

# **Your Information. Your Rights. Our Responsibilities.**

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS WITH RESPECT TO MEDICAL INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR CONCERNING YOUR RIGHTS. **PLEASE REVIEW IT CAREFULLY**

**PRIVACY OFFICER:** Missy Dixon  
[mdixon@matthew25clinic.org](mailto:mdixon@matthew25clinic.org)  
Phone: (270) 826-0200

## **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## **Your Choices**

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

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

## **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law

- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers compensation, law enforcement, and other government requests
- Response to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. You can ask us even if the information is substance use disorder information and you have already given your consent to share it for these purposes. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one

accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice in electronic or paper form**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- You may also request an electronic copy or access an electronic copy at <https://matthew25clinic.org/privacy-practices/>.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- We will not retaliate against you for filing a complaint.

### **Request a list of those who received your substance use disorder records from an intermediary**

- You can ask for a list of disclosures made by an intermediary for the past three years. An example of an intermediary is a research institution that provides treatment and receives your substance use disorder records to disclose them to another person involved in your treatment. You may contact the intermediary to request an accounting.

### **Talk with a privacy officer if you have questions about this notice**

- If you have questions about this notice you have the right to discuss it with a privacy officer. Please contact us using the information on page 1.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes and substance use disorder counseling notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again. If we have records pertaining to your substance use disorder, we will give you a choice to opt out of fundraising communications before we use or disclose such records for our fundraising efforts.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Substance Use Disorder Records**

Federal law protects the confidentiality of substance use disorder records. This section contains additional rights and information for individuals receiving substance use disorder diagnosis, treatment and referral.

### **Confidentiality of substance use disorder records under HIPAA and 42 C.F.R Part 2**

Records about your treatment, diagnosis, or referral for alcohol or drug abuse (substance use disorder records), are protected by HIPAA and federal law 42 C.F.R Part 2. 42 C.F.R Part 2 is more restrictive than HIPAA and places greater limitations on our ability to share such substance use disorder records without your consent. This section contains additional information about how we may share your substance use disorder records.

### **Ways we can share your substance use disorder records without your consent**

We may use and disclose your alcohol and drug abuse diagnosis, treatment, or referral services (substance use disorder records), without your permission for these reasons:

- When necessary in a life-threatening medical emergency.
- For certain research purposes where the researchers continue to follow privacy protections required by law.
- For audits and evaluations related to operations, including improved care, payment review, and resource management.
- To report incidents of child abuse or neglect as required by law.
- For public health purposes so long as information that identifies you is removed as required by law.
- In response to a valid court order that includes specific court findings after providing you notice and an opportunity to respond.

### **When we are required to get your permission to disclose your substance use disorder records**

With your permission, we may disclose your substance use disorder records to:

- People you designate
- Central registries, or withdrawal management or maintenance treatment programs not more than 200 miles away, to prevent multiple enrollments; and

- Persons within the criminal justice system who have a need to monitor your progress with treatment you are required to complete as a condition of resolving a criminal proceeding against you, or as a condition of your parole or release.

Most uses and disclosures of substance use disorder counseling notes also require your consent.

### **You may provide a single consent for all disclosures of your substance use disorder records for treatment, payment, and health care operation**

If Matthew 25 provides you substance use disorder services, we are required to obtain your consent to share your substance use disorder records with other treating providers, for payment purposes (such as to obtain reimbursement for services) and to operate our programs. We may also receive substance use disorder records from another provider with your consent. When we, or another provider or business that complies with HIPAA, receive substance use disorder records with your permission for these purposes, the records may be further used or shared without your additional consent, as long as HIPAA regulations permit such use or sharing.

### **Limits on use and disclosure of substance use disorder records for legal proceedings against the patient**

Your substance use disorder records, and statements about the contents of the records, cannot be used or disclosed in any civil, criminal, or other legal proceedings against you unless you give your consent or a court authorizes the use or disclosure. Before a court order will authorize disclosure for this purpose, you will be notified and have an opportunity to object. We must receive the court order and a subpoena or other legal requirement requiring disclosure before disclosing your records.

### **Limits on withdrawing consent to disclosure if treatment is mandated through the criminal justice system**

If you were mandated to receive substance use disorder treatment through the criminal justice system (including drug court, probation, or parole) and you sign a consent authorizing disclosure of your substance use disorder records for that purpose, your right to change your mind is limited. In such circumstances, you may not withdraw your consent until the criminal justice proceeding or conditional release is finally resolved.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. Once you let us know in writing we will stop sharing the information for that purpose, but we cannot take back disclosures we already made with your permission.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Additional Information**

Matthew 25 Aids Services, Inc. participates in the Kentucky Health Information Exchange (KHIE) for public health reporting in the immunization registry beginning in 2015. Beginning in January 2020, Matthew 25 Aids Services, Inc. participates in the CHIRP – Children and Hoosier Immunization Registry Program for public health reporting to coordinate immunization services. Participation with both KHIE and CHIRP is covered under the HIPAA Privacy Rule. You may provide written request to opt out of public health reporting to one or both of the immunization registries by providing written notice to: Privacy Officer, 452 Old Corydon Road, Henderson, KY 42420. Written notice only opts out for Matthew 25 reporting only. It does not apply to health information exchange reporting from any other HIPAA covered entity. If you have any questions or concerns regarding public health reporting, KHIE, CHIRP, or the HIPAA Privacy Rule, please contact our Privacy Officer, Missy Dixon, using the contact information listed above.

Beginning August 2025, Matthew 25 clinicians have the option to utilize Sunoh, AI, an ambient listening technology during your visit to help accurately document your medical encounter. This information is processed using HIPAA compliant, encrypted systems and stored within the electronic health record and only accessible by authorized staff. Patient consent will be obtained during your visit and you may withdraw consent at any time.

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## **Application**

This Notice of Privacy Practices applies to the following organizations:

Matthew 25 Aids Services, Inc.  
452 Old Corydon Road  
Henderson, KY 42420-4645

Matthew 25 Pharmacy  
101 NW 1<sup>st</sup> Street, Suite 201  
Evansville, IN 47708

Mathew 25 Aids Services, Inc.  
101NW First Street, Suite 215  
Evansville, IN 47708-1259

Matthew 25 Aids Services, Inc.  
1901 Leitchfield Road, Suite A  
Owensboro, KY 42303-1055

Matthew 25 Aids Services, Inc.  
811 Fairview Avenue  
Bowling Green, KY 42101-4969

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