



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please review this information carefully.

USE AND DISCLOSURES

Treatment: Your health information may be used by staff members or disclosed to other health care professionals to evaluate your health, diagnose medical conditions, and provide treatment. For example, results of laboratory tests and procedures may be available in your medical records to health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health care insurance, from other sources of coverage such as an automobiles insurer, or from insurance companies that you may use to pay for services. For example, your health plan may request to receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of Ethan Health. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other Uses and Disclosures Required for Your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing the use or disclosure of your information, you must submit a written revocation of the authorization. Your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us in writing of your decision.

Appointment Reminders: Your health information will be used by our staff to send you or call you with appointment reminders.

Information about Treatments: Your health information may be used to send you, or to call with, information on the treatment and management of your medical condition that you may find to be of interest. We may also send you or call you with information describing other health-related goods and services that we believe may interest you.

You have the right to make a complaint if you believe your rights have been violated.

Contact: Email: simplesolutions142@gmail.com

Phone: 859.629.0003

Mail: 300 East Main St. Lexington, KY 40507

Or you may contact

The Department of Health and Human Services Office for Civil Rights

You may file a complaint by mail, fax, email, via the OCR Complaint Portal