3. How we might use your Protected Health Information:

The law says the Madison County Health Department may use your Protected Health Information for these reasons:

- For use by doctors, nurses, APRNs, and other healthcare providers who need to treat you at MCHD, in your home, or your child’s school.
- To bill and get paid for the treatment we gave you. For example, we might give your information to Medicaid, Medicare, or another insurer so that we will be paid.
- To operate within our programs standards. For example, to review the quality of the care we give you.
- To share with healthcare providers we refer to or that refer to us.
- To remind you of your appointment, and to provide information about health related benefits and services, which may include sending information to your home. You can tell us if you do not want to get this information.

4. We can share your Protected Health Information with your authorization when:

- You sign a valid authorization; you may cancel this authorization in writing at any time.
- Uses or disclosures of protected health information (PHI) for marketing purposes requires authorization;
- The disclosure or sale of PHI requires authorization;
- Contact for telephonic or text appointment reminders requires authorization.

5. We can share your Protected Health Information without your authorization when:

- It is required by law e.g.; suspect child abuse or neglect.
- There might be abuse, neglect, domestic violence, or criminal activity.
- There is a court order.
- We need to review your records to make sure we are following the law.
- We need to collect information about disease or injury, or to report births and deaths to other healthcare providers.
- We need to give the information to an agency that reports or looks at illness or injury that is unusual.
- We need to share your information with coroners and funeral directors in the case of your death, and with organ, tissue and blood donor agencies.
- We need to share your information with law enforcement, prisons, or the military, etc. if there is a threat to health and safety.
- When releasing to public health agencies to help control and track reportable diseases, injury, or disability.

6. You can refuse to share your Protected Health Information:

If you do not want others to have your Protected Health Information as designated in #2 you must state this in writing. This may limit the ability of other health care providers to treat you. If you are too sick, you may not be able to decide “no”. Where possible, you must be given the opportunity to say “no” in writing.

We agree to restrict the disclosure of PHI to a health plan when you (the patient) paid for the service or item in question out of pocket in full;

We will only disclose the PHI to the following: Nature
- To operate within our programs standards, to bill and get paid for the treatment we gave you
- To bill and get paid for the treatment we gave you
- To share health care providers with
- To remove your information from our records
- To provide information about health related benefits and services, which may include sending information to your home
- To operate within our programs standards
- To share with healthcare providers we refer to or that refer to us

7. You have other rights. You may:

- Ask that we limit the use of your Protected Health Information

We do not have to agree to those limits. If we do agree, we will do so in writing and will follow your requests unless there is an emergency, or unless law enforcement, the courts, or the government ask for the information. We will not agree to your requests if they are against the law. You may verbally cancel this limit with us.

Tell us how and where to contact you. We will do our best to follow your instructions.

8. You have a right to be notified when a breach of your unsecured PHI has occurred:

In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances, our business associate may provide the notification.

9. Madison County Health Department contact person:

If you have questions about this Privacy Notice or complaints about our privacy practices, please contact our Privacy Officer, Madison County Health Department, 216 Boggs Lane, Richmond, KY 40476

10. You may file a complaint:

If you think we have made a mistake with protecting your information you can report this by writing to us, or to the U.S. Department of Health Human Services at HHS Privacy Advocate John Fanning, HHH Bldg., Room 440-D, Washington, C. 20201. There will be no retaliation for filing a complaint.