

**NOTICE REGARDING PRIVACY OF PERSONAL HEALTH INFORMATION**

**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"**

Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPAA) require that the Kanawha-Charleston Health Department (KCHD) provide you with this **Notice Regarding Privacy of Personal Health Information**. The Notice describes (1) how the KCHD may use and disclose your protected health information, (2) your rights to access and control your protected health information in certain circumstances, and (3) the duties and contact information of the KCHD.

I. **Protected Health Information.** "Protected health information" is health information that is created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present or future physical or mental health; the provision of health care to you; and your past, present, or future payment for health care.

II. **The Use and Disclosure of Protected Health Information in Treatment, Payment, and Health Care Operation.**

Your protected health information may be used and disclosed by the KCHD in the course of providing treatment, obtaining payment for treatment, and conducting health care operations. Any disclosures may be made in writing, electronically, by facsimile, or orally. The KCHD may also use or disclose your protected health information in other circumstances if you authorize the use of disclosure, or if state law or HIPAA privacy regulations authorize the use or disclosure.

**Treatment.** The KCHD may use and disclose your protected health information in the course of providing or managing your health care as well as any related services. For the purpose of treatment, the KCHD may coordinate your health care with a third party.

**EXAMPLES: (1)** The KCHD may disclose your protected health information to a pharmacy to fill a prescription for medication, such as oral contraceptives, or, to order a mammography or ultrasound at a X-ray facility. **(2)** The KCHD Home Health Agency may disclose your protected health information to a laboratory to perform testing on specimen(s), or to your physician(s) for additional information to complete the Physician's Plan of Care.

**Payment.** When needed, the KCHD will use or disclose your protected health information to obtain payment for its services. Such uses or disclosures may include disclosures to your health insurer to get approval for a recommended treatment or to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. When obtaining payment for your health care, the KCHD may also disclose your protected health information to your insurance company to demonstrate the medical necessity of the care or for utilization review when required to do so by your insurance company. Finally, the KCHD may also disclose your protected health information to another provider where that provider is involved in your care and requires the information to obtain payment.

**Operation.** The KCHD may use or disclose your protected health information when needed for the health care operations, management, or administration of the Health Department's Clinic Services and Home Health Program in providing quality health care. Health care operations may include: (1) quality evaluation and improvement activities; (2) employee review activities and training programs; (3) accreditation, certification, licensing, or credentialing activities; (4) reviews and audits such as compliance reviews, medical reviews, legal services, and maintaining compliance program; (5) preparatory to research such as to aid recruitment for a study; (6) dealing with business associates such as billing services, management advisors, accountants, etc. provided that, they have assured us of safe guarding such information; and (7) business management and general administrative activities. For instance, the KCHD may use, as needed, protected health information of patients to review their treatment course when making quality assessment regarding clinic and home health care policies. In addition, the KCHD may disclose your protected health information to another provider, health plan or covered entity for their health care operation.

**Other Uses and Disclosures.** As part of treatment, payment, and health care operations, the KCHD may also use or disclose your protected health information to: (1) remind you of an appointment; You will be notified of your next appointment by phone and/or letter. If you object to this method of notification, you must advise the medical staff at the time of your visit. (2)

inform you of the results of x-rays, lab tests, etc. (3) inform you of potential treatment alternatives or options; or (4) inform you of health-related benefits or services that may be of interest to you.

III. **Additional Uses and Disclosures Permitted Without Authorization or an Opportunity to Object.** In addition to treatment, payment, and health care operations, the KCHD may use or disclose your protected health information without your permission or authorization in certain circumstances, including:

**When Legally Required.** The KCHD will comply with any Federal, state or local law that requires it to disclose your protected health information.

**When There Are Risks to Public Health.** The KCHD may disclose your protected health information for public health purposes, as permitted or required by law in order to:

1. Prevent, control, or report disease, injury, or disability;
2. Report vital events such as birth or death;
3. Conduct public health surveillance, investigations, and interventions;
4. Collect or report adverse event and product defects, track FDA regulated product, enable product recalls, repairs, or replacements, and conduct post marketing surveillance;
5. Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease; and
6. Report to an employer information about an individual who is a member of the workforce.

**To Report Abuse, Neglect Or Domestic Violence.** As required or authorized by law or with the patient's agreement, the KCHD may inform government authorities if it is believed that a patient is the victim of abuse, neglect or domestic violence.

