

# NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE LOCAL HEALTH DEPARTMENT, AS PART OF THE HEALTHY LIVING WITH DIABETES PROGRAM (HLWD) AND HOW YOU MAY ACCESS YOUR INFORMATION. PLEASE READ CAREFULLY. YOU WILL BE ASKED TO SIGN AN ACKNOWLEDGEMENT FORM UPON RECEIPT OF THIS NOTICE.

## YOUR RIGHTS

When it comes to your health information, the sections below explain your rights regarding your medical information. **TO MAKE ANY OF THE REQUESTS BELOW, CALL YOUR DIABETES EDUCATION COORDINATOR AT \_\_\_\_\_.**

### You may request additional copies of this *Notice of Privacy Practices*.

- You may request a paper copy of this Notice, free of charge, at any time.

### You may request an electronic or paper copy of your medical record.

- We will provide a copy of your medical and health information within thirty (30) days of your request. We reserve the right to charge a nominal fee for this service.

### You may ask us to correct or amend your medical record.

- If you believe your record is incorrect or incomplete, you may fill out an amendment request and submit it to us with documentation of the error.
- We can only modify records created by HLWD.
- We reserve the right to deny this request if requirements are not met. We will notify you of a denial within thirty (30) days.

### You may specify ways we communicate with you.

- You may specify ways we may contact you (for example, only by phone or email or at a particular address).

### You may ask us to limit what medical or personal information we use or share.

- You may ask us to limit information we use or share for treatment, payment, or in our operations.
- We reserve the right to refuse this request if it would affect how we care for you or if it would keep us from sharing information as required by law.

### You may request we share your information in certain situations, including:

- When you want information shared with family, close friends, or others involved in your care.
- During a disaster relief situation.
- During fundraising drives (for example, to request donations or sponsorships). Upon request, we will remove you from contact lists for fundraising purposes. We will not share your information for marketing purposes without your prior written permission.
- In very limited situations (for example, if you are unconscious at time of treatment), we may share information necessary to minimize threats to your health and safety.

### You may request a list of who has received your medical or health information from us.

- Upon request, we will provide you a listing of where your information was shared, how often it was shared, and why it was shared. Information will be released in accordance with current U.S. Department of Health and Human Services (HHS) guidelines.
- The listing for the current year will be provided free of charge. A listing beyond the current year will be provided but may require payment of a nominal administrative fee.

### You may choose someone to act on your behalf.

- You may choose an individual to whom you have given medical power of attorney or who serves as your legal guardian to act on your behalf regarding sharing your medical and health information. We must verify this status before sharing information on your behalf.

### You may file a complaint if you feel your rights were violated.

- You may contact the Compliance Officer of the local health department at the following phone number: \_\_\_\_\_.
- You may contact the U.S. Department of Health and Human Services Office for Civil Rights (OCR) by phone at 1-868-368-1019, by email at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), by visiting online at <http://www.hhs.gov/hipaa/filing-a-complaint/> or by sending a letter to OCR, HHH Building, Room 509F, 200 Independence AVE S.W., Washington, DC 20201.
- You will not be retaliated against for filing a complaint.

For more information about your rights, please visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticpepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticpepp.html).

## OUR USES & DISCLOSURES

The section below explains ways we use your medical and health information.

### To treat you:

- We may share your information with professionals who are treating you (for example, we send your healthcare provider a summary of the HLWD services you participated in).

### To operate our accredited/ HLWD program:

- We may share your information to improve care and to contact you (for example, to phone you after a missed appointment).
- We will enter the health information you provided to us onto <https://edu.chronicdiabetes.com>, a diabetes self-management education & support data management system. This is password protected and HIPAA compliant. Only authorized users have access to data.

### To comply with law:

- We may share non-identifying information about you, as required by law, to ensure compliance and in prevention efforts (for example, supporting product recalls). More information regarding these requirements is available at: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).
- We may share information about you, as required by law, to respond to organ and tissue donation requests, to provide information to a medical examiner or funeral director, or to address workers' compensation claims, law enforcement and other governmental agency requests, and to respond to lawsuits and legal actions.

### To contact you:

- We may contact you regarding appointment scheduling, treatment and service options, and to inform you of health-related services, benefits, or products.

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly in case of a breach of your medical and/or health information.
- We will follow the duties and practices detailed in this notice.
- We will not share your information other than as described in this notice, unless you provide written permission to share your information in other ways. You may withdraw permission, in writing, at any time.

## CHANGES TO THE TERMS OF THIS NOTICE

- The terms of this *Notice of Privacy Practices* may be changed at any time in order to comply with law. When changes are made, the new notice will be available upon request at the local health department that provided your diabetes education services.

The effective date of this Notice of Privacy Practices is Sept. 1, 2020. This notice applies to all local health departments participating in the Healthy Living with Diabetes program, as part of the Ky Diabetes Prevention & Control Program.

