

Notice of Privacy Practices

Effective Date: April 14, 2013

Revised on: July 7, 2015

Laurel County Health Department
525 Whitley Street
London KY 40741
Phone:(606)864-5187

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

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment for services rendered, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information (PHI). This notice applies to the Laurel County Health Department and its programs.

HOW WE MAY USE AND DISCLOSURE YOUR PROTECTED HEALTH INFORMATION (PROTECTED HEALTH INFORMATION)

We may use and disclose your protected health information to carry out treatment, payment or other health care operations. The following are examples of how your confidential information may be disclosed or used:

- **Treatment:** We may use or disclose your protected health information as part of a referral with other providers (Business Associates) to provide, manage and coordinate your medical treatment and/or service. For example, we may share your protected health information with other physicians and health care providers, to ensure that the medical provider has the necessary medical information to diagnose and provide treatment to you.
- **Payment:** Your protected health information will be used to obtain payment for your health care services. For example, we will provide your health care plan with the information it requires prior to paying us for the services we have provided to you. This use and disclosure may also include certain activities that your health plan requires prior to approving a service, such as determining benefits eligibility and prior authorization, etc.
- **Health Care Operations:** We may use and disclose your protected health information to manage, operate, and support the business activities of the Laurel County Health Department. These activities include, but are not limited to, quality assessment, employee review, licensing, fundraising, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate which provider you are seeing. We may also call you by name in the waiting room when your nurse or nurse practitioner is ready to see you. We may use or disclose your protected health information, to contact you to remind you of your appointment by phone, text, email via an automatic system, or by U.S. mail. We may also use or disclose your protected health information to leave a message reminding you of your appointment or to request you return a call to our office on the answering machine or voice mail. We may also inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Required by Law:** We may use or disclose your protected health information when required to do so by local, state, federal, and international law.
- **Abuse, Neglect, and Domestic Violence:** We may disclosed to the appropriate government agency if there is belief that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the patient agrees or it is required by federal and state laws. In addition, your information may also be disclosed when necessary to prevent a serious threat to your health or safety or the health and safety of others to someone who may be able to help prevent the threat. We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect.

- **Legal Proceedings/Law Enforcement:** We may disclose your protected health information in response to a court or administrative order; response to a subpoena; request for discovery; or other legal processes. We will disclose your protected health information for law enforcement purposes when all applicable legal requirements have been met. The law enforcement purposes include: limited information requests for identification and location purposes; pertaining to victims of a crime; suspicion that death has occurred as a result of criminal conduct; in the event that a crime occurs on the premises of the Laurel County Health Department and medical emergency and it is likely that a crime has occurred. In addition, we may disclose information to government agencies.
- **Coroners and Medical Examiners:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
- **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Health Oversight Activities:** We may disclose protected health information to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights law.
- **Inmates:** We may disclose your protected health information to a correctional institution or law enforcement official having custody of you. The disclosure will be made necessary if the following conditions apply: to provide health care to you; for the health and safety of others; and the safety, security and good order of the correctional facility.
- **Military, National Security, and other Specialized Government Functions:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provisions of protective services to the President or others legally authorized.
- **Immunizations:** We will provide proof of immunizations to a school that requires a patient's immunization record prior to enrollment or admittance of a student in which you have informally agreed to the disclosure for yourself or on behalf of your legal dependent.
- **Worker's Compensation:** We may disclose your protected health information as authorized to comply with worker's compensation laws and other similar legally established programs.
- **Business Associates:** We may disclose your Protected Health Information to our business associates who provide us with services necessary to operate and function as a medical practice. We will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to our business operations. For example, we may use a separate company to process our billing or transcription services that require access to a limited amount of your health information. Please know and understand that all of our business associates are obligated to comply with the same HIPAA privacy and security rules in which we are obligated. Additionally, all of our business associates are under contract with us and committed to protect the privacy and security of your Protected Health Information.

USES AND DISCLOSURES IN WHICH YOU HAVE THE RIGHT TO OBJECT AND OPT OUT

- **Communication with family and/or individuals involved in your care or payment of your care:** Unless you object and request a restriction, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgment.
- **Disaster:** In the event of a disaster, your protected health information may be disclosed to disaster relief organizations to coordinate your care and/or to notify family members or friends of your location and condition. Whenever possible, we will provide you with an opportunity to agree or object.
- **Fundraising:** We may disclose your protected health information to contact you regarding fundraising events and efforts. You have the right to object or opt out of these types of communications. Please let our office know if you would NOT like to receive such communications.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will not disclose or use your protected health information in the following situations without first obtaining written authorization to do so. In addition to the uses and disclosures listed below, other uses not covered in this Notice will be made only with your written authorization. If you provide us with authorization, you may revoke it at any time by submitting a request in writing:

- Most uses and disclosures of psychotherapy notes.
- Protected health information for marketing purposes and any sale of protected health information.

PROTECTED HEALTH INFORMATION AND YOUR RIGHTS

The following are statements of your rights, subject to certain limitations, with respect to your protected health information:

- **You have the right to inspect and copy your Protected Health Information (reasonable fees may apply):** You have the right to inspect and copy your protected health information in paper or electronic format with a written request and with reasonable notice. Under federal law, you may not inspect or copy the following types of records: psychotherapy notes, information compiled as it relates to civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
- **You have the right to request Amendments:** You have the right to request your medical information be changed. To request a change in your medical information, submit your request in writing to Privacy Officer in care of Laurel County Health Department; 525 Whitley St; London, KY 40741. We have the right to deny changes in medical records.
- **You have a right to receive an accounting of certain disclosures:** You have the right to receive a list of disclosures we have made, if any, of your confidential health information. This right applies to disclosures for the purpose other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.
- **You have the right to request restrictions of your Protected Health Information:** You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction applied. The

Laurel County Health Department has the right to not agree with a restriction that you may request. If the Laurel County Health Department believes, it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the Jessamine County Health Department agrees to your restriction, we are prohibited from disclosing your protected health information.

- **You have a right to request to receive confidential communications:** You have a right to request confidential communications from us by alternative means or at an alternative location.
- **You have a right to receive a paper copy of this notice:** You have the right to obtain a paper copy of this notice from us, upon request even if you have agreed to accept this notice electronically.

CHANGES TO THIS NOTICE

We have the right to change this Notice of Privacy Practices. If we make a change to this notice we are required to provide you with a copy of the new Notice of Privacy Practices. Changes will be distributed on the website, in person and/or posted at the health department.

We are required by law to abide the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent to you in the mail or asking for one at the time of your next appointment. A current copy of the Notice will be posted at the Laurel County Health Department.

COMPLAINTS

If you wish to file a complaint with us, please submit it in writing to our Privacy/Compliance Officer in care of Laurel County Health Department; 525 Whitley St; London, KY 40741.

If you wish to file a complaint with the Secretary of the United States Department of Health and Human Services, please go to the website of the Office for Civil Rights (www.hhs.gov/ocr/hipaa/), or call toll free 877-696-6775, or mail to:

Secretary of the US – Department of Health and Human Services
200 Independence Ave S.W.
Washington, D.C. 20201

No retaliation will occur against you for filing a complaint.

QUESTIONS

We are required by law to provide individuals with this notice of our legal responsibilities and privacy practices with respect to protected health information. We are also required to maintain the privacy of, and abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone.