

STEWART HOME & SCHOOL, LLC
4200 Lawrenceburg Road, Frankfort, KY 40601
(502) 227-4821

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR THE INDIVIDUAL YOU ARE RESPONSIBLE FOR MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY AND RETURN THE ATTACHED RECEIPT.**

Stewart Home & School, LLC (or “Provider”) is required by law to maintain the privacy and security of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. “Protected health information” (or “PHI”) includes any health information about you that identifies you or that reasonably could be used to identify you. Stewart Home & School, LLC strives to keep such information private.

This Notice describes how we may use or disclose your “protected health information” for various purposes. This Notice also informs you of your rights to access and control your protected health information, and of our duties to maintain your privacy. This Notice was developed to comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as the law has been modified from time to time.

A. Your Rights Regarding Your Protected Health Information

1. **Right to Inspect and Copy Your Protected Health Information or to Receive an Electronic Copy of Your Medical Record.** With a few limited exceptions, you have the right to inspect and obtain a copy of your protected health information. This right means you may request access to inspect or to obtain a copy of your protected health information that we maintain in a designated record set. This right also includes accessing or receiving a copy of electronic medical records we may retain. We will act on your written request to inspect and/or receive copies of your protected health information within thirty (30) calendar days after we receive your request.
 - a. **Requests.** Please contact our Privacy Officer using the contact information at the end of this Notice with any questions about this right, and for additional instructions on how to submit a written request.
 - b. **Exceptions.** Under federal law, you may not inspect or obtain a copy of psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a legal proceeding or administrative action; or if the information requested is subject to other law that prohibits your access to it.
 - c. **Denials.** We may deny your request to inspect or obtain copies of protected health information under certain circumstances. If we deny your request, we will inform you of the basis for the denial. We also will explain how you may have our denial reviewed and how you may issue a complaint. If you request a

review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial.

- d. Copies. We do not charge a fee for inspecting your protected health information, but we may charge a reasonable, cost-based fee if you want paper or electronic copies of any records.
2. **Right to Request Restrictions**. You have the right to request certain restrictions on the way we use or disclose your protected health information. This means you may ask us not to use or disclose certain parts of your health information for purposes of treatment, payment, or our other routine business operations. For example, you may ask us not to share certain medical information about you to a certain family member, other relative, or any other person identified by you. We will attempt to accommodate any reasonable request, but we are not required to agree to all restrictions, and we may deny the request if it would affect your care. If we agree to your request for a restriction, we will follow that restriction except in circumstances where emergency treatment is needed. A requested restriction may be terminated at any time by either you or by us upon written notice.
 - a. Out-of-Pocket Payments. If you pay us for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer or other health plan for the purpose of payment or our operations. We will agree to all such requests unless a law otherwise requires us to disclose the information.
 - b. Submitting Requests. To request a restriction, we require you to make your request in writing stating: 1) the specific restriction requested, and 2) to whom you want the restriction to apply. You may submit your request to our Privacy Officer using the contact information at the end of this Notice to complete any necessary paperwork.
 3. **Right to Receive Confidential Communications**. You have the right to request that we communicate your protected health information to you in a certain way or at a certain location. For example, you may ask that we only contact you by mail or only at work. If you want to make such a request, you must do so in writing to the Privacy Officer using the contact information at the end of this Notice. We will accommodate your request if it is reasonable. We will not require you to tell us why you are asking for the confidential communication. However, we may, when appropriate, require information from you concerning how payment will be handled or specification of an alternate address or other means to contact you. If we are unable to accommodate your request, we will inform you in writing of the basis for the denial.
 4. **Right to Request Amendments**. You have a limited right to ask us to correct medical information about you in certain records that is incorrect or incomplete. You have this right for as long as the information is maintained by us.
 - a. Submitting Requests. To amend your protected health information, you need to submit your request in writing to our Privacy Officer using the contact information at the end of this Notice. Your request must state the correction

you want us to make and explain the reason for it. We will act on your request within sixty (60) calendar days after we receive your written request.

