



## **Sterling Health Solutions, Inc. Notice of Privacy Practices**

Sterling Health Solutions, Inc. is required by law to maintain the privacy of **protected health information (PHI)**. **PHI is information about you that may identify you and relates to your past, present, or future mental or physical health or condition and related services.** We are also required to provide individuals with notice of our legal duties and the privacy practices used in our offices with respect to PHI.

**This notice describes how we may use or disclose your PHI for various purposes within our sites. It also describes your rights to access and control your PHI. Please review it carefully. This notice applies to all Sterling Health Solutions, Inc. locations:**

Sterling Health Care  
209 North Maysville Road, Suite 200  
Mount Sterling, KY 40353  
(859) 404-7686

Sterling Women's Care  
635 Maysville Road, Suite A  
Mount Sterling, KY 40353  
(859) 498-2323

Bath Community Medical Center  
44 Water Street  
Owingsville, KY 40360  
(606) 674-9776

Montgomery Dental Care  
635 Maysville Road, Suite B  
Mount Sterling, KY 40353  
(859) 498-1215

Nicholas Family Health Services  
2330 Concrete Road  
Carlisle, KY 40311  
(859) 405-4024

Sterling Health Solutions, Inc. and its clinics are required by federal and state law 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 the provisions of a revised Notice effective for all PHI that we maintain. Upon your request, we will provide you with any revisions to the Notice of Privacy Practices. Send a written request to the attention of Privacy Officer, Sterling Health Solutions, Inc., PO Box 1328, Mt. Sterling, KY 40353; and a copy of the revised Notice will be mailed to you within thirty (30) days.

### **Use and Disclosure of PHI for Treatment, Payment, and Operations**

Your PHI may be used and disclosed by your health care provider, our office staff, and others outside our offices that are involved in your care and treatment for the purposes of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of this practice.

Following are examples of the types of uses and disclosures of your PHI that the practice is permitted to make. This list is not exhaustive, it is only meant to describe and provide examples of the way we may use and disclose your PHI.

#### **1. Treatment**

Our practice may use your PHI when treating you. This includes provision of services by our providers and also the coordination and management of your care with other doctors, dentists, pharmacists, insurance companies, home health agencies, and others. For example, we may share your information with a specialist to whom you have been referred; or, we may provide the pharmacy with information needed to fill a prescription for you. Many of the people who work for our practice – doctors, nurses, office staff, etc. – may use or disclose your PHI in order to treat you or assist others in treating you. Additionally, we may disclose your PHI to your spouse, children, parents, or other family members and caregivers.

## **2. Payment**

Sterling Health Solutions, Inc. may use or disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurance company (Medicare, Medicaid, Blue Cross, etc.) to certify that you are eligible for benefits. We may also provide your insurer with details regarding your treatment to determine if your insurer will pay for your treatment. We also may use and disclose your PHI to obtain payments from third parties that may be responsible for such costs, such as family members or those with power of attorney over your affairs. We may also use your PHI to bill you directly.

## **3. Health Care Operations**

Our practice may use and disclose your PHI to operate our business and to evaluate the quality of care you receive from us. These activities may include, but are not limited to, business planning, cost-management, or training activities. For example, we may use a sign-in sheet at check-in, call your name in our waiting room when we're ready to see you or when your prescription is ready, or send you postcards to remind you of your appointment.

We may share your PHI with Business Associates that perform various activities, like billing or transcription, for the practice. Whenever Sterling Health Solutions, Inc. makes an arrangement with a Business Associate that involves possible use or disclosure of PHI; we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use your PHI to provide you with information about your health condition or to provide you with information about treatment alternatives and or other health-related benefits and services that may be of interest to you.

### **Uses and Disclosures Made Unless You Object**

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. The following examples are instances in which, unless you object, your PHI may be used or disclosed. To object to the following uses of your PHI, notify this organization's Privacy Officer in writing at the address given in the third paragraph of this Notice.

#### **1. Disaster Relief**

We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and/or disclosures to family and other individuals involved in your health care.

#### **Others Involved in Your Health Care**

We may disclose to a member of your family, a relative, a close friend, or any other person that you identify, your PHI based on our professional judgment of that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose as much information as necessary if we determine that it is in your best interest.

#### **Uses and Disclosures Made with Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may cancel or change your authorization at any time to prevent future use of the authorization by notifying the clinic in writing. This will prevent any future action based on the authorization, but it does not affect any action already taken based on the authorization.

#### **Disclosures Made Without Your Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situations without your authorization. These situations include:

##### **1. Situations Required by Law**

We may use or disclose your PHI as required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

##### **2. Public Health Risks**

Our practice may use or disclose your PHI to public health authorities that are authorized by law to collect or receive the data. This disclosure will be made for the purpose of controlling disease, injury, or disability.

##### **3. Communicable Diseases**

We may disclose your PHI, as authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

#### **4. Health Oversight**

Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Examples include: audits, inspections, investigations, surveys, licensure, disciplinary actions, and other activities necessary for the government to monitor government programs, compliance, and the health care system in general.

