

Health First Community Health Center
New Patient Information including
Rights and Responsibilities
Notice of Privacy Practices

Welcome to Health First CHC! We offer a variety of health care services to individuals and families. Services include primary care, behavioral health counseling, services, prenatal services, women’s health care, pediatrics, outreach and patient assistance program.

We have eight locations:

Health First – Cabell Platt 700 Martin Luther King Jr. Avenue Henderson, KY 42420 (270) 826-4800 FAX: (270) 826-8104 Hours: Monday, Wednesday, & Thursday – 8 AM – 5 PM Tuesday – 8 AM – 7 PM (extended hours) Friday – 8 AM – 3 PM	Health First – Henderson County Health Dept. 472 Klutey Park Plaza Drive, Suite B Henderson, KY 42420 (270) 826-5522 FAX: (270) 826-5525 Hours: Monday, Wednesday, & Thursday – 8 AM – 5 PM Tuesday – 8 AM – 7 PM (extended hours) Friday – 8 AM – 3 PM
Health First – Calhoun 295 Main Street Calhoun, KY 42404 (270) 273-9310 FAX: (270) 273-9314 Hours: Monday – 8 AM – 7 PM (extended hours) Tuesday, Wednesday, & Thursday – 8 AM – 5 PM Friday – 8 AM – 3 PM	Health First – Daviess County Health Dept. 1600 Breckinridge St., Suite B Owensboro, KY 42301 (270) 215-6436 FAX: (270) 215-6473 Hours: Monday, Wednesday, & Thursday – 8 AM – 5 PM Tuesday – 8 AM – 7 PM (extended hours) Friday – 8 AM – 3 PM
Health First – The Neel Clinic 2816 Veach Road Owensboro, KY 42303 (270) 926-9821 FAX: (270) 926-9867 Hours: Monday, Wednesday, & Thursday – 8 AM – 5 PM Tuesday – 8 AM – 7 PM (extended hours) Friday – 8 AM – 3 PM	Health First – Clay 9086 State Route 132 West Clay, KY 42404 (270) 664-2526 FAX: (270) 664-6082 Hours: Monday, Wednesday, & Thursday – 8 AM – 5 PM Tuesday – 8 AM – 7 PM (extended hours) Friday – 8 AM – 3 PM
Health First – Providence 215 East Main Street Providence, KY 42450 (270) 667-7017 FAX: (270) 667-5956 Hours: Monday, Wednesday, & Thursday – 8 AM – 5 PM Tuesday – 8 AM – 7 PM (extended hours) Friday – 8 AM – 3 PM	Health First – Earlington 107 East Main Street Earlington, KY 42410 (270) 905-4084 FAX: (270) 905-4087 Hours: Monday, Wednesday Thursday – 8 AM – 5 PM Tuesday – 8 AM – 7 PM (extended hours) Friday – 8 AM – 3 PM

You may reach us toll free by calling 1-877-667-7017.

If you have an emergency after hours, call 1-877-667-7017 and our answering service will deliver a message to the provider on call.

Access our website at www.healthfirstchc.net.

Rights and Responsibilities

PATIENT RIGHTS

1. Patients have their rights and responsibilities and Health First CHC believes that if patients understand their rights and responsibilities they can contribute to the effectiveness of their treatment and to the quality of their care.
2. Health First CHC provides care that is within its capacity, philosophy, and applicable law and regulation.
3. Health First CHC shall respond to requests for services, within its capacity, and provide education, service, or referral by the urgency of care needs.
4. Health First CHC provides impartial and reasonable access to medically indicated treatment and care regardless of race, creed, gender, age, religion, national origin, disability, or source of payment for care.

5. Patients have a right to considerate and respectful care that supports psychosocial, spiritual, and cultural values and expression of beliefs and practices as long as these do not harm others or interfere with treatment.
6. Patients have a right to make decisions about their care by giving informed consent and/or refusing treatment, to the extent, permitted by law, and to be informed of the medical consequences of such action. Patients who are minors have the right to a personal representative i.e., parent or guardian, who is authorized by Kentucky State law to act on behalf of the patient in making decisions related to healthcare.
7. Patients have a right to consideration of privacy and confidentiality in case discussion, consultation, examination, and treatment. Patients have a right to request that medical information not be released to any individual not involved in their care except as required by federal, state law or third-party payment contract.
8. Patients have a right to make recommendations for policy or services changes as well as a right to file a grievance. Patients have a right to prompt resolution of complaints/grievances without the threat of discharge, compromising patient care, or future access to care. Any patient who wishes to make a complaint or recommendation may discuss the issue with the clinic manager.
9. Patients have a right to be cared for by staff that is educated about patient rights, and their role in supporting these rights.
10. Patients have right to expect that all communications and records pertaining to care be treated as confidential or except in cases such as suspected abuse or public health hazards, which are required by law to be reported.
11. Patients have a right to know the identity and professional status of the provider responsible for the coordination of care and the identities of others involved in providing care.
12. Patients have a right to obtain information from physicians and other direct caregivers in understandable terms concerning diagnosis, treatment, prognosis, plans for discharge, and follow-up care.
13. Patients have a right to examine and receive an explanation of their bill, regardless of the source of payment.
14. Patients have a right to have physical access to the facility regardless of limited physical capacity.

