

**MEMORANDUM**

**IMPORTANT INFORMATION ABOUT YOUR  
PROTECTED HEALTH INFORMATION  
RESPONSE REQUIRED**

TO: Priests Enrolled in Health, Dental, Vision, and/or Long-Term Care Insurance  
Employees Enrolled in Health and/or Dental Insurance  
COBRA Participants and Electees  
All Diocesan Locations

FROM: Bill Wakefield, CFO and HIPAA Compliance Officer

DATE: September 30, 2008

RE: Federal Government HIPAA (Health Insurance Portability and  
Accountability Act) Privacy Regulations

You may be aware that there are federal regulations that require the protection of your protected health information (PHI). The enclosed notice and form are part of the Roman Catholic Diocese of Lexington's compliance requirements.

The "Notice of Privacy Practices" describes how your PHI may be used and disclosed. It also explains how you can access your PHI. Please read the notice carefully, sign and date the form indicating you have received the privacy notice, and return to the Risk Management Office **within 10 days of receipt**. You can keep a copy for your records. Forms can be mailed and envelopes must be clearly marked for "**Risk Management**".

Also enclosed is the form "Standard Authorization to Disclose Protected Health Information". This form can be copied and **kept for later use**. It will be used when you need a representative of the insurance company to assist you with claims issues. It will be required that you submit this form each and every time that you require assistance with claims issues that you have not been able to resolve on your own. If a spouse normally handles your routine business affairs, this form will be required to have him/her discuss your PHI. You may want to call Bill at 859-253-1993, ext. 238, to discuss the completion of the form since each person that needs to work on your claim must be listed.

# Roman Catholic Diocese of Lexington

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

1. *Roman Catholic Diocese of Lexington* is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
  - a. For treatment – *N/A*
  - b. For payment – *To resolve claims issues and payments for claims.*
  - c. For health care operations – *To renew insurance coverages and reinsurance coverages.*
2. *Roman Catholic Diocese of Lexington* is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization. *[If a use or disclosure for any purpose prescribed in the Privacy Regulation is prohibited or materially limited by other applicable State law, the description of such use or disclosure must reflect the more stringent law.]*
3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
4. *Roman Catholic Diocese of Lexington* intends to engage in one or more of the following activities:
  - a. *Roman Catholic Diocese of Lexington* may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
  - b. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.
5. The Individual has the following rights regarding protected health information:
  - a. The right to request restrictions on certain uses and disclosures of protected health information. *Roman Catholic Diocese of Lexington* is not required to agree to a requested restriction, however.
  - b. The right to receive confidential communications of protected health information, as applicable.
  - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
  - d. The right to amend protected health information, as provided in the Privacy Regulation.
  - e. The right to receive an accounting of disclosures of protected health information.
  - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
6. *Roman Catholic Diocese of Lexington* is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
7. *Roman Catholic Diocese of Lexington* is required to abide by the terms of the Notice currently in effect.
8. *Roman Catholic Diocese of Lexington* reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.

9. *Roman Catholic Diocese of Lexington* will provide individuals or patients with a revised Notice by mail.
10. Individuals may complain to *Roman Catholic Diocese of Lexington* and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows: *contact the Chief Financial Officer of the Roman Catholic Diocese of Lexington by mail or phone with the nature of the complaint and the name of the person (if applicable) that the complaint is against.*
11. *Roman Catholic Diocese of Lexington's* contact person for matters relating to complaints is:
  - a. *Chief Financial Officer*
  - b. *859-253-1993, ext. 238*
  - c. *Roman Catholic Diocese of Lexington, 1310 W. Main St., Lexington, KY 40508-2048*
12. This Notice is first in effect on *April 10, 2004.*
13. *Roman Catholic Diocese of Lexington* elects to limit the uses or disclosures that it is permitted to make, as follows: Third Party Administrator for Self-funded Health Insurance Plan(s) or Insurance Carrier for Fully Insured Health Plan(s); Dental Insurance Carrier(s); Vision Insurance Carrier(s); Long-term Care Insurance Carrier(s); Reinsurance Carrier(s) for Self-funded Health Plan; Insurance Broker(s).

I hereby acknowledge that I have received a copy of *Roman Catholic Diocese of Lexington's* Notice of Privacy Practices.

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Individual's Name – Signature

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Individual's Name – Printed

Date: \_\_\_\_\_

**Please return this form to Risk Management, Roman Catholic Diocese of Lexington, 1310 W. Main St., Lexington, KY 40508-2048. Forms are to be returned within 10 days of receipt.**

Although every effort has been made to ensure that the document template is complete and accurate according to the HIPAA regulation, it does not constitute legal advice and, therefore, should be reviewed by an attorney competent in HIPAA-related matters. You are authorized to use these documents only if you and the business you work for have a valid password and have accepted the terms of the HIPAAnswers™ Product Use Agreement. Your use of these documents is controlled by the Product Use Agreement. For example, although you can save and reproduce the HIPAAnswers™ documents for your internal business purposes, you are not authorized to share copies of these documents with anyone outside your business. For complete details, review HIPAAnswers™ Product Use Agreement.

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