

We may disclose protected health information about you to a friend or a family member who is involved in your care, though you may limit such disclosure in situations that are not emergencies.

We may disclose information to disaster relief or emergency medical authorities so that your family can be notified of your location and treatment.

#### **Other uses of protected information**

In any situation not covered by this notice, we will ask for your written authorization before using or disclosing information about you. If you chose to authorize such a use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

#### **Your rights regarding your information**

In most cases, **you have the right to review or to a copy of information** that we use to document and make decisions about your services. If you request copies, we may in certain cases charge a fee for the cost of copying, mailing or other associated expenses. If your request to review your records is denied, you may submit a written appeal to the Executive Director.

If you believe that information in your record is inaccurate, **you have the right to request a correction**. You may submit a request in writing which states your reason for the change. We must deny the request if the information was not created by Catholic Charities; if it is not part of the information maintained by us, or if the requested change is inaccurate.

If your request to amend your records is denied, you may submit a written appeal to the Executive Director.

**You have a right to a list of those instances where information about you has been disclosed**, other than for treatment, payment or operational purposes. To exercise this right, submit a written request to your service provider. The request will cover a one-year period and will begin with authorized releases after April 22, 2003. The first disclosure will be at no charge. Additional disclosures in a one-year period will be provided at a reasonable administrative cost. You will be informed of the cost prior to the charge being applied.

**You have a right to a paper copy of this notice in its most up-to-date form.**

**You have the right to consent to certain types of disclosures which are optional, such as your choice about where, when and how to contact you and to limit such contacts.**

**You have the right to be seen in a private setting and to limit conversations with others about your care.**

**You have the right to restrict certain uses of your information**, including restricting disclosure of information to a health plan if the disclosure pertains to services for which you have paid out-of-pocket in full. If you wish to do so you will be given an opportunity to identify what information you wish to limit and to whom the limits apply. Catholic Charities will not require you to authorize the release of information to any third party.

**You have the right to be notified by us following a breach of personal health information.**

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Lexington, KY 40508  
Tel (859) 253-1993  
Fax (859) 255-1134

60 Martha's Vineyard  
Prestonsburg, KY 41653  
Phone & Fax:  
(606) 874-9170

[www.CatholicCharitiesLexington.org](http://www.CatholicCharitiesLexington.org)

# HIPAA

The Health Insurance Portability &  
Accountability Act of 1996

## NOTICE OF PRIVACY PRACTICES

*Updated October 2020  
Adopted April 22, 2003*

### Catholic Charities of the Diocese of Lexington



*Empowering residents of the Diocese of  
Lexington to improve their quality of life*

*This document contains only a  
summary of your rights. For a copy of  
the complete Privacy Rule, you may  
ask any Catholic Charities staff  
member. The latest copy of this  
Notice is always available in the  
waiting room with an indication of the  
date of revision on the first page  
under the title.*