



751 S. Provident Way
Elizabethtown, KY 42701
270-234-9236
www.silverleafky.org

Health Insurance Portability and Accountability Act (HIPAA)

Client Name (Print)

Date of Birth

By law under the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, Silverleaf Sexual Trauma Recovery Services is required to protect the privacy of your personal medical information. Silverleaf Sexual Trauma Recovery Services is also required to give you this notice to tell you how your Protected Health Information (PHI) may be used and/or disclosed to others.

Uses and Disclosures of Health Information

Silverleaf Sexual Trauma Recovery Services must use and give out your personal medical information to provide information:

- To you or someone who has the legal right to act for you (your personal representative),
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected, and
- Where required by law.

Silverleaf Sexual Trauma Recovery Services has the right to use and disclose your personal medical information for treatment, payment and healthcare operation. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations which may include assessment and improvement of your health care, peer review, accreditation, certification, licensing and credentialing activities, medical review, legal review, auditing, business planning and business development.

Other Disclosures: We may use or disclose your protected health information for the following purposes under limited circumstances:

- To State and other federal agencies that have the right to receive Silverleaf Sexual Trauma Recovery Services data (such as to insure proper payment of services and to assist federal/state programs);
- For public health activities (such as reporting disease outbreaks);
- For government healthcare oversight activities (such as fraud and abuse investigations);
- For judicial and administrative proceedings (such as in response to a court order);
- For law enforcement purposes (such as providing limited information to locate a missing person);
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability);
- To avoid a serious and imminent threat to health or safety;
- To contact you about new or changed benefits;
- To create a collection of information that can no longer be traced back to you.

By law, Silverleaf Sexual Trauma Recovery Services must have your permission (an authorization) to use or give out your personal medical information for any purpose that is not set out in this notice. You may revoke your written permission at any time, except if Silverleaf Sexual Trauma Recovery Services has already acted based on your permission.

Patient Rights

By law, you have the right to:

- See and get a copy of your personal medical information held by Silverleaf Sexual Trauma Recovery Services.



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- Have your personal medical information amended if you believe that it is wrong or if information is missing, and Silverleaf Sexual Trauma Recovery Services agrees. If Silverleaf Sexual Trauma Recovery Services disagrees, you may have a statement of your disagreement added to your personal medical information.
- Obtain a listing of those getting your personal medical information from Silverleaf Sexual Trauma Recovery Services. The listing will not cover your personal medical information that was given to you or your personal representative, that was given out to pay for your healthcare, for Silverleaf Sexual Trauma Recovery Services operations, or that was given out for law enforcement purposes.
- Ask Silverleaf Sexual Trauma Recovery Services to communicate with you in a different manner or at a different place (for example, by sending materials to a PO Box instead of your home address).
- Ask the Silverleaf Sexual Trauma Recovery Services to limit how your personal medical information is used and given out. Please note that for Silverleaf Sexual Trauma Recovery Services may not be able to agree to your request.
- Get a separate paper copy of this notice.

By law, Silverleaf Sexual Trauma Recovery Services is required to follow the terms in this privacy notice. If you believe Silverleaf Sexual Trauma Recovery Services has violated your privacy rights set out in this notice, you may file a complaint with the Secretary of Health and Human Services or Silverleaf Sexual Trauma Recovery Services at the following address:

Privacy Complaints
Silverleaf Sexual Trauma Recovery Services
751 S. Provident Way
Elizabethtown, KY 42701

We will not retaliate in any way if you file a complaint with us or with the Secretary of Health and Human Services.

Receipt of Notice of Privacy Practices

Client/Client Representative Signature

Date

Witness Signature

Date