**To Conduct Health Oversight agency.** The KCHD may disclose your protected health information to a health oversight agency for use in (1) audits; (2) civil, administrative, or criminal investigations, proceedings or actions; (3) inspections; (4) licensure or disciplinary actions; or (5) other necessary oversight activities as permitted by law. However, if you are the subject of an investigation the KCHD will not disclose protected health information that is not directly related to your receipt of health care or public benefits.

**For Judicial and Administrative Proceeding.** The KCHD may disclose your protected health information for any judicial or administrative proceedings if the disclosure is expressly authorized by an order of a court or administrative tribunal as expressly authorized by such order or a signed authorization is provided.

**For Law Enforcement Purposes.** The KCHD may disclose your protected health information to a law enforcement official for law enforcement purposes when:

1. Required by law to report of certain types of physical injuries;
2. Required by court order, court-ordered warrant, subpoena, summons, or similar process;
3. Needed to identify or locate a suspect, fugitive, material witness, or
4. Needed to report a crime in an emergency situation.
5. You are the victim of a crime in specific limited instances; and
6. Your death is suspected by the KCHD to be the result of criminal conduct.

**To Coroner, Funeral Directors, and for Organ Donation.** The KCHD may be disclose protected health information to a coroner or medical examiner for the purpose of (1) identification, (2) determination of cause of death, or (3) performance of the coroner or medical examiner's other duties as authorized by law. In addition, as permitted by law, the KCHD may disclose protected health information, including when death is reasonably anticipated to a funeral director to enable the funeral director to carry out his or her duties. Protected health information may be used and disclosed for the purpose of cadaveric organ, eye or tissue donation.

**For Research Purposes.** The KCHD may use or disclose your protected health information for research if such use or disclosure has been approved by an institutional review board or privacy board that has examined the research proposal and the research protocols which maintain the privacy of your protected health information.

**To Prevent or Diminish A Serious and Imminent Threat to Health or Safety.** If in good faith, the KCHD believes that use or disclosure of your protected health information is necessary to prevent or diminish a serious and imminent threat to your health or safety or to the health and safety of the public, the KCHD may use or disclose your protected health information as permitted under the law and consistent with ethical standards of conducts.

**For Specified Government Functions.** As Authorized by the HIPAA privacy regulations the KCHD may use or disclose your protected health

information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

**For Worker's Compensation.** The KCHD may disclose your protected health information to comply with worker's compensation laws or similar programs.

- IV. **Uses and Disclosures Permitted with an Opportunity to Object.** Subject to your objection, the KCHD may disclose your protected health information (1) to a family member or close personal friend if the disclosure is directly relevant to the person's involvement in your care or payment related to your care; or (2) when attempting to locate or notify family members or others involved in your care to inform them of your location, condition or death. The KCHD will inform you orally or in writing of such uses and disclosures of your protected health information as well as provide you with an opportunity to object in advance. Your agreement or objection to uses and disclosures can be oral or in writing. If you do not object to these disclosures, the KCHD is able to infer from the circumstances that you do not object, or the KCHD determines, in its professional judgment, that it is in your best interests for KCHD to disclose information that is directly relevant to the person's involvement with your care, then the KCHD may disclose your protected health information. If you are incapacitated or in an emergency situation, the KCHD may exercise its professional judgment to determine if the disclosure is your best interests and, if such a determination is made, may only disclose information directly relevant to your health care.

- V. **Uses and Disclosures Authorized by You.** Other than the circumstances described above, the KCHD will not disclose your health information unless you provide written authorization. You may revoke your authorization in writing at any time except to the extent that the KCHD have taken action in reliance upon the authorization.

- VI. **Your Rights.** You have certain rights regarding your protected health information under the HIPAA privacy regulations. These rights include:

**The right to inspect and copy your protected health information.** For as long as the KCHD holds your protected health information you may inspect and obtain a copy of such information included in a designated record set. A "designated record set" contains medical and billing records as well as any other records that your physician and the KCHD uses to make decisions regarding the services provided to you. The KCHD may deny your request to inspect or copy your protected health information if the KCHD determines in its professional judgment that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referred to in the information. You have the right to request a review of this decision.