#### **5. Legal Proceedings**

We may use and disclose your PHI in response to a court or administrative order, discovery request, subpoena, or other lawful process if you are involved in a lawsuit or similar proceeding or in other conditions when such use and disclosure are expressly authorized.

#### **6. Law Enforcement**

We may disclose PHI for law enforcement purposes. These purposes include: legal processes and otherwise required by law, requests for limited information for identification and location purposes, requests pertaining to the victims of a crime; and alerting law enforcement officials of suspicion of criminal conduct as a cause of death, in the event that the crime occurs on the clinic's premises, or that a medical emergency exists and it is likely that a crime occurred.

#### **7. Abuse or Neglect**

We may disclose your PHI to public officials who are authorized by law to receive reports of abuse, neglect, or domestic violence.

#### **8. Food and Drug Administration (FDA)**

We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biological product deviations; track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance as required.

#### **9. Coroners, Funeral Directors, and Organ Donation**

Our practice may disclose PHI to a medical examiner or coroner to identify a deceased individual or identify the cause of death. We may also release information to a funeral director in order for them to perform their jobs. We may also disclose PHI in reasonable anticipation of death for the purpose of facilitating organ donation.

#### **10. Research**

We may disclose PHI to researchers when an Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your PHI has reviewed their research.

#### **11. Serious Threats to Health or Safety**

Our practice may use or disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of others. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

#### **12. Military Activity and National Security**

We may disclose your PHI if you are a member of U.S. or foreign armed forces (including veterans) and if required by the appropriate authorities. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President and or others legally authorized.

#### **13. Inmates**

We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the process of providing care for you.

#### **14. Worker's Compensation**

We may disclose PHI to comply with workers' compensation and other similar legally established programs.

#### **15. Other Required Uses or Disclosures**

Under the law, we must make disclosures to you, and when required, to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy standards applicable to your PHI.

## **Your Rights Regarding Your PHI**

### **1. Confidential Communications**

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may request that we only contact you at an alternate number other than your home number. In order to request a type of confidential communication, you must make a written request by completing the Request for Confidential Communications Form available at the Front Desk and submitting it to the Privacy Officer. Our practice will accommodate all **reasonable** requests. You do not have to give a reason for your request.

### **2. Requesting Restrictions**

You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. You may also request that we not disclose any part of your PHI to family members or friends who may be involved in your care or for notification purposes as described previously in this Notice. **We are not required to agree to your request**; however, if we do agree, we will follow the agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. With this in mind, please discuss any restriction with your health care provider. In order to request a restriction in our use or disclosure of your PHI, you must complete the Request for Restrictions on Uses & Disclosures Form available at the Front Desk and submit it to the Privacy Officer.

### **3. Inspection and Copies**

You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. Under federal law, however, you may not inspect psychotherapy notes; information compiled in anticipation of court proceedings; or PHI subject to law that prohibits access. You may submit your request by completing the Request for Authorization to Release PHI Form available at the Front Desk. We will provide a one-time only free copy of your medical records. Beyond this free copy, our practice may charge a fee for the costs of copying, mailing, and labor associated with your request. Our practice may deny your right to inspect and/or copy in certain limited circumstances; however, you may request a review of the denial by contacting our Privacy Officer.

### **4. Amendment**

You have the right to request that we amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, you must complete the Request for Correction or Amendment of PHI Form available at the Front Desk and submit it to the Privacy Officer. Our practice may deny your request if, in our opinion, the request is not accurate or complete; not part of the PHI kept by our practice; not part of the record you would be permitted to inspect and copy; or not created by our practice unless the individual or entity that created the information is not available to amend the information.

### **5. Accounting of Disclosures**

All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes other than treatment, payment, and operations. It also excludes disclosures we may have made to you, your family members, or friends associated with your care, or for notification purposes. Our office will provide one free copy per 12 months, upon request; however our practice may charge for additional copies received within the 12 months. To request an "accounting of disclosures" complete the Request for Accounting of Disclosures Form available at the Front Desk and submit it to the Privacy Officer.

### **6. Right to Receive a Paper Copy of This Notice**

You have the right to receive a paper copy of this notice at any time by requesting one from any Sterling Health Solutions, Inc. employee.

### **7. Right to File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer at (859) 404-7686 or in writing at PO Box 1328, Mt. Sterling, KY 40353.

### **8. Right to Provide an Authorization for Other Uses and Disclosures**

Our practice will obtain your written authorization for other uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing.

## **HITECH ACT Updates to HIPAA**

### **1. Disclosure Agreement Provision**

Patients may now waive their right to have SHS file their medical insurance and instead pay for the services themselves. Patients may then request that their medical information from that particular date of service in which they waived the filing of their insurance not be disclosed to their insurance plan or any other entity.

### **2. Obligations of Business Associates**

Business Associates are now held to the same standards regarding HIPAA Privacy and Security Rules the same as Covered Entities, such as SHS.

If you have any additional questions regarding this Notice or the privacy practices of Sterling Health Solutions, Inc., please contact our Privacy Officer at (859) 404-7686.

