

THE KENTUCKY RACING HEALTH & WELFARE FUND

Notice of Privacy Practices

This notice describes how medical information about you and/or your dependents may be used and disclosed and how you can get access to this information. Please review it carefully.

The Kentucky Racing Health and Welfare Fund, Inc. (the Fund), the Kentucky Racing Health Services Center (HSC), and the Horsemen's Wellness Center @ Turfway Park (HWC) create records about you and the treatment and services we provide to you. The information we collect is called Protected Health Information (PHI). We take our obligation to keep your PHI secure and confidential very seriously. We are required by federal and state law to protect the privacy of your PHI, to provide you with this Notice about how we safeguard and use it, and to notify you following a breach of your unsecured PHI. When we use or disclose your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI.

Our responsibilities

This notice takes effect September 23, 2013, and will remain in effect until we replace it. We must follow the privacy practices described in this notice while it is in effect. We may change the terms of this Notice at any time and we may, at our discretion, make the new terms effective for all PHI in our possession, including any PHI we created or received before we issued the new Notice. If we change this Notice, we will update the Notice on our website. In addition, you may come to one of our offices to receive a copy or you can request a copy of the Notice by calling (502) 636-2900. If you are a patient at the HSC or HWC we will give you a new Notice when you receive treatment, as required, and we will post any new Notice in a prominent location at each facility.

How we collect medical information about you and/or your dependents

- Information you provide on applications, other forms, or by phone. This may include such information as your name, address, social security number, employment and salary history.
- Information provided by your employer, co-workers, family, friends and providers of service.
- Information from consumer credit reports, police reports, mortgage or lease statements and insurance companies.
- Information provided by other horsemen's groups, racetrack personnel, and The Kentucky Horse Racing Commission.

How we use and disclose your PHI

The Fund obtains medical information about you and/or your dependents in order to complete the application process, determine your eligibility for each request for assistance, and manage your requests and to pay your providers of service. We may share your medical information with the Horsemen's Benevolent and Protective Association, The Jockey Club Foundation and providers of service. We may also share your medical information with parties other than the Fund's staff, such as accountants, legal counsel, and drug and alcohol counselors. We may use your medical information to contact you, via phone, U.S. mail, e-mail, personal visit to your job, or through the racetrack paging system. We do not give your medical information to third parties for any type of promotional or marketing purposes not related to the Fund.

Whenever we share your medical information with these other parties, we will protect your privacy with a confidentiality agreement. The agreement limits the use of your information to the service requested and requires consistency with this Notice.

We may use and disclose your PHI without your written authorization for the following purposes:

For treatment

- To share with nurses, doctors, pharmacists, and other health care professionals so they can determine your plan of care.
- To help you obtain services and treatment you may need - for example, ordering lab tests and using the results.
- To coordinate your health care and related services - for example, to remind you of an appointment or to encourage you to receive preventive screenings or immunizations.

For payment

- To administer requests you make for our charitable benefits.
- To make benefit determinations - for example, to speak to a health care professional about payment for services provided to you.
- To coordinate benefits with other coverage you may have - for example, to speak to another health plan or insurer with which you have coverage, to determine coverage.
- To coordinate benefits with other charitable organizations and sources of payment for charges related to medical treatment, payment, and/or other health care operations.
- To obtain payment from a third party that may be responsible for payment - for example the Fund is a last resort organization and we may request a refund of benefits provided on your behalf should other resources be available to you.

For health care operations

- To provide client service and other business activities, including fraud and abuse detection and compliance programs.
- To support and/or improve the programs or services we offer you.
- To assist you in managing your health-for example, to provide you with information about treatment alternatives.
- To support another health plan, insurer or health care professional who has a relationship with you, so that it can improve the programs it offers you-for example, case management.
- Disclosure to others involved in your health care.

- If you are present or otherwise available to direct us to do so, we may disclose your PHI to others, for example, a family member, a close friend or your caregiver.
- If you are in an emergency situation, not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such person of your location, your general medical condition or your death.
- We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.
- We may disclose your PHI to report to public health authorities, to report abuse, neglect, domestic violence, or sexual assault and to government agencies responsible for oversight of the health care system.
- We may disclose your PHI:
 - To state or federal agencies to ensure we are in compliance with the law.
 - In response to a court order or a subpoena, provided that certain requirements are met.
 - To law enforcement agencies or officials, when required by a court order.
 - For judicial and administrative proceedings when asked to do so by a court order, subpoena or other request.
 - For certain government functions such as disclosures to the U.S. military.
 - When necessary to comply with worker's compensation laws related to a work related illness or injury.

We will not use or disclose your PHI

We will not use or disclose your PHI for purposes that constitute a sale of PHI.

Uses and disclosures of PHI that require your authorization

For certain kinds of PHI, federal and state law may require enhanced privacy protection and we can only disclose such information with your written permission except when specifically permitted or required by law. This includes PHI that is:

- Maintained in psychotherapy notes.
- About alcohol and drug abuse prevention, treatment and referral.
- About HIV/AIDS testing, diagnosis or treatment.
- About venereal and/or communicable disease(s).
- About genetic testing.

You may revoke this permission in writing at any time. We will then stop using your PHI for that purpose, but we cannot undo any actions taken prior to your revoking your permission.

We Safeguard Your Medical Information

We limit access to your medical information to employees and others with a valid business need for the information. We hold our employees, representative, directors and business associates responsible for upholding our privacy standards. Other uses and disclosures of your medical information that are not listed on the statement will be made only with the patient's written consent. You have the right to inspect and obtain a copy of your confidential information. (A \$10 recovery fee may be charged for PHI older than 2 years.) Records are kept for six years.

Your individual rights

You have the right to:

- Know how your PHI may be used or shared for treatment, payment and health care operations.
- Request copies of your PHI that is included in certain paper or electronic records we maintain. Copies will be provided in a form and format that is "readily producible," which means we are reasonably able to produce the records in a readable form.
- Request communications with PHI be sent to an alternate location or by alternative means. We will accommodate reasonable request whenever feasible.
- Request a change to your PHI created and maintained by us if you believe it is incorrect. If we do not agree to your request, we will keep your request and our reason for the denial in your record.
- Request an accounting of disclosure of your PHI listing any disclosure made during the past six years from the date of your request for purposes other than treatment, payment, and health care operations.
- Request a restriction on medical information used or disclosed about you for treatment, payment or health care operations. You also have the right to limit medical information provided to someone who is involved in your care like a family member or friend.
- Request information and a copy of this notice by contacting us at Kentucky Racing Health and Welfare Fund, Richard Riedel, Privacy Officer, 422 Heywood Avenue, Louisville, KY 40208 or at (502) 636-2900 ext. 104 if you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about your PHI.
- You may also contact the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. Your complaint can be sent by email, fax, or mail to the Office of Civil Rights. For more information, see their website at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. No action will be taken against you for filing a complaint.

Effective September 23, 2013

Revised January 6, 2015