



Campbellsville, KY • 50 Gene Cash Rd • (270) 465-7768  
 Bowling Green, KY • 944 Fields Dr. Suite 102 • (270) 495-1312  
 Elizabethtown, KY • 529 Westport Rd • (270) 763-8225  
 Somerset, KY • 200 Tower Circle • (606) 416-5139

## "SHAPING CHILDREN FOR THEIR FUTURES"

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### The Kid SpOt Center Privacy Practices

Your Information.  
 Your Rights.  
 Our Responsibilities.

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.**

### Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of your responsibilities to help you.

<b>Get a copy of your health and claims records</b>	<ul style="list-style-type: none"> <li>You can ask to obtain a copy of your health and claims records and other health information we have about you. See someone at the front desk to complete the request form.</li> <li>We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Ask us to correct health and billing records</b>	<ul style="list-style-type: none"> <li>You can ask us to correct your health and billing records if you think they are incorrect or incomplete. Ask us how to do this.</li> <li>If we deny your request, we will do so in writing within 30 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address.</li> <li>We will consider all reasonable request and must say "yes" if you tell us you would be in danger if we do not.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>We are not required to agree to your request, and we may say "no" if it would affect your care.</li> </ul>
<b>Get a list of those with whom we've shared information</b>	<ul style="list-style-type: none"> <li>You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide a paper copy promptly.</li> </ul>
<b>Choose someone to act for you.</b>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>



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### **File a complaint or grievance if you feel your rights are violated**

- You may file a complaint/grievance if you feel we have violated your rights by contacting our Privacy Officer at (270)465-7768 ext. 125.
  - You may file a complaint/grievance with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.E., Washington, D.C. 20201, email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), fax, or visiting <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.
  - We will not retaliate against you for filing a complaint.
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### **Your Choices**

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information needed to lessen a serious and imminent threat to health or safety.

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### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
  - Share information in a disaster relief situation
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### **In these cases we never share your information unless you give us written permission:**

- Marketing purposes
  - Sale of your information
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### **Our Uses and Disclosures**

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

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#### **Help manage the health care treatment you receive**

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

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<b>Run our organization</b>	<ul style="list-style-type: none"> <li>• We can use or disclose your information to run our organization and contact you when necessary.</li> <li>• We are not allowed to use genetic information to decide whether we will provide you services. This does not apply to long term care plan.</li> </ul>	Example: We use health information about you to develop better services for you.
<b>Pay for health services</b>	<ul style="list-style-type: none"> <li>• We can use and disclose your health information as we receive payment for your services</li> </ul>	Example: We share information about you with your health plan to coordinate payment for your services.

### Other Uses or Disclosures

#### How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good. We have to meet conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as:           <ul style="list-style-type: none"> <li>○ Preventing disease</li> <li>○ Helping with product recalls</li> <li>○ Reporting adverse reactions to medications</li> <li>○ Reporting suspected abuse, neglect, or domestic violence</li> <li>○ Preventing or reducing a serious threat to anyone's health or safety</li> </ul> </li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if audited for compliancy under federal privacy law.</li> </ul>
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>• We can use or share health information about you:           <ul style="list-style-type: none"> <li>○ For workers' compensation claims</li> <li>○ For law enforcement purposes or with a law enforcement official</li> <li>○ With health oversight agencies for activities authorized by law</li> <li>○ For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>



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**Respond to  
lawsuits and legal  
actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.