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*Revised July 2013*

# **WHAT YOU SHOULD KNOW ABOUT HIV/AIDS**

## **WHAT IS AIDS?**

AIDS is the Acquired Immune Deficiency Syndrome – a serious illness that makes the body unable to fight infection. A person with AIDS is susceptible to certain infections and cancers. When a person with AIDS cannot fight off infections, this person becomes ill. Most people with AIDS will die due to their infection.

## **WHAT CAUSES AIDS?**

The human immunodeficiency virus (HIV) causes AIDS.

## **HOW IS THE HIV VIRUS SPREAD?**

- Sexual contact (oral, anal, or vaginal intercourse) with an infected person when blood, pre-ejaculation fluid, semen or cervical/vaginal secretions are exchanged
- Sharing a syringe/needle with someone who is infected
- Receiving contaminated blood or blood products (very unlikely now because blood used in transfusions has been tested for HIV antibodies since March, 1985)
- An infected mother passing HIV to her unborn child before or during childbirth, and through breast feeding
- Receipt of transplant, tissue/organs, or artificial insemination from an infected donor
- Needle stick or other sharps injury in a health care setting involving an infected person

## **YOU CANNOT GET HIV THROUGH CASUAL CONTACT SUCH AS:**

- Sharing food, utensils, or plates
- Touching someone who is infected with HIV
- Hugging or shaking hands
- Donating blood or plasma (this has **NEVER** been a risk for contracting HIV)
- Using public rest rooms
- Being bitten by mosquitoes or other insect
- Using tanning beds (always clean before and after use)

## **HOW CAN I PREVENT AIDS?**

- Do not share needles or other drug paraphernalia
- Do not have sexual intercourse except with a monogamous partner whom you know is not infected. If you choose to have sex with anyone else, use latex condoms (rubbers), female condoms or dental dams, and water based lubricant every time you have sex
- Educate yourself and others about HIV infection and AIDS

## **WOMEN AND HIV/AIDS**

For females, the majority of AIDS cases in Kentucky are identified as heterosexual, and injection drug users.

HIV can be spread through body fluids (i.e., blood, semen, vaginal secretions, and breast milk).

### **All pregnant women should be tested for HIV infection.**

- Mothers can pass HIV infection to their babies during pregnancy, labor, delivery, and by the child ingesting infected breast milk.
- Without treatment, about 25% (1 out of 4) of the babies born to HIV infected women will get the virus.
- Medical treatment for the HIV infected woman during pregnancy, labor, and delivery can reduce the chance of the baby getting HIV from its mother to less than 8% (1 out of 12).
- An HIV infected mother should not breastfeed her newborn baby.

## **IS TREATMENT AVAILABLE IF I ALREADY HAVE HIV/AIDS?**

After being infected with HIV, it takes between two weeks and six months before the test can detect the HIV virus. **Early diagnosis of HIV infection is important!** Free anonymous and confidential testing and counseling is available at every health department in Kentucky. If you have HIV, you should get prompt medical treatment. In many cases, early treatment can enhance a person's ability to remain healthy as long as possible. Your doctor will help you determine the best treatment.

### **YOU SHOULD BE TESTED FOR HIV IF:**

- You have had sex with someone who has HIV or any sexually transmitted disease (STD)
- You have shared needles or syringes with someone who has HIV
- You have had unprotected sex or you have had sex with someone who has had unprotected sex
- You have had sex through prostitution (male or female)
- You have had sex with injecting drug user(s)
- You have had a blood transfusion between 1978 and 1985
- You are a woman who is pregnant or desires to become pregnant

### **WHAT IS UNSAFE SEX?**

- Vaginal, anal, or oral sex without using a condom or dental dam
- Sharing sex toys
- Contact with HIV infected blood, semen, or vaginal fluid

### **WHAT IS "SAFER" SEX?**

- Abstinence (not having sex)
- Sex only with a person who does not have HIV, does not practice unsafe sex, or inject drugs
- Always use either a male or female condom or dental dam with sex

### **How to use a latex condom:**

1. Use a new latex condom every time you have sex.
2. The condom should be rolled onto the erect (hard) penis, pinching ½ inch at the tip of the condom to hold the ejaculation (semen) fluid. Air bubbles should be smoothed out.
3. Use plenty of WATER-BASED lubricants such as K-Y Jelly, including a drop or two inside the condom, before and during intercourse. **DO NOT USE** oil-based lubricants such as petroleum jelly, mineral oil, vegetable oil, Crisco, or cold cream.
4. After ejaculating, withdraw the penis holding the condom at the base so it will not slip off.
5. Throw away the used condom and wash hands.

**This agency provides quality services to all patients, regardless of HIV status.**

### **IF YOU NEED MORE INFORMATION CALL:**

- Kentucky HIV/AIDS Program (Voice/TTY) 502-564-6539 or 1-800-420-7431
- The National AIDS Hotline 1-800-CDC-INFO
- Your local health department's HIV/AIDS Coordinator