

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.

WEDCO District Health Department is required by law to maintain the privacy and confidentiality of your Protected Health Information (referred to as PHI) and to provide our patients with notice of our legal duties and privacy practices with respect to PHI.

❖ WEDCO May Disclose Your Health Care Information:

1. To other healthcare professionals within our practice for the purpose of treatment, payment or health care operations;
2. To insurance provider for the purpose of payment or health care operations. If you personally pay out of pocket in full for the service/care you may advise us NOT to share your information with your health plan by completing a Patient Record of Disclosures form;
3. As necessary to comply with State Worker's Compensation Laws;
4. To notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or your death;
5. To public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease or infection exposure. We may also disclose proof of immunization (without written authorization) to a school where State or other law requires the school to have such information prior to admitting the student;
6. In the course of any administrative or judicial proceeding, for military, national security, prisoner and government benefit purpose;
7. To law enforcement official(s) for purpose such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purpose;
8. To coroners or medical examiners. Information is not considered PHI 50 years after a person's death;
9. To organizations involved in procuring, banking, or transplanting organs and tissues;
10. To assess your care in an effort to improve the quality and safety of our service to you;
11. To researchers conducting research that has been approved by an Institutional Review Board; and
12. To appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of particular persons or to the general public.

❖ Your Health Information Rights – You have the right to:

1. Request restrictions on certain uses and disclosures of your health information. Please be advised, however, that WEDCO District Health Department is not required to agree to the restrictions that you request;
2. Have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request;
3. Access, inspect and obtain a copy of your PHI and to be notified if a breach of your PHI occurs;
4. Request that WEDCO District Health Department NOT share your information if you personally pay out of pocket in full for the service/care by completing a Patient Record of Disclosures form;
5. Request that WEDCO District Health Department amend your PHI. Please be advised, however, that WEDCO District Health Department is not required to agree to amend your PHI. If your request to amend your protected health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial;
6. Receive an accounting of disclosures of your PHI made by WEDCO District Health Department;
7. Opt out of any marketing or fund raising events; and
8. A paper copy of this Notice of Privacy Practices at any time upon request.

**CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

WEDCO District Health Department reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendments are made WEDCO District Health Department is required by law to comply with this Notice. WEDCO District Health Department is required by law to maintain the privacy with respect to your health information and to provide you with notice of its legal duties and privacy practice with respect to your health information. For additional information or for clarification about this notice, please contact WEDCO District Health Department at 859-234-8750.

**COMPLAINTS**

Complaints about your Privacy Rights or how WEDCO District Health Department has handled your health information should be directed to Crystal Caudill Miller by calling WEDCO District Health Department at 859-234-8750. If Crystal Caudill Miller is not available, you may make an appointment for a conference in person or by telephone within two (2) working days.

If you are not satisfied with the manner in which this office handles your complaints, you may submit a formal complaint to: Office of Civil Rights, U.S. Dept. of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Bldg., Washington, DC 20201.

I have read this Privacy Notice and understand my rights contained in this notice. By way of my signature below, I provide WEDCO District Health Department my authorization and consent to use and disclose my PHI information for the purpose of treatment, payment, and health care operations as described in this Privacy Notice. Additionally, by reflecting my signature below, I acknowledge receipt of a copy of this notice.