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 Protected Health Information to a law enforcement officer, to the extent necessary to comply with laws relating to law enforcement purposes, including (6) to ensure national security and intelligence reasons. For example, during an FBI investigation we may release information in response to a lawful subpoena.

**Corrections Cabinet:**
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 a workers compensation claims administrator or similar program as required 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.

**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-RETRIBUTION**
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.
We maintain a website that provides information about our customer services and will post our new notice on that website, 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:

- 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 healthcare 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 and 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 DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO 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 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...