- b. **Denials.** In some cases, we may deny your request for an amendment, particularly if we determine that an amendment is not appropriate, such as, for example, the amendment pertains to medical information that is not maintained by us. If we deny your request, we will inform you in writing of the basis for the denial. If you disagree with our denial, you have the right to state your objection in writing, and your written disagreement will be included in, or linked to, the medical information you seek to amend. We may prepare a written rebuttal to your written disagreement, and also include our rebuttal in, or link to, the medical information you seek to amend.

5. **Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This means you can ask us for a list of the times we have shared this information for up to six (6) years prior to the date you ask, who we have shared it with, and why.

- a. **Requests.** You may request an accounting of disclosures by making your request in writing to the Privacy Officer using the contact information at the end of this Notice. We will act on your request within sixty (60) calendar days after we receive your request, and if we cannot provide the accounting to you within that time period, we will give you a written statement of when we will provide the accounting and why the delay is necessary. We will provide one accounting free of charge within any one twelve (12)-month period. For additional accountings within the same twelve (12) months, we will charge a reasonable, cost-based fee.
- b. **Exceptions from Accounting.** Certain instances are not included in such an accounting, such as the following disclosures: to carry out treatment, payment and health care operations; of medical information made to you or to persons involved in your care; that are incident to another use or disclosure; that you have authorized; for disaster relief purposes; for national security, intelligence, or other law enforcement purposes; that are part of a limited data set for research or public health purposes; and those made prior to April 14, 2003.

6. **Right to Receive Notice in the Event of a Breach.** You have the right to be notified in the event that your unsecured protected health information is breached or may have been compromised.

Right to Receive a Copy of this Notice. You may obtain an electronic copy of this Notice of Privacy Practices online at <https://stewarthome.com/notice-of-privacy-practices/>, or you may request a paper copy of this Notice at any time by contacting the Privacy Officer using the contact information provided at the end of this Notice.

B. Our Uses and Disclosures – How We May Use or Disclose Your Health Information

Stewart Home & School is permitted by and sometimes even required by law to use or disclose your protected health information for several different reasons. Most uses or disclosures of protected health information will require your written permission. However, we may use or disclose your protected health information **without** your permission for the following purposes:

1. **Uses and Disclosures for Treatment, Payment, and Health Care Operations.** We may use and disclose your protected health information for the purpose of providing health care services to you, to request reimbursement for your treatment, and to support our operation and business activities. The following are non-exhaustive examples describing the kinds of uses and disclosures we typically make:
 - a. **For Treatment:** We may use and disclose your protected health information to provide, coordinate, or manage your health care and related services. This may include disclosures to and consultations with other health care professionals or facilities who become involved in your care. For example, we may conclude you need services from a provider with a particular specialty, and when we refer you to that provider, we may contact that provider's office and provide medical information about you to ensure the provider has the necessary information to diagnose or treat you. We also may use your protected health information to contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.
 - b. **For Payment:** We may use and disclose your protected health information, as needed, to obtain payment for the services we provide to you. For example, this may include giving your insurance company, or a government program such as Medicare or Medicaid, information about the health services we provide to you so the insurance company or program can pay us for those services. This may also involve giving your insurance company information about your care and treatment to obtain approvals required by the company such as eligibility for benefits and determining whether services are medically necessary.
 - c. **For Health Care Operations.** We may use and disclose your protected health information, as needed, to operate our business and maintain quality health care services for our patients. For example, such activities may include reviewing the quality of care provided to you, reviewing and improving employee performance, getting legal or financial advice, and conducting risk management or auditing activities. We also may use and disclose your protected health information to contact you with appointment reminders. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your treating provider, and we may call you by name in the waiting room when your provider is ready to see you. We also may share your protected health information with third parties who do such things as billing or transcription services for us. If so, we will have a written contract with them that protects the privacy of your health information.
2. **When Required by Law.** We may use or disclose your protected health information to the extent that federal or state law require it, including with the Department of Health

and Human Services if it wants to ensure that we are complying with federal privacy law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

