

Organizations, the United States Department of Agriculture (USDA) or the Centers for Disease Control (CDC) for activities such as audits, investigations and inspections, and compliance with civil rights laws.

**Research:**

We may disclose information 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).

**Coroners, Funeral Directors, and Organ Donation:**

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 relevant 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.

**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 and otherwise required by law; (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 for national security and intelligence reasons. For example, during an FBI investigation we may release information in response to a lawful subpoena or order of the court.

**Correctional Institution:**

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

**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.

**RIGHT TO PAPER COPY OF NOTICE**

You have the right to receive a paper copy of this Notice at any time. To receive a paper copy, send a written request to the **Health Department address on the back of this notice.** You may also find it online at [www.fchd.org](http://www.fchd.org).

**CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

The Franklin County Health Department has the right to change this Privacy Notice at any time. If we do make a change, we will revise this Notice and promptly distribute it to all clients. The Franklin County Health Department is required by law to comply with the current version of this Notice until a new version has been distributed.

**COMPLAINTS**

If you believe your privacy rights have been violated, and wish to make a complaint, you may file a complaint by calling/writing:

- The Health Department Privacy Officer at the **number and address listed below.**
- The Secretary of Health and Human Services at: Secretary of Health and Human Services Room 615F 200 Independence Ave. SW Washington, DC 20201. For additional information, call 877-696-6775.
- United States Office of Civil Rights by calling 866-OCR-PRIV (866-627-7748) or 866-788-4989 TTY.

**POLICY OF NON-RETALIATION**

The Franklin County Health Department cannot take away your health care benefits or retaliate in ANY way if you choose to file a privacy complaint or exercise any of your privacy rights.



**Public Health**  
Prevent. Promote. Protect.

Franklin County Health Department  
100 Glens Creek Road  
Frankfort, KY 40601  
502-564-4269

**FRANKLIN COUNTY HEALTH DEPARTMENT NOTICE OF PRIVACY PRACTICES**

Effective Date: 04/14/2003

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

**WHAT IS THIS NOTICE?**

This Notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This notice tells you:

- How Franklin County Health Department (FCHD) and its contracted business partners may use and give out your protected health information to carry out treatment, payment or health care operations and for the purposes permitted or required by law.
- What YOUR rights are regarding the access and control of your health information.
- How the Franklin County Health Department protects your health information.

**OUR PRIVACY PROMISE TO YOU**

Your health information is personal. The Franklin County Health Department is legally required to protect the privacy of your data. It does so in all aspects of its business. The FCHD has policies about protecting the privacy of your data. **These policies comply with State and Federal laws.** This health department uses and gives out your health information only where required by law or where necessary for business.

**WHERE DO YOU SEND QUESTIONS OR REQUESTS?**

To submit questions about your privacy rights or to submit a written request to Franklin County Health Department regarding your privacy right, write the Health Department at:  
Franklin County Health Department  
100 Glens Creek Road  
Frankfort, KY 40601

Or, you may call the Health Department Privacy Officer by dialing (502) 564-9784.

**FRANKLIN COUNTY HEALTH DEPARTMENT RESPONSIBILITIES**

This health department is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the notice currently in effect.
- Notify you if we are unable to agree to a restriction/amendment you request.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

The Franklin County Health Department reserves the right to change our practices and to make the new provisions effective for all Protected Health Information (PHI) we maintain at the time. Should our information practices change, this information will be posted in the health department and a copy will be provided at your next visit.

We also maintain a website that provides information about our customer services or benefits and will post our new notice on that website, [www.fchd.org](http://www.fchd.org).

We will not use or disclose your health information without your authorization, except as described in this notice.

### **UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Each time you receive a service from a health department, hospital, physician, or other healthcare provider, a record of your visit is made. This record contains information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and identifies you, or there is a reasonable basis to believe the information may identify you. For example, this information, often referred to as your health or medical record, serves as a:

- Basis for planning your care.
- Means of communication among the many health professionals who are involved in your care.
- Means by which you or a third-party payer can check that services billed were actually provided.

Your health record contains Protected Health Information (PHI). State and Federal law protects this information. Understanding that we expect to use and share your health information helps you to:

- Make sure it is correct,
- Better understand who, what, when, where and why others may access your health information, and,
- Make more informed decisions when authorizing sharing with others.

### **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of the Franklin County Health Department that compiled it, the information belongs to you. Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Request a restriction on certain uses and sharing of your information (though we are not required to agree to any such request). This means you may ask us not to use or share any part of your PHI for purposes of treatment, payment or healthcare operation. You may also ask that this information not be disclosed to family members or friends who may be involved in your care.
- Request that we send you confidential communications by alternative means or at alternative locations.
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and obtain a copy of your health record.
- Request that your health record containing PHI be changed.
- Obtain a listing of certain health information we were authorized to share for purposes other than treatment, payment or health care operations after April 14, 2003.
- Take back your authorization to use or share health information except to the extent that action has already been taken.

### **EXAMPLES OF DISCLOSURES FOR SERVICES, PAYMENT AND HEALTH OPERATIONS**

*We will use your health information for services.*

*For example:* Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of services that should work best for you.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

*We will use your health information for payment.*

*For example:* A bill may be sent to a third-party payer, such as an insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

*We will use your health information for regular health operations.*

We may use/disclose your PHI in the course of operating the Franklin County Health Department and fulfilling its responsibilities. 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. Members of the risk or quality improvement team may use information in your health record to assess the quality and effectiveness of the healthcare and services we provide. We may use and disclose medical information to contact you as a reminder that you have an appointment.

We may use and disclose protected health information to tell you about or recommend treatment or other health-related benefits and services that may be of interest to you.

*Business Associates:*

There are some services provided by our health department through contracts with Business Associates. Examples include training and other educational services from major universities, auditors of our financial accounts, and agencies who act as third party payors on behalf of their employees receiving services. Information shall be made available on a need-to-know basis for these activities associated with compliance with regulatory agencies. Whenever an arrangement between our office and a business associate involves the use or sharing of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

### **USES AND SHARING OF INFORMATION SPECIFICALLY AUTHORIZED BY YOU:**

Uses and disclosures of your Protected Health Information beyond treatment, payment and operations, will be made only with your written authorization, unless otherwise permitted or required by law described below.

*Others involved in your Healthcare:*

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 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 on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

*Automated Reminders:*

Unless you object, we may contact you as a reminder that you have an appointment.

### **USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT:**

*Emergencies:*

We may use or share your protected health information 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 protected health information to 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.

### **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 Protected Health Information. It will be limited to the requirements of the law including but not limited to the following instances:

*Public Health:*

As required by law, we may disclose your Protected Health Information to state and federal public health, or legal authorities charged with preventing or controlling disease, injury, or disability. We may share your Protected Health Information, 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.

*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 Protected Health Information to the Cabinet for Families and Children that are authorized by law to receive reports of abuse, neglect and exploitation. In addition, we may disclose your relevant Protected Health Information 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 Protected Health Information to health oversight agencies such as federal and state Departments of Health and Human Services, Medicare/Medicaid Peer Review