PATIENT RESPONSIBILITIES

1. Patients are responsible for asking questions about specific problems and requesting information when they do not understand their illness or treatment.
2. Patients are responsible for providing accurate and complete medical information to physicians and other caregivers.
3. Patients are responsible for following the treatment plan recommended by physicians and other caregivers, or if treatment is refused, patients are responsible for their actions and the medical consequences.
4. Patients have the responsibility to show respect and consideration for other patients, staff, Health First CHC property, and the property of other patients.
5. Patients have the responsibility to meet their financial obligations to Health First CHC.

Notice of Privacy Practices

Health First CHC values the privacy of your health information. This Notice of Privacy Practices describes examples of how we may use and give out (“disclose”) your personal health information. This is not a complete list.

Our duties. We are required by law to protect the privacy of your health information. We are also required to give you this notice to tell you how we may disclose your personal health information. We are required to abide by the terms of this Notice. We may change the terms of our notice at any time. Any new notice will be effective for all personal health information that we maintain at that time.

What type of personal health information may we collect? The personal health information that we collect may include your name, address, birth date, social security number, medical and mental health history, payment sources, the names of your care givers (doctors, etc.) and how to contact your family and others involved in your care.

When we may use or give out your personal health information without your authorization? The following categories describe different ways that we may use and disclose Health Information.

1. **Treatment, payment, and health care operations.** The following are examples of how we may disclose your personal health information to deliver treatment, obtain payment, and operate our programs and business:
 - a. We may share information with other health care providers who are involved in your care such as physicians, outside consultants and other facilities to which you may be transferred.
 - b. We may share information with our business associates who perform services for us (e.g. billing, audit services). If we do share information with them, we will have a written contract that will obligate the business associate to protect the privacy of your personal health information.
 - c. We may disclose your information to obtain payment. This may include sharing information with your health insurance as it makes payment decisions. They may verify your coverage and review services for medical necessity. We may also disclose your information to another health care provider to help them obtain payment.

- d. We may disclose your information to operate our programs and business. For example, we may use your information for our quality and safety programs. We may also use it to train medical students.
 - e. We may contact you about your appointment.
 - f. We may call you by name in the waiting room.
 - g. We may contact you for a donation.
 - h. We may contact you about treatment options, other health-related benefits, and other products and services that we offer.
 - i. We may share your information with manufacturer representatives. For example, a technical advisor on new devices may be present during surgery to answer questions from the operating team.
 - j. We may collect data for analysis. In many cases, we will take out information that might identify you personally. In other cases, we will use only limited information as permitted by the privacy laws for research, public health purposes, or health care operations.
2. **Required By Law.** We may use or disclose your personal health information as required by law. The use or disclosure will be made in strict compliance with the law.
 3. **Public Health.** We may give out your personal health information for public health purposes. For example: We report limited information to a public health authority in order to prevent or control disease, injury, or disability. For example, we contact the Health Department when we identify certain diseases, such as tuberculosis. We may give your personal information to the Food and Drug Administration (FDA) about a product or activity that relates to your health.
 4. **Contagious Diseases.** When permitted by law, we may disclose your information to a person who may have been exposed to a communicable disease.
 5. **Health Oversight.** We may disclose your information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, or other government regulatory programs. For example, we may disclose information to the state agency that issues our hospital license.
 6. **Abuse or Neglect.** We may disclose your personal health information to a governmental agency authorized to receive such information if we believe that you have been a victim of abuse, neglect, or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
 7. **Legal Proceedings.** We may disclose your personal health information for judicial and administrative proceedings, such as responding to a subpoena or court order.
 8. **Law Enforcement.** We may disclose your personal health information for law enforcement purposes, such as providing limited information to locate a missing person, reporting certain types of wounds, and reporting crimes that occur on our property.
 9. **Coroners, Funeral Directors, and Organ Donation.** We disclose your information to a coroner or medical examiner in order for them to perform their legal duties such as making identification and determining cause of death. We disclose your information to funeral directors to permit them to carry out their duties. We also are required to disclose your information for organ donation. You or your family must approve organ donations.
 10. **Research.** We may disclose your personal health information for research studies that meet all privacy law requirements such as research related to the prevention of disease or disability.
 11. **Criminal Activity.** We may disclose your information if we believe it is necessary to prevent or lessen a serious threat to health or safety. We may also disclose personal health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
 12. **Military Activity and National Security.** If you are a member of the United States military then we may disclose your information as required by military command authorities. We may disclose your personal health information for federal officials to conduct national security and intelligence activities, to protect the President or other specified people, or to conduct special investigations. We disclose information for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.
 13. **Workers' Compensation.** We may disclose your personal health information under workers' compensation laws and other similar programs.
 14. **Inmates.** If you are in custody then we may disclose your personal health information to the correctional facility or the law enforcement official that maintains your custody.
 15. **Your authorization is required for other uses and disclosures.** You must give us your written authorization before we disclose your personal health information for other uses. You may revoke an authorization at any time by contacting our Privacy Officer. A revocation will not apply to any action we have taken in reliance on the authorization.