3. **Public Health and Safety Activities.** We may use or disclose your protected health information for public health activities and purposes to the extent required by law. This includes reporting certain information to a public health authority that is authorized by law to collect or receive such information for purposes of preventing or controlling disease and conducting public health surveillance, investigations, or interventions; or to a public health agency authorized to receive reports of child abuse or neglect. It also includes reporting activities related to the quality, safety, or effectiveness of a product or activity regulated by the United States Food and Drug Administration.
4. **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your protected health information, to the extent required by law, to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence. Such disclosures will be limited to the extent the disclosure is agreed to by you, or is authorized by law, and we believe the disclosure is necessary to prevent serious harm to you or other potential victims.
5. **Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law including audits, investigations, inspections, licensure, or disciplinary actions.
6. **Judicial and Administrative Proceedings.** We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal. We also may disclose your protected health information in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.
7. **Disclosures for Law Enforcement Purposes.** We may disclose your protected health information, with certain limitations, for law enforcement purposes including but not limited to the following: a) as required by law; b) in response to a court, grand jury, or administrative order, warrant, or subpoena; c) to identify or locate a suspect, fugitive, material witness, or missing person; d) about an actual or suspected crime victim and that person agrees to the disclosure; e) to alert law enforcement officials that a death has occurred if we suspect the death may have resulted from criminal conduct; f) about a crime in the event one occurs at our facility; and g) to report a crime in emergency circumstances.
8. **Coroners, Medical Examiners and Funeral Directors.** We may disclose your protected health information to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death. We also may disclose your protected health information to funeral directors as necessary for them to carry out their duties.

9. **Organ, Eye or Tissue Donation.** We may disclose your protected health information, within certain limitations, to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.
10. **Certain Research Purposes.** Under certain limited circumstances, we may use or disclose your protected health information for health research, if the research first has been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may also disclose protected health information to a person who is preparing to conduct a research project, but the disclosure would be limited to what is necessary to enable such preparation and no protected health information would be removed from our facility by the researcher during the course of the review.
11. **To Avert a Serious Threat to Health or Safety.** We may use or disclose your protected health information to the extent we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may disclose certain protected health information if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual involved in a violent crime or who escaped from lawful custody.
12. **Military and Veterans Activities.** If you are, or were, a member of the United States Armed Forces, we may use and disclose your protected health information for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission, including disclosures about foreign military personnel, to the appropriate authorities for the same purposes.
13. **National Security, Intelligence, and Foreign Service Functions.** We may disclose your protected health information to authorized federal officials for conducting intelligence, counter-intelligence, and other national security activities authorized by law; or for providing protection to the President of the United States or other governmental officials; or for the Department of State to make medical suitability determinations regarding security clearances and foreign service.
14. **Correctional Institutions and Other Government Custodial Situations.** We may disclose your protected health information to a correctional institution or law enforcement officer having lawful custody of you to the extent such information is necessary for providing you with health care or maintaining the health or safety of others or the security of the correctional institution.
15. **Workers' Compensation.** We may disclose your protected health information to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

16. **Breach Notification Purposes.** We may use or disclose your protected health information to provide legally required notices concerning a breach of your unsecured protected health information.
17. **Fundraising Communications.** We may use or disclose your protected health information, to a limited extent permitted by law, to a business associate or a related institution for the limited purpose of raising money to benefit the operations and mission of Stewart Home & School. If we do so, we will only use or disclose your demographic information and the dates you received treatment or services from us. We also may contact you for fundraising efforts. (You have the right to opt-out of such communications as further explained below).

