

Calloway County Health Department

NOTICE of PRIVACY PRACTICES

Effective Date 7/1/11

Revised 9/23/13

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

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice, which is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Our intent is to make you aware of the possible uses and disclosures of your Protected Health Information (PHI) and you privacy rights.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect
- Notify you if we are unable to agree to a restriction/amendment you request and accommodate reasonable requests you have to communicate health information by alternative means or at alternative locations.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you or PHI, but does not include all possibilities. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by completing the required forms.

As Required by Law. We will disclose PHI when required to do so by international, federal, state or local law. By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you.

For Treatment. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office such as pharmacists, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We may use your information to determine your eligibility for other services. For example, staff may look at your record when reviewing the quality of services you are provided. We may use/disclose medical information to contact you as a reminder that you have an appointment. We may call you by name in the waiting room when we are ready to see you.

Business Associates. We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to process our billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. Information shall be made available on a need-to-know basis for these activities associated with compliance with regulatory agencies.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

OTHER PERMITTED AND REQUIRED USES AND SHARING THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT.

We may use and share your PHI. It will be limited to the requirements of the law including but not limited to the following instances:

Required by Law:

We may use/disclose your PHI if law or regulation requires the use/disclosure.

Public Health Emergencies:

We may use or share your PHI in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable. Finally, we may use or share your PHI with an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

◆ Under KRS 214.020 When there is a **probability** that any infectious or contagious disease will invade this state, we may take such action and adopt and enforce such rules and regulations as we deem efficient in preventing the introduction or spread of such infectious or contagious disease or diseases within this state, up to and including a quarantine and isolation.

◆ Under KRS 214.010 Every physician shall report all diseases designated by regulation of the Cabinet for Health Services as reportable which are under his special treatment to the local board of health of his county, and every head of a family shall report any of said diseases, when known by him to exist in his family, to the local board or to some other board member.

Public Health:

As required by law, we may disclose your PHI to state and federal public health, or legal authorities charged with preventing or controlling disease, injury, or disability. We may share your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may be at risk of getting or spreading the disease or condition. Information will be released to avert a serious threat to health or safety. Any disclosure, however, would only be to someone authorized to receive that information pursuant to law.

Under 902 KAR 2:055, the health department may disclose/share immunization information without authorization from the patient or the patient's parent or guardian, if the patient is a minor, if the person or agency requesting the information provides health related or education services on behalf of the patient or has a public health interest or is an institution which required evidence of immunizations pursuant to state law.

◆ Under KRS 194A.060, all records and reports of CHS (or CHR) which directly or indirectly identify a patient or client, or former patient or client, of the Cabinet, are confidential.

◆ Under KRS 214.420, all information in the possession of local health departments or CHS concerning persons tested for, having, or suspected of having sexually transmitted diseases, or identified in an epidemiologic investigation for sexually transmitted diseases, is strictly confidential. A general authorization for the release of medical or other information is not sufficient to authorize release of this information. Breach of this confidentiality is considered a violation under KRS 214.990.

◆ Under KRS 214.181, no test results relating to human immunodeficiency virus are to be disclosed to unauthorized persons.

◆ Under KRS 222.271, treatment records of alcohol and drug abuse patients are confidential.

◆ Under KRS 216.2927, raw data used by the Kentucky Health Policy Board are confidential. This includes data, data summaries, correspondence, or notes that could be used to identify an individual patient, member of the general public, or employee of a health care provider.

◆ Under KRS 202A.091, court records relating to hospitalization of the mentally ill are confidential. Violation of the confidentiality of these records is a Class B misdemeanor under KRS 202A.991.

◆ Under KRS 202B.180, court records relating to mental retardation admissions are confidential. Violation of the confidentiality of these records is a Class A misdemeanor under KRS 202B.990.

◆ Under KRS 210.235, all records which directly or indirectly identify any patient, former patient, or person whose hospitalization has been sought, are confidential.

◆ Under KRS 211.902, the names of individuals are not to be disclosed in connection with lead poisoning records, except as determined necessary by the Cabinet Secretary.

