for their required duties and 3) to procurement organizations for purposes of organ and tissue donation.

**Research:** We may also disclose your protected health information where the disclosure is solely for the purpose of designing a study, or where the disclosure concerns decedents, or an institutional review board or privacy board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information. In all other situations, we may only disclose your protected health information for research purposes with your authorization.

**Treatment Alternatives** We may contact you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Fund Raising:** We may contact you as part of a fund raising effort. You may opt out of fund raising communications by using the contact information listed on the fund raising material you receive

**Directory information:** We may disclose your name, location and general condition to those persons who ask for you by name or to members of the clergy. You may object to such disclosure by contacting the Registration Office/Desk at the facility from which you received this Notice.

**Appointment Reminders:** We may use and disclose your PHI to provide a reminder to you about an appointment.

### DISCLOSURES REQUIRING AUTHORIZATION

1. **Sale and Marketing of PHI.** We may not sell your PHI or use or disclose your PHI for marketing purposes without your authorization.
2. **Psychotherapy Notes.** Most uses and disclosures of psychotherapy notes require an authorization.
3. **All other uses and Disclosures.** All other uses and disclosures of your protected health information will only be made pursuant to your written authorization, which you have the right to revoke at any time, except to the extent we have already made disclosures pursuant to your authorization.

### CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all your protected health information that we maintain by posting the revised Notice at our facilities, making copies of the revised Notice upon request to the facility or the Privacy Officer, or posting the revised Notice on our website.



## Notice of Privacy Practices

Effective April 14, 2003

This Notice was added to September 23, 2013 Version

### Section 1557 of the Affordable Care Act (ACA)

#### NOTICE OF NONDISCRIMINATION FOR UK HEALTHCARE PROGRAMS AND ACTIVITIES

The University of Kentucky complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The University of Kentucky does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The health programs and activities of the University of Kentucky:

- 1 Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified medical interpreters
  - Information written in other languages

If you need these services, contact any employee of a UK health program or activity.

If you believe the University of Kentucky has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Martha Alexander, Section 1557 Coordinator, Executive Director and Title IX Coordinator  
Office of Institutional Equity and Equal Opportunity  
University of Kentucky  
13 Main Building  
Lexington, KY 40506-0032

Telephone: (859) 257-8927

Fax: (859) 323-3739

E-mail: [martha.alexander@uky.edu](mailto:martha.alexander@uky.edu)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, UK HealthCare Office of Patient Experience or Martha Alexander, Section 1557 Coordinator is available to help.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights' Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

or by mail at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Telephone number: 1-800-368-1019

(TDD) number: 1-800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

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These Taglines Were Added to September 23, 2013 Version



### YOUR RIGHT TO AN INTERPRETER

You have the right to an interpreter at no cost to you.



#### American Sign Language (ASL)

You have the right to an interpreter at no cost to you. Please point to this line. An interpreter will be called. Please wait.

ENGLISH

If you speak English, language assistance services, free of charge, are available to you.

SPANISH

Si usted habla español, tiene a su disposición servicios de asistencia con el idioma sin costo alguno.

CHINESE

如果您讲汉语普通话，则可以免费向您提供语言协助服务。

GERMAN

Wenn Sie deutsch sprechen, stehen Ihnen kostenlos Sprachhilfen zur Verfügung.

VIETNAMESE

Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị, nếu quý vị nói tiếng Việt.

ARABIC

إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات الترجمة اللغوية مجاناً

SERBO-CROATIAN  
(SERB)

Ukoliko govorite srpski, na raspolaganju su vam besplatne usluge jezične pomoći.

JAPANESE

日本語を話される場合には、無償の言語支援サービスがご利用いただけます。

FRENCH

Si votre langue est le français, des services d'assistance linguistiques sont mis gratuitement à votre disposition.

KOREAN

모국어가 한국어일 경우 무료 언어지원 서비스가 제공됩니다.

PENNSYLVANIA  
DUTCH

Wann du Deitsch schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch.

NEPALI

यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंले बिना कुनै शुल्क भाषा सहायता सेवाहरू प्राप्त गर्न सक्नुहुन्छ।

OSHTHE  
(OROMO)

Yoo qooqa Oromo dubbatta tahe, tajaajilli gargaarsaa, baasi (kaffaltii malee) siif jira.

RUSSIAN

Если ваш язык — русский, то вам могут быть предоставлены бесплатные услуги переводчика.

TAGALOG

Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo sa lengguahe na walang bayad.

BANTU  
(IBIRUNDI)

Niba uvuga Ikirundi, hari servisi itishurwa yo gusobanura indimi.

Services available in 200+ languages.