

ZOOM GROUP

Helping adults with developmental disabilities experience a sense of belonging in the community
410 West Chestnut Street • Suite 900 • Louisville, KY 40202 • 502/581-0658 • www.zoomgroup.org

Notice of Privacy Policies and Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

Zoom Group respects the privacy of your Protected Health Information (PHI). Your Protected Health Information is any personally identifiable medical information. We understand the importance of keeping this information confidential. We are required by law to provide you with this notice describing our privacy practices with regard to your Protected Health Information.

Types of Protected Health Information We Collect

We collect only the information necessary to provide safe and meaningful services. We use information for treatment (programming), business administration (billing), and to meet any regulatory requirements. You and/or your legal guardian initially provide information. We may also receive information from authorized Support Coordination providers.

How we safeguard your Protected Health Information

We treat your Protected Health Information with confidentiality. Your information is available only to those persons who need this information to provide quality services. All persons accessing information are trained on the importance of safeguarding this information and must comply with our procedures and applicable law. We take all reasonable precautions to protect this information.

How we may use and disclose your Protected Health Information

We may share the information we collect in the following ways:

For treatment (programming):

We may use your information to ensure that we are providing effective services that value your care and well being. For example, we may share information with staff and Support Coordination agencies concerning any necessary medications you receive and/ or any physical restrictions you may have.

For payment:

We may disclose Protected Health Information about you so that services we have provided you may be billed and payment can be collected from third party funding sources such as Medicaid.

For health care operations/ program operations:

We may use and disclose your Protected Health Information in order to ensure that we are providing quality staffing and services. For example, supervisory staff may use your Protected Health Information to review the services we provide and to evaluate the performance of staff.

To individuals involved in your care:

We may release your Protected Health Information to an authorized family member and/ or care provider involved in your care.

As required by law:

We will disclose Protected Health Information about you when required to do so by state and/or federal law.

Individual Rights

You have the right to require restrictions on the use and disclosure of your Protected Health Information. We will abide by these restrictions if we can agree to them without compromising safety and quality of care. A request for any restrictions must be submitted in writing to and properly approved by our Privacy Officer.

You have the right to receive confidential communications regarding Protected Health Information.

You have the right to inspect and copy your Protected Health Information.

You have the right to amend or submit corrections to your Protected Health Information. A request for amendments must be submitted to our Privacy Officer in writing.

You have the right to an accounting of disclosures, a list of instances in which we or our business associates disclosed you Protected Health Information for purposes other than those stated in this notice.

You have the right to receive a copy of this notice.

Complaints or Concerns

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer
Zoom Group
410 W. Chestnut, Suite 900
Louisville, Ky. 40202

If you believe that your privacy rights have been violated, call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized in any way for filing a complaint or expressing a concern.

If you need further information concerning our privacy practices please contact:

Privacy Officer
Zoom Group
410 West Chestnut, Suite 900
Louisville, Ky. 40202
(502) 581-0658