

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
READ CAREFULLY!!!**

If you have any questions about Jessamine County Health Department's Privacy Practices as outlined in this Notice, please contact our Privacy Officer at (859) 885-4149.

This Notice of Privacy Practices describes how we may use and disclose your confidential health information to carry out medical treatment, payment for services rendered or health care operations and for other purposes required under federal, state or local law, including regulatory agencies such as the Center for Medicare/Medicaid Services and the Office for Civil Rights. It also describes your rights to access and control your confidential health information. "Confidential health information" is information about you that may identify you and that relates to your health or condition and related health care services.

This Notice is in compliance with the Health Insurance Portability and Accountability Act which goes into effect April 14, 2003. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with a revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. A current copy of the Notice will be posted at the Todd County Health Department.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

The Jessamine County Health Department will use or disclose your confidential health information as described in this Section 1. Your confidential health information may be used and disclosed by Jessamine County Health Department, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your confidential health information may be used and disclosed to pay your health care bills at the Jessamine County Health Department.

The following are examples of how your confidential information may be disclosed or used:

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will disclose confidential health information to the physicians who may be treating you. For example, your confidential health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your confidential health information from time to time to another physician or health care provider who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment your physician.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing except to the extent that Jessamine County Health Department has already taken action in reliance on the use or disclosure indicated in the authorization

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of the Jessamine County Health Department. These activities include, but are not limited to, quality assessment activities, peer review, employee review activities, and conducting or arranging for other business activities.

We may call your name in the waiting room when your nurse or nurse practitioner is ready to see you. We may use or disclose your protected health information to contact you to remind you of an appointment, leave a message reminding you of your appointment or to request you return a call to our office. We may also use or disclose your protected health information to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Others involved in Your Healthcare: Unless you object and request a restriction, 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 upon our professional judgment.

Emergencies: We may use or disclose your personal health information in an emergency treatment situation, as determined by the healthcare provider.

Payment: Your confidential health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights law.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to a governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include legal processes and otherwise required by law; limited information requests for identification and location purposes; pertaining to victims of a crime; suspicion that death has occurred as a result of criminal conduct; in the event that a crime occurs on the premises of the Jessamine County Health Department and medical emergency and it is likely that a crime has occurred.

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 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.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person of the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provisions of protective services to the President or others legally authorized.

Workman's Comp: Your protected health information may be disclosed by us as authorized to comply with workman's compensation laws and other similar legally established programs.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means that you have the right, with reasonable notice, to obtain a copy of your medical record or to inspect your medical record. Under federal law you may not inspect the following records: psychotherapy notes, information compiled in anticipation of civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction applied.

The Jessamine County Health Department has the right to not agree with a restriction that you may request. If the Jessamine County Health Department believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the Jessamine County Health Department agrees to your restriction we are prohibited from disclosing your protected health information.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You have the right to receive a list of disclosures we have made, if any, of your confidential health information. This right applies to disclosures for the purpose other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

You have the right to obtain a paper copy of this notice from us, upon request even if you have agreed to accept this notice electronically.

This notice was published and becomes effective April 14, 2003 in accordance with HIPAA.