

Barren River

DISTRICT HEALTH DEPARTMENT

Barren, Butler, Edmonson, Hart, Logan,
Metcalfe, Simpson, and Warren Counties



HIPAA Privacy Notice

Effective July 1, 2018

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

This notice provides you with information on how your medical information may be used and disclosed and how you can access your 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 Barren River District Health Department and its eight county centers. This information is used to provide services to you. It also allows us to receive reimbursement for services provided to you or anyone you may represent, such as dependents.

We will use and disclose protected health information in the following ways:

WITHOUT your signed authorization:

Treatment/Services: This includes the provision or management of health care and related services. We will not disclose psychotherapy notes, PHI for marketing purposes, or 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.

Health Care Operations: We may obtain services from other health care 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 and 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 situation.

We will contact you about appointment reminders and other health-related services that we may offer at the Barren River District Health Department and its local centers.

Other disclosures 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 district office or local county office in the format in which it is maintained.

You must authorize the disclosure of psychotherapy notes, PHI for 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 health care 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 Barren River District Health Department at the address or phone number listed below.

You have the right to be notified following a breach of unsecured PHI.

OUR RESPONSIBILITIES:

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Please contact the Barren River District 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

Barren Rier District Health Department

P.O. Box 1157

Bowling Green, KY 42102

(270) 781- 8039