# Notice of **Privacy Practices**

#### Your Rights

We are required by law to protect the privacy of your information and notify you of certain breaches of your information. We are providing this notice to you so that we can explain our privacy practices. We will follow the practices described in this notice or the current notice in effect. We reserve the right to change our policies and notice of privacy practices at any time. If we should make a significant change, we will revise this notice and post a new one. You can also request a paper copy of our notice at any time.

My HealthPoint is Lake Cumberland Regional Hospital's Patient Portal. It is an exciting program designed to improve your healthcare and make office visits easier and more convenient. We will disclose demographic, insurance and medical information (collectively, your "health information") to My HealthPoint so that it can be viewed by you. This information will be viewable by you and/or anyone with whom you share it, Relay Health (the My HealthPoint portal provider) and the LifePoint Health Support Center (HSC), acting as business associates of LifePoint Health. Relay Health and the LifePoint HSC have been engaged to maintain, secure, monitor and evaluate the operation of the My HealthPoint patient portal. Relay Health and the LifePoint HSC also will be able to access your health information only for the purposes stated.

#### You have the right to:

- Get a copy of your paper or electronic medical record
- Provide us a written request to have your paper or electronic medical record corrected
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your informa tion. This is a list of certain disclosures other than treatment payment orhealthcare operations where authorization was not required.
- Get a copy of this privacy notice
- Choose someone to act for you

# Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition if they are involved inyour care and treatment or ask about you by name
- Notify your primary care physician of services provided to

- Comply with the law\*
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Respond to requests from workers' compensation, law enforcementand other government agencies
- Respond to lawsuits and legal actions
- \* For more information, request an expanded version of our privacy policy.

# Organized Health Care Arrangement (OHCA)

This notice applies to all service areas of Lake Cumberland Regional Hospital, as well as the doctors and other healthcare providers practicing at this facility who are part of our organized health care arrangement (OHCA). It also applies to:

- Hospital Services: Lake Cumberland Cancer Treatment Center, Lake Cumberland Surgery Center, Lake Cumberland Wound Care Center & Hyperbaric Medicine, Lake Cumberland Regional Hospital TherapyServices, MedPark West Surgery, Sleep Disorders Center of Lake Cumberland Regional Hospital, Lake Cumberland Weight Loss Center, and The Imaging Center.
- Physician Offices: Cardiothoracic Surgical Associates of Lake Cumberland, Lake Cumberland Weight Loss Physicians, Endocrinology Center of Lake Cumberland, Lake Cumberland Cardiology Associates, Lake Cumberland Family Care, Lake Cumberland Heart & Vascular Institute, Lake Cumberland Hematology & Oncology, Lake Cumberland Medical Associates, Lake Cumberland Orthopedics, Lake Cumberland Regional Hospital Pain Clinic, Lake Cumberland Surgery Specialists, Lake Cumberland Urology Associates, Lake Cumberland Orthopedics: Sports Medicine
- Affiliated Entities: Apogee Physicians, Bluegrass Radiology, Hospice of Lake Cumberland, and Team Health.

# Complaints

To file a complaint or report a concern or conflict, call the number listed below:

Lake Cumberland Regional Hospital Privacy Officer: Kathy L. Monroe 606-678-3200

If you prefer to report an anonymous concern, you may call 1-877-508-LIFE (5433). You also may send a written complaint to the United States Department of Health and Human Services (HHS) if you feel we have not properly handled your complaint. You can use the contact listed above to provide you with the appropriate HHS address. Under no circumstance will you be retaliated against for filing a complaint.

- you at the hospital
- Provide disaster relief
- Include you in a hospital directory unless you ask us not to
- Provide mental healthcare
- Market our services and sell your information with your permission or utilize it for fundraising purposes

# Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Seek payment for services provided to you
- Help with public health and safety issues
- Do research

#### For More Information

Ask any patient registration representative to receive a comprehensive, detailed summary of our privacy practices.

#### EFFECTIVE DATE: August 1, 2020