

**HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT (HIPAA)**  
**Bullitt County Health Department**  
**Notice of Privacy Practices**  
**Effective Date: April 14, 2003**  
**Amended March 26, 2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS IS A REQUIREMENT IMPOSED BY THE FEDERAL GOVERNMENT. PLEASE REVIEW IT CAREFULLY.**

This notice will tell you how we may use and disclose protected health information about you. Protected health information (PHI) means any health information including genetic information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. You will be asked to provide a signed acknowledgement of receipt of this notice.

**How We May Use and Disclose Protected Health Information (PHI)**

We may use or disclose your PHI as necessary to carry out treatment, payment or other health care operations. Some instances where your PHI may be disclosed are listed below:

**TREATMENT**

PHI may be used to provide and manage your health care. We may share PHI with other health care providers (Business Associates) as part of a referral to that provider. Business Associates are directly liable for compliance with HIPAA Privacy and Security Rule requirement.

**PAYMENT**

We may send a bill to a third party payer, such as an insurance company for payment. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures performed and supplies used. If you request, we will restrict certain protected health information from disclosure to health plans where you have paid out of pocket, in full for the care.

**HEALTH CARE OPERATIONS**

We may use and disclose your PHI for our own health care operations. For example, staff may look at your PHI when reviewing the quality of services you are receiving. Members of the risk or quality assessment/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 your PHI to determine your eligibility for additional services.

**MARKETING PURPOSES**

The HIPAA rule requires authorization for all treatment and health care operations communications where the covered entity receives financial remuneration for making the communications from a third party whose product or service is being marketed. Existing prohibitions on marketing must be reviewed and a risk assessment conducted to determine if any treatment and health care communications are subsidized by third parties.

**FUNDRAISING PURPOSES**

Covered entities may contact certain individuals who have had treatment and follow-up for specific ailments for fundraising purposes, this would be a separate use and disclosure. You have the right to opt out of receiving these fundraising communications.

**SCHOOLS**

Covered entities are permitted to disclose proof of immunizations to schools were State law requires the school to have such information prior to admitting the student.

**NOTIFICATION**

We may contact you by telephone or by mail at either your home or workplace, unless you tell us otherwise in writing. At either location, we may leave messages for you on the answering machine or voice mail. You have the right to request that we send you confidential communications by alternative means or at an alternative location. To request confidential communication, you must do so in writing to the Privacy Officer in care of the Bullitt County Health Department at 181 Lees Valley Rd; Shepherdsville, KY 40165. Your request must state how or where you can be contacted. We will accommodate your request. However, we may also require an alternate address, phone number or other method to contact you.

## **APPOINTMENT REMINDERS**

Unless you object, we may contact you as a reminder of your scheduled appointment either by telephone or by mail.

## **OTHERS INVOLVED IN YOUR HEALTHCARE**

Unless you object, we may disclose to a member of your family, a close friend or any other person you designate, your 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 if we determine that it is in your best interest based upon our professional judgment. We may use or disclose PHI 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. We may disclose your PHI after your death to family members and others who were involved in the care or payment for care prior to death unless doing so is inconsistent with any prior expressed preference by you, the decedent, to the covered entity. PHI extends to the information of a deceased person, per our retention schedule, after death.

## **DISASTER RELIEF**

We may use or disclose PHI about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

## **REQUIRED USES AND DISCLOSURES**

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

## **PUBLIC HEALTH ACTIVITIES**

As required by law, we may disclose your PHI to state and federal public health, 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.

## **ABUSE, NEGLECT, EXPLOITATION**

We may disclose your relevant PHI 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 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 for authorized activities such as audits, investigations, inspections, licensure or disciplinary actions. Such activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

## **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 Health 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.

## **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 his/her duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaver organ, eye or tissue donation purposes.

## **CORRECTIONAL INSTITUTIONS**

We may disclose your PHI to a correctional institution or law enforcement official having custody of you. The disclosure will be made necessary if the following conditions apply (1) to provide health care to you; (2) for the health and safety of others; and (3) the safety, security and good order of the correctional facility.

## **WORKERS COMPENSATION**

We may disclose your PHI to the extent necessary to comply with workers compensation and similar laws that provide benefits for work related injuries or illness without regard to fault.

## **OTHER USES AND DISCLOSURES**

Uses and disclosures of your PHI beyond treatment, payment and operations, will be made only with your written authorization, unless otherwise permitted or required by law as described above.

## **YOUR HEALTH INFORMATION RIGHTS**

You have the following rights concerning the PHI that we maintain about you. Although the medical record is the physical property of the health department, the information belongs to you.

## **RESTRICTIONS**

You have the right to request a restriction of certain uses and sharing of your PHI. This means you may ask us not to use or share any part of your PHI for purposes of treatment, payment or healthcare operations. You may also ask that this information not be disclosed to family members or friends who may be involved in your care. You may send your request for a restriction in writing to: Privacy

Officer in care of Bullitt County Health Department; 181 Lees Valley Rd; Shepherdsville, KY 40165. Your request should include (1) what information you want to limit; (2) whether you want to limit use or disclosure or both; (3) to whom you want the limits to apply (for example: disclosures to your spouse). We are not required to honor your requested restriction.

**CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we send you confidential communications by alternative means or at an alternative location. For information on how to receive confidential communications, see instructions under "NOTIFICATION" on page one (1) of this document.

**INSPECT AND COPY**

You have the right to inspect and receive a copy of your medical record, in whatever form that we maintain them. Requests to inspect and/or receive a copy of your medical record should be sent to Privacy Officer in care of Bullitt County Health Department; 181 Lees Valley Rd; Shepherdsville, KY 40165. Certain information contained in your record may be restricted by law from inspection or copying

**RIGHT TO AMEND**

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 Bullitt County Health Department; 181 Lees Valley Rd; Shepherdsville, KY 40165. We have the right to deny changes in medical records.

**DISCLOSURES**

You have the right to request to 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. Requests for a list of disclosures must be submitted in writing to the Privacy Officer in care of Bullitt County Health Department; 181 Lees Valley Rd; Shepherdsville, KY 40165.

**RETENTION**

The medical information contained in the medical record will be stored by the health department for a period of no less than six (6) years (or longer if state law mandates a longer period of record keeping).

**Health Department Responsibilities**

**PRIVACY**

We are required to maintain the privacy of your health information.  
We are required to provide you a copy of this notice of privacy practices.

**CHANGES IN NOTICE OF PRIVACY PRACTICES**

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.

You may obtain a copy of our current Notice of Privacy Practices at any time by requesting a copy in writing to the Privacy Officer in care of Bullitt County Health Department; 181 Lees Valley Rd; Shepherdsville, KY 40165.

**RESTRICTIONS/AMENDMENTS**

We are required to notify you in writing if we are unable to agree to a restriction or amendment you have requested.  
We are required to accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

**QUESTIONS, COMMENTS, COMPLAINTS**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Privacy Officer in care of Bullitt County Health Department; 181 Lees Valley Rd; Shepherdsville, KY 40165 or call (502) 955-7837.

To file a complaint you may contact the Privacy Officer; 181 Lees Valley Rd; Shepherdsville, KY 40165 or Office for Civil Rights; U.S. Department of Health and Human Services; Sam Nunn Atlanta Federal Center; Suite 16T70; 61 Forsyth St SW; Atlanta, GA 30303-1019 or call 1-800-368-1019, TDD 1-800-537-7697 or FAX 1-404-562-7881.

No retaliation will occur against you for filing a complaint.