◆ Under KRS 211.670, lists maintained by hospitals, and all information collected and analyzed, relating to the Kentucky birth surveillance registry (concerning birth defects, stillbirths, and high risk conditions) are to be held confidential as to the identity of the patient. Violation of this confidentiality is a Class A misdemeanor under KRS 211.991.

◆ Under KRS 213.131, unauthorized disclosure or inspection of vital records is unlawful. Violation of the confidentiality laws for vital statistics is a Class B misdemeanor under KRS 213.991

Food and Drug Administration (FDA):

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Abuse, Neglect, Exploitation:

We may disclose your relevant PHI to the Cabinet for Families and Children or other appropriate government authority that is authorized by law to receive reports of abuse, neglect and exploitation. In addition, we may disclose your relevant PHI if we believe that you have been a victim of abuse, neglect, exploitation or domestic violence to the governmental agency authorized to receive such information.

Health Oversight:

We may share your PHI with health oversight agencies such as federal and state Departments of Health and Human Services, Medicare/Medicaid Peer Review Organizations, the United States Department of Agriculture (USDA) or the Center for Disease Control (CDC) for activities such as audits, investigations and inspections or compliance with civil rights laws.

Data Breach Notification Purposes:

We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

Judicial and administrative proceedings:

We may disclose PHI during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Coroners, Funeral Directors, and Organ Donation:

We may disclose PHI 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 relevant PHI 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. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research. Under certain circumstances, we may use and disclose PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information (See Cabinet for Health Services Administrative Order, CHS 01-08, August 28, 2001) (Institutional Review Board for the Protection of Human Subjects). For all other research, uses and disclosures of PHI must be authorized in writing by the patient.

Law Enforcement/Legal Proceedings:

We may disclose health records for law enforcement purposes as required by law or in response to a valid subpoena, discovery request or other lawful process. These law enforcement purposes include (1) legal processes; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of the Department, including its facilities; and (6) medical emergency and it is likely that a crime has occurred. Also we may disclose information to government agencies.

Correctional Institution or Individuals in Custody:

Should you be an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the Corrections Cabinet health information necessary for your health and the health and safety of other individuals.

Military, National Security, Protective Services, Intelligence Activities:

If you are involved with the military, national security protective services or intelligence activities, we may release your health information to the proper authorities so they may carry out their duties under the law.

Workers Compensation:

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Information that is not Personally Identifiable:

We may disclose information about you in a way that does not personally identify you or reveal who you are.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected PHI 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 on our professional judgment. If a patient is deceased, the decedent's information is no longer considered PHI after a 50-year period.

Disaster Relief. We may disclose your Protected PHI to disaster relief organizations that seek your Protected PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected PHI will be made only with your written authorization:

1. Uses and disclosures of Protected PHI for marketing/fundraising purposes;
2. Disclosures that constitute a sale of your Protected PHI; and
3. Uses and disclosures of patient genetic information (including family history) for underwriting purposes by all health plans, except long-term care plans.

Other uses and disclosures of Protected PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to the health department and we will no longer disclose Protected PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

Although your health record is the physical property of the health department that compiled it, the information belongs to you. According to the Federal Privacy Rules, 45 CFR Part 164, you have the following rights regarding PHI we have about you:

Right to Inspect and Copy. You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this PHI, you must make your request, in writing, to the health department. We have up to 30 days to make your Protected PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances.

Right to an Electronic Copy of Electronic Medical Records. If your Protected PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected PHI in the form or format you request, if it is readily producible in such form or format. If the Protected PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected PHI.

Right to Amend. If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the health department.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the health department.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the health department. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your Protected PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the health department. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, please send a written request to the address below.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We reserve the right to change our practices and to make the new policies effective for all PHI we maintain at the time. We will post a copy of our current notice at our health department and a copy will be provided at your next visit. The notice will contain the effective date on the first page.

WHERE DO YOU SEND QUESTIONS OR REQUESTS: To submit questions or contact the health department, please refer to the following information:

Calloway County Health Department
602 Memory Lane
Murray, KY 42071
(270) 753-3381

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, SW, Room 615F, Washington, DC 20201. To file a complaint with our office, contact Calloway County Health Department at the address above. All complaints must be made in writing. **You will not be penalized for filing a complaint. In addition, no retaliation will occur against you for filing a complaint.**