You have the opportunity to agree or object You have the opportunity to agree or object to the use or disclosure of all or part of your personal health information as described below.

1. **Others Involved in Your Healthcare.** Unless you object, we may disclose your information to a relative, a close friend, or any other person you identify. We may also give out your information when it appears, under the circumstances, to be in your best interest to do so.
2. **Disaster Relief.** We may disclose limited information to an authorized entity to assist in disaster relief efforts if we cannot contact you.

3. **You have the right to access to your information.** You may see and receive a copy of your personal health information. In some cases, we may deny your request. When required by law, we will give you an opportunity to have our denial reviewed.
Under federal law, you may not inspect or copy certain records such as psychotherapy notes. Please contact our Privacy Officer if you have questions about access to your medical record.
4. **You have the right to limit on what we use and disclose.** You may ask us to limit how we use and disclose your health information to provide treatment, to obtain payment, to operate our programs and business, and to communicate with your family, friends and others you have identified. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to that request.

If Health First CHC does agree to the requested restriction, we may not use or disclose your personal health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the Medical Records Manager or the Privacy Officer.

5. **You have the right to confidential communications.** We will accommodate reasonable requests. However, we may require you to tell us how you will handle payment and give details about where and how to contact you. We will not ask you why you make this request. Please make this request in writing to our Privacy Officer, Registration Manager, or Satellite Clinic Manager.
6. **You have the right to amend your personal health information.** You may ask that we amend your personal health information. We may deny your request. If we deny your request then you can appeal the denial in writing. We will respond to your appeal in writing. Please contact Medical Records or our Privacy Officer.
7. **You have the right to a list of disclosures.** You have the right to receive a list of those who received your personal health information from us during the six years before your request. We do not have to include what we disclosed:
 - a. Before March 1, 2010
 - b. To carry out treatment, payment, and health care operations
 - c. For our hospital directory and to persons involved in your care
 - d. For national security or intelligence purposes
 - e. To prisons of their officers
 - f. To you or someone you have asked to speak for you
 - g. To those who get this information with your approval

Reporting a problem If you believe we violated your privacy rights, you may complain by:

- Contacting LeAnn Langston, CEO of Health First CHC at (270) 667-7017.
- Contacting John Hibbs, Safety/Compliance Officer of Health First CHC at (270) 667-7017

We will not retaliate against anyone who makes a complaint.

Additional Information

We may collect information that is not described above. We may use and disclose your information in any manner that is consistent with the concepts described in this Notice or permitted by the privacy laws.

For additional information about our privacy policies, please contact our Safety/Compliance Officer, John Hibbs at (270) 667-7017 or jhibbs@hfchc.net.

This notice was published and becomes effective on March 1, 2010. Last updated on March 7, 2017.

Patient care and safety concerns

Individuals are encouraged to contact Health First CHC (270) 667-7017 regarding patient care or safety concerns that have not been addressed.

Patient complaint and grievance reporting please contact our compliance director at 270-667-7017 to report complaints or grievances regarding your or a loved one's care.

You may also report grievances to the Cabinet for Health Services Office of Inspector General at 270-889-6052.