In addition, you may not inspect or copy certain records by law, including: (1) information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; and (2) protected health information that is subject to a law that prohibits access to protected health information. You may have the right to have decision to deny access reviewed in some situations.

You must submit a written request to the Privacy Officer of the KCHD to inspect and copy your health information. The KCHD may charge you a fee for the cost of copying, mailing, or other costs incurred by the KCHD in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record at the number given on the last page of this Notice.

**The Right To Request a Restriction on Uses and Disclosures of Your Protected Health Information.** You may request that KCHD not use or disclose specific sections of your protected health information for the purposes of treatment, payment, or health care operations. Additionally, you may request that the KCHD not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice. In your request, you must specify the scope of restriction requested as well as the individuals for which you want the restriction apply. Your request should be directed to the Privacy Officer of the KCHD.

The KCHD may choose to deny your request for a restriction, in which case the KCHD will notify you of its decision. Once the KCHD agrees to the requested restriction, the KCHD may not violate that restriction unless use or disclosure of the relevant information is needed to provide emergency treatment. The KCHD may terminate the agreement to a restriction in some instances.

**The Right to Request to Receive Confidential Communications from the KCHD by alternative means or at an alternative location.** You

have the right to request that the KCHD communicate with you through alternative means or at an alternative location. The KCHD will make every effort to comply with reasonable requests. However, The KCHD may condition its compliance by asking you for Information regarding the procurement of payment or specific information regarding an alternative address or other method of contact. You are not required to provide an explanation for your request. Requests should be made in writing to the Privacy Officer of the KCHD.

**The Right To Request an Amendment of Your Protected Health Information.** During the time that the KCHD holds your protected health information, you may request an amendment of your information in a designated record set. The KCHD may deny your request in some instances. However, should the KCHD deny your request for amendment, you have a right to file a statement of disagreement with the KCHD. In turn, the KCHD may develop a rebuttal to your statement. If it does so, the KCHD will provide you with a copy of the rebuttal. Request for amendment must be submitted in writing to the Privacy Officer of the KCHD. Your written request must supply a reason to support the requested amendments.

**The Right To Request an Accounting of Certain Disclosures.** You have the right to request an accounting of the disclosures of your protected health information made for purpose other than treatment, payment or health care operations by the KCHD, as described in this Notice. The KCHD is not required to account for disclosure (1) that you requested. (2) which you authorized by signing an authorization form. (3) for a facility directory. (4) to friends or family members involved in your care and (5) certain other disclosures the KCHD is permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer and should state the time period for which you wish the accounting to include up to six-year period. The KCHD is not required to provide an accounting for disclosures that take place prior to April 14, 2003. The KCHD will not charge you for the first accounting you request of any 12-month period. Subsequent accounting may require a fee based on the KCHD reasonable cost for compliance of the request.

**The Right To Obtain a Paper Copy of This Notice.** The KCHD will provide a separate paper copy of this Notice upon request even if you have already been given a copy of it or have agreed to review it electronically.

- VII. **KCHD Duties.** The KCHD is required to ensure the privacy of your health information and to provide you with this Notice of your rights and the KCHD duties and procedures regarding your privacy. The KCHD must abide by the terms of this Notice, as may be amended periodically. The KCHD reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that the KCHD collects and maintains. If the KCHD alters its Notice, the KCHD will provide a copy of the revised Notice through regular mail or in-person contact.

- VIII. **Complaints.** If you believe that your privacy rights have been violated, you have the right to relate complaints to the KCHD and to the Secretary of the Department of Health and Human Services. You may provide complaints to the KCHD verbally or in writing. Such complaints should be directed to the Privacy Officer of the KCHD. The KCHD encourages you to relate any concerns you may have regarding the privacy of your information and you will not be retaliated against in any way for filing a complaint.

- IX. **Contact Person.** **The Privacy Officer for the KCHD is the person that you must contact regarding the duties of the KCHD, and your rights under the HIPAA privacy regulations. Complaints to the KCHD should be directed to the Privacy Officer at the following address:**

**Kanawha-Charleston Health Department  
108 Lee Street East  
Charleston, WV 25301**

**ATTN: Privacy Officer**

**The Privacy Officer can be contacted by telephone at  
(304) 348-8069**

- X. **Effective Date.**  
This Notice is effective on April 14, 2003