

# Kentucky Pediatric Ophthalmology and Strabismus (KPOS), LLC

## HIPAA Privacy Note

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### USES AND DISCLOSURES

Kentucky Pediatric Ophthalmology and Strabismus (KPOS), LLC (“Covered Entity”) is permitted to use and disclose your private and confidential health information for treatment, payment and health care operations of the Covered Entity. For example, Covered Entity may disclose your protected health information to other physicians to facilitate treatment, and the covered entity may use health information about you so that the Covered Entity may bill and collect payment from an insurance company, health plan, or other third party payer. The Covered Entity may disclose your health information to review treatment and services and to evaluate performance of Covered Entity staff and other management and administrative purposes. In addition, the Covered Entity may use or disclose your protected health information which is incident to a permitted use or disclosure. “Protected health information” is information about you that may identify you and relates to your past, present, and future physical or mental health and related health services.

Business Associates. The Covered Entity will share and disclose your health information with third party “business associates” which perform various activities on behalf of the Covered Entity (for example billing, collections, and network and software servicing).

You may request to receive a longer HIPAA Privacy Notice from the Covered Entity for a complete list of possible disclosures by contacting the Privacy Official identified below.

### Uses and disclosures requiring an opportunity for you to agree or object:

The Covered Entity may use and disclose your health information in the following instances. In each of these examples, you have the opportunity to agree to or prohibit or restrict the use or disclosure. If you are not present or able to agree or object to the use or disclosure, the Covered Entity may determine whether the disclosure is in your best interest. Emergency disclosures may also be made – due to your incapacity or emergency treatment situation – if the disclosure is consistent with you prior expressed preference and in your best interest as determined by the Covered Entity.

Facilities Directory. Unless you object, the Covered Entity will use and disclose certain aspects of your health information to maintain a directory of patients.

Family Members. Unless you object, the Covered Entity will disclose your health information to a family member, other relative, or other person you identify such information disclosed will be directly relevant to such person’s involvement with your health care. If you are unable or unavailable to agree or object, the Covered Entity may disclose information as necessary if the Covered Entity determines it is in your best interest.

### Disclosures made without your authorization or consent:

The following is a description of other purposes for which the Covered Entity is permitted or required to use or disclose your protected health information without your consent, authorization, or your opportunity to object; this is not a complete list of all possible disclosures.

1. By the Covered Entity for training or to defend itself in a legal action or other proceedings brought by you.
2. For public health activities, social service or protective service agencies, and to a health oversight agency for oversight activities.
3. In the course of any judicial or administrative proceeding and for law enforcement purposes.
4. For identifying a deceased person.
5. As authorized to comply with laws relating to workers compensation, or similar programs, that provide benefits for workplace injuries.

Other uses and disclosures will be made only with your written authorization, and you may revoke such authorization at any time, provided that the revocation is in writing, except to the extent that (i) Covered Entity has taken action in reliance thereon; or (ii) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself. Also, uses and disclosures may be further limited by more stringent Kentucky law involving privacy protection.

CERTAIN USES OR DISCLOSURES. Covered Entity may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

INDIVIDUAL RIGHTS. The following are statements of your privacy rights. In each case, you may exercise these rights by filing a written request to the privacy contact below.

- (A) You have the right to request restrictions on certain uses and disclosures of your protected health information; the Covered Entity is not required to agree to the restriction.
- (B) You have the right to receive confidential communications of your protected health information.
- (C) You have the right to inspect and copy your protected health information.
- (D) You have the right to amend your protected health information
- (E) You have the right to receive an accounting of certain disclosures of your protected health information.
- (F) You have a right to obtain a paper copy of this notice from Covered Entity.

### COVERED ENTITY DUTIES

- (A) Covered Entity is required by law to maintain the privacy of your protected health information and to provide you with this notice of its legal duties and privacy practices with respect to protected health information.
- (B) Covered Entity is required to abide by the terms of the privacy notice currently in effect.
- (C) Covered Entity reserves the right to change the terms of its privacy notice and to make the new notice provisions effective for all protected health information that Covered Entity maintains. Any such revised notice shall be provided to individuals in the same manner the notice is given.

COMPLAINTS AND CONTACT. If you believe that your HIPAA privacy rights have been violated, you may make a written complaint by delivery to Covered Entity and to the Secretary of HHS. You will not be retaliated against if you file a complaint. You should file your complaint at the following address and you may also request further information by written request to:

HIPPA Privacy Official  
Kentucky Pediatric Ophthalmology and Strabismus (KPOS), LLC  
1102 Lyndon Lane Suite A  
Louisville, KY 40222