



Lawrence County Health Department Privacy Notice

PLEASE READ CAREFULLY:

This privacy notice is required by the ***Health Insurance Portability and Accountability Act (HIPAA)*** of 1996.

The privacy of your medical information is very important to us at the **Lawrence County Health Department**. We need this record to provide you with quality and efficient healthcare.

This notice provides you with information on how your medical information may be used and disclosed and how you can access medical information. This notice also describes your rights in accessing and amending your medical health information.

Protected Health Information (PHI) is the information, either verbal or recorded, that is created or received by the **Lawrence County Health Department**. This is information that is used to provide services to you or information that allows us to receive reimbursement for services provided to you or anyone you may represent, such as dependents.

The following describes the ways we may use and disclose health information that identifies you. Except for the purposes described below we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

WITHOUT your signed authorization:

- **Treatment/services:** This includes the provision or management of healthcare and related services. ***We will not disclose psychotherapy notes, PHI for marketing purposes, and disclosures that constitute a sale of PHI without your authorization.***
- **Payment:** We will request payment from any payer source you list as a provider of reimbursement.
- **Healthcare Operations:** We may obtain services from other healthcare providers (business associates) to provide further evaluation, in order to meet state-mandated protocols or legal services. We will share your PHI with our business associates, as necessary. All of our business associates have agreed to all required confidentiality agreements to protect your information.
- **Public Health Law:** We will, as required by law, disclose your PHI to state and federal public health agencies as mandated, including the reporting of disease, injury, abuse and neglect and public health surveillance. This information will be given ONLY to authorized staff at the state and federal level of government.
- **Other:** We will disclose your PHI in the following situations without your signature: Food & Drug Administration regulations, legal proceedings, law

enforcement, coroners, funeral directors, organ donation, research, criminal activity & national security, and Workers' compensation.

Unless you object, we may disclose your PHI to notify a family member or other personal representative in an emergency.

We will contact you about *appointment reminders* and other health-related services that we may offer at the **Lawrence County Health Department**.

Other disclosures, including fundraising and marketing, will be made only with your consent.

YOUR RIGHTS:

- You have the right to request restricted access to all or part of your PHI in writing to our office in the format in which it is maintained.
- You must authorize the disclosure of psychotherapy notes, PHI or marketing purposes, and disclosures that constitute a sale of PHI.
- You have the right to restrict certain disclosures of PHI to a health plan where you have paid out of pocket in full for the healthcare item or service.
- You have the right to receive copies of your PHI. This request must be made in writing.
- You have the right to request that your medical record be amended to correct what you feel to be incorrect information. You may file a statement of disagreement with the contents of your medical record. Your statement will be reviewed by our Privacy Officer. If your amendment is denied, this denial will be attached to your medical record, along with your statement, and be disclosed with all further PHI releases.
- You have the right to complain if you believe we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. For further information on filing a complaint, contact the Privacy Officer at the **Lawrence County Health Department** at the address or phone number listed below.
- You have the right to be notified following a breach of unsecured PHI.

Please contact the Lawrence County Health Department's Privacy Officer if you have questions about this notice or if you believe your privacy rights have been violated.

**Attn: Privacy Officer
Lawrence County Health Department
1080 Meadowbrook Lane
Louisa, KY 41230
Phone: (606)638-4389 Fax: (606)638-3008
www.lawrencecountyhealthdepartment.com**