



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

PLEASE REVIEW IT CAREFULLY.

The Knox County Health Department (KCHD) and the practitioners involved in your care create a medical record of your health information in order to treat you, receive payment for services delivered, and to comply with certain policies and laws. We are required by federal and state law to maintain the privacy of your protected health information (PHI). We are also required by law to provide you with this Notice of our legal duties and privacy practices. In addition, the law requires us to ask you to sign an Acknowledgment that you received this Notice. This Notice describes your rights to access and control your protected health information. If you have questions about this Notice of Privacy Practices for the KCHD, please contact the privacy officer at 309-24.

Your Rights Under The Privacy Rule:

You have the right to receive a copy of this Notice: We reserve the right to change the terms of our notice at any time. If needed, a new version of this notice will be effective for all PHI that we maintain at that time. Upon request, we will provide you with a revised Notice if you call our office and request that a revised copy be sent to you in the mail. A copy of this Notice is accessible via our website @ www.knoxcountyhealth.org/HIPAA.

Restrictions: You have the right to request restrictions on how your PHI is used for purposes of treatment, payment and health care operations, however, the KCHD is not required to agree to a requested restriction. .

Communications: You have a right to receive confidential communications about your PHI. For example, you may request that we only call you at home. If your request is denied, the KCHD will notify you in writing as to the reason for the denial.

Inspect and Access: You have the right to inspect information used to make decisions about your care. This information includes billing and medical record information. In some cases you may not be entitled to inspect this record. You may copy your PHI in most situations. If you request a copy of your PHI, we may charge you a fee for making the copies and mailing them to you, if you ask us to mail them. If your request is denied, the KCHD will alert you in writing as to the reason for the denial.

Amendments of your Records: If you believe there is an error in your PHI, you have a right to request that we amend your PHI. We are not required to agree with your request to amend.

Accounting of Disclosures: You have a right to receive an accounting of disclosures that we have made of your PHI for purposes other than treatment, payment, and health care operations, or release made pursuant to your authorization.

Complaints: If you feel that your privacy rights have been violated, you may file a complaint with the KCHD by calling our Privacy Officer @ 309-344-2224. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC.

This is a list of some of the types of uses and disclosures of PHI that may occur:

Treatment: We may use and disclose your PHI to provide, coordinate, or, manage your health care and any related services. This also included the coordination or management of your health care with a third party that is involved in your care and treatment. We will also disclose PHI to other healthcare providers who may be involved in your care and treatment. We may also call you by name in the waiting room unless you tell us differently. We may use or disclose your PHI as necessary to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health related benefits and services offered by the KCHD. If you have a friend or family member involved in your care, we may give them PHI about you.

Payment: Your PHI will be used to obtain payment for your health care services that we render. For example, we send your PHI to Medicaid, Medicare, Social Security, or your insurance plan to obtain payment for our services.

Health Care Operations: We use your PHI for our operations. For example, we may use your PHI in determining whether we are giving adequate treatment to our clients. From time-to-time we may use your PHI to contact you to remind you of an appointment.

Legal Requirements: We may use and disclose your PHI as required or authorized by law. For example, we may use and disclose your PHI for the following reasons:

Health Oversight Activities: We may use and disclose your PHI to state agencies and federal government authorities when required to do so. We may use and disclose your health information in order to determine your eligibility for public benefit programs and to coordinate delivery of those programs. For example, we may give PHI to the Secretary of Health and Human Services in an investigation into our compliance with the federal privacy rule.

In Case of or Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

To the Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, to monitor product defects or problems, to report biologic product deviations, to track products, to enable product recalls, to enable product recalls; to make repairs or replacements, or to conduct post-marketing surveillance, as required.

Judicial and Administrative Proceedings: We may use and disclose your PHI in judicial and administrative proceedings. Efforts may be made to contact you prior to a disclosure of your PHI by the party seeking the information.

Law Enforcement: We may use and disclose your PHI in order to comply with requests pursuant to a court order, warrant, subpoena, summons, or similar process. We may use and disclose PHI to locate someone who is missing, to identify a crime victim, to report a death, to report criminal activity at our offices, or in an emergency.

Avert a Serious Threat to Health or Safety: We may use or disclose your PHI to stop you or someone else from getting hurt.

Coroners, Medical Examiners, and Funeral Director: We may use or disclose PHI to a coroner or medical examiner in some situations. For example, PHI may be needed to identify a deceased person or determine a cause of death. Funeral directors may need PHI to carry out their duties.

Armed Forces: We may use or disclose the PHI of Armed Forces personnel to the military for proper execution of a military mission. We may also use and disclose PHI to the Department of Veterans Affairs to determine eligibility for benefits.

National Security and Intelligence: We may use or disclose PHI to maintain the safety of the President or other protected officials. We may use or disclose PHI for the conduct of national intelligence activities.

Correctional Institutions and Custodial Situations: We may use or disclose PHI to correctional institutions or law enforcement custodians for the safety of individuals at the correctional institution, those that are responsible for transporting inmates, and others.

Public Health: We may use and disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. An example would be reporting lead screening results.

For Workers Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

If we seek help from individuals or entities who are not part of this Notice in our treatment, payment, or health care operations activities, we will require those persons to follow this Notice unless they are already required by law to follow the federal privacy rule.

Illinois Law: Illinois law also has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, genetic information, and alcohol or drug abuse treatment, you will be required to sign an authorization form unless state law allows us to make the specific type of use or disclosure without your authorization.

KCHD Effective Date: April 2003