

**CABINET FOR HEALTH AND FAMILY SERVICES  
COMMONWEALTH OF KENTUCKY**

Effective Date: April 14, 2003

**“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.”**

*What is a Notice of Privacy Practices?*

This Notice is an explanation of the privacy practices adopted by the Division of Protection and Permanency (DPP) within the Department for Community Based Services (DCBS) in the Cabinet for Health and Family Services (CHFS) in accordance with the Health Insurance Portability and Accountability Act of 1996. It explains how we will treat any of your health information in our possession and your rights with regard to that information.

*How does it benefit you?*

The Cabinet for Health and Family Services is required to maintain the privacy of your personal health information and must give you this notice that describes our legal duties and privacy practices with regard to personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, with few exceptions, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. Some specific exceptions include finalized adoption and termination of parental rights, which require specific Court order for release in most cases. We must follow the privacy practices described in this notice.

*Reservation of Right to Change Notice.*

We reserve the right to change this notice of privacy practices and the privacy practices described. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, you will receive a revised copy.

*Uses and Disclosures: Written authorization not required.*

Without a written authorization form signed by you, CHFS can use your health information for the following purposes:

1. **Treatment.** Although CHFS will never be providing direct treatment for your medical needs, we may need to provide your health information to other entities, including, but not limited to, medical personnel, medical institutions, or community partners in order to ensure that you receive our protective services to the fullest extent. Frequently, Department for Community Based Services (DCBS) social workers provide members of the medical profession with health information in order to obtain their expertise and knowledge as to whether protective services are needed, or to provide treatment when necessary.
2. **Payment.** For example, in order for Medicaid to pay for your health care treatment, the Child Placement Section in the Division of Protection and Permanency within the Department for Community Based Services in the Cabinet for Health and Family Services receives your health information from direct treatment providers and transmits that information electronically to the Department for Medicaid Services in the Cabinet.
3. **Health Care Operations.** CHFS may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of the health care service we coordinate. These quality and cost improvement activities may include evaluating the performance of our computer system, our staff, assessment procedures, matching of needs to services, etc.

Furthermore, CHFS may need to use personal health information, such as your name, address, phone number and treatment dates, to provide protective services or carry out the Cabinet's responsibilities under state and federal law. For example, if your child is committed to the care of CHFS, your personal health information and that of your child will be released to the child's caregiver to the extent necessary for health care services to be coordinated and maintained.

4. **To those involved with your care or payment of your care.** If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, CHFS may release important information about you to those people. The information released to these people may include your location within a facility, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. You have the right to agree or disagree verbally or in writing to such a

release, unless there is an emergency. It is our duty to give you enough information so you can decide whether or not to object to release of your health information to others involved with your care.

5. ***As required or permitted by law.*** Sometimes CHFS must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to disclose health information in a judicial or administrative proceeding, or to respond to a court order.
6. ***For health oversight activities.*** CHFS may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
7. ***For public health activities.*** CHFS may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include, but is not limited to, using your medical record to report certain diseases, injuries, birth or death information, or information related to child abuse or neglect.
8. ***For research.*** Under certain circumstances, and only after approval by our Institutional Review Board as required by federal law, CHFS may use and disclose your health information for research. Such research might try to find out whether a certain treatment is effective in curing an illness.
9. ***To avoid a serious threat to health or safety.*** As required by law and standards of ethical conduct, CHFS may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.
10. ***For military, national security, or incarceration/law enforcement custody.*** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, CHFS may release your health information to the proper authorities so they may carry out their duties under the law.
11. ***For workers' compensation.*** CHFS may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.
12. ***For activities related to death.*** CHFS may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
13. ***For organ, eye or tissue donation.*** CHFS may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes if you have chosen to be an organ donor as evidenced by written documentation.

**Uses and Disclosures: Written Authorization Required.**

Except for the situations listed above, CHFS must obtain your specific written authorization for any other release of your health information.

**Withdrawal of Written Authorization.**

If you sign an authorization form, you may withdraw your authorization at any time, subject to the limitations in 45 C.F.R. Part 164.508(b)(5), as long as your withdrawal is in writing. If you wish to withdraw your authorization, please sign and date the withdrawal, then submit your written withdrawal to the CHFS Ombudsman's Office, HIPAA Compliance Officer at the following address:

Cabinet for Health and Family Services  
Ombudsman's Office  
Attn: CHFS HIPAA Compliance Officer  
275 East Main Street (1E-B)  
Frankfort, Kentucky 40621

**Your Health Information Rights**

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the CHFS Ombudsman's Office, HIPAA Compliance Officer. Specifically, you have the right to:

1. ***Inspect and copy your health information.*** With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes, finalized adoption, termination of parental rights or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information.
2. ***Request to correct your health information.*** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

3. ***Request restrictions on certain uses and disclosures.*** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restrictions. If you request a restriction and we agree to it, such restriction will remain in effect until (a) you request a termination of the restriction in writing, (b) you orally agree to the termination and that oral agreement is documented, or (c) we inform you that we are terminating the restriction (Only protected health information received after the date of this notification is not subject to the restriction.).
4. ***As applicable, receive confidential communication of health information.*** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.
5. ***Receive a record of disclosures of your health information.*** In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30 day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list incidental disclosures, disclosures made pursuant to an authorization, disclosures made to you, or disclosures made for purposes of treatment, payment, health care operations, directories, national security, law enforcement/corrections, and certain health oversight activities.
6. ***Obtain a paper copy of this notice.*** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.
7. ***Complain.*** If you believe your privacy rights have been violated, you may file a complaint with us and with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact the CHFS Ombudsman's Office, HIPAA Compliance Officer, who will provide you with the necessary assistance and paperwork.

Questions or Concerns.

**If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the CHFS Ombudsman's Office, HIPAA Compliance Officer at (502) 564-5497. You may send any written correspondence to the:**

**Cabinet for Health and Family Services  
Ombudsman's Office  
Attn: CHFS HIPAA Compliance Officer  
275 East Main Street (1E-B)  
Frankfort, Kentucky 40621