C. Permitted Uses and Disclosures Unless You Object

For certain uses and disclosures, you can tell us your preferences about what information we share and to whom we disclose it. In the situations listed below, we may use or disclose your protected health information unless you object in writing by either prohibiting or restricting the potential use or disclosure:

1. **Individuals Involved in Your Health Care.** We may disclose to a family member, a close friend, or any other person you identify to us in writing certain protected health information about you that directly relates to the person's involvement in your health care, or for payment related to your care. We also may use or disclose protected health information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If you are unable to agree or object to such a disclosure, we may disclose relevant information that we believe is in your best interest based upon our professional judgment.
2. **Maintaining a Directory.** We may use or disclose very limited protected health information such as your name, location, general condition, and religious affiliation for the purpose of maintaining a directory of individuals in our facility.
3. **Disaster Relief.** On rare occasions, we may use or disclose your protected health information to entities authorized by law to assist in disaster relief efforts. The use or disclosure would be done to coordinate with those entities in notifying a family member, other relative, close personal friend or other person identified by you of your location, general condition, or death.
4. **Fundraising Communications.** We may use or disclose your protected health information for the purpose of contacting you for fundraising efforts. **You have the right to opt-out of such communications** by notifying our Privacy Officer in writing using the contact information at the end of this Notice.

D. Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures not described above will be made only with your written authorization. You may revoke such an authorization at any time in writing by sending your revocation to our Privacy Officer using the contact information at the end of this Notice. In particular, the following uses and disclosures will be made only with your written authorization:

1. **Marketing Purposes.** If you authorize us in writing, we may use and disclose your protected health information to communicate with you about an item or service to encourage you to purchase the item or service, such as: a) to describe a health-related item or service that is provided by us; b) for your treatment; c) for case management or care coordination for you; or d) to direct or recommend alternative treatments, therapies, health care providers, or settings of care.
2. **Disclosures Constituting the Sale of Your Protected Health Information.** We do not intend to sell or receive remuneration for your protected health information, but if any use or disclosure may be considered to be such a transaction, then we will only do so with your prior written authorization.

E. Additional Duties and Responsibilities of Stewart Home School

1. **Notice.** Stewart Home & School must follow the duties and privacy practices described in this Notice and give you a copy of it.
2. **Changing Notice of Privacy Provisions.** Stewart Home & School is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make new notice provisions for all protected health information that we maintain, including such information that we received or created prior to the effective date of the new notice. We will provide you with any revised Notice of Privacy Protections upon your request, on our web site, or at your next visit to our office.
3. **Mental Health or Chemical Dependency Records.** If we receive protected health information about you from another health care provider, we will not re-disclose or otherwise reveal any mental health or chemical dependency records contained in that information beyond the purpose of the disclosure to us, without first obtaining your written authorization or as otherwise required by law.
4. **Authorizations.** We will not use or disclose your protected health information in a manner not already described herein unless you give us your written authorization to do so. If you authorize a disclosure, you may change your mind and revoke the authorization at any time. Let us know in writing if you change your mind.
5. **Breach Notification.** We will notify you promptly if a breach occurs that may have compromised the privacy or security of your protected health information.

Effective Date: November 1, 2019

6. **Effective Date of Notice.** The effective date of this Notice is November 1, 2019. This date is also stated on the first page of the Notice.
7. **Making a Complaint.** If you believe we have violated your privacy rights, you may file a complaint with us by contacting our Privacy Contact at the address listed below. You may also file a complaint with the United States Secretary of Health and Human Services electronically by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or by sending your written complaint to him or her in care of:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Ave., S.W.
Washington, D.C. 20201

We will not retaliate against you for filing a complaint.

8. **Privacy Officer – Questions and Information.** You may contact our designated Privacy Officer by calling 502-227-4821 Ext 349, or by writing to the following address:

Attn: Privacy Officer
Stewart Home & School
4200 Lawrenceburg Road
Frankfort, KY 40601

ACKNOWLEDGMENT OF RECEIPT

Please separate and return this portion to Stewart Home & School, in care of “Privacy Officer” at 4200 Lawrenceburg Road, Frankfort, KY 40601.

I hereby acknowledge that I have received a copy of Stewart Home & School, LLC’s Notice of Privacy Practices.

Name of Patient (Please Print)

Name of Patient’s Legal Agent/Guardian (Please Print)

Relationship to Patient

Signature of Patient or Legal Agent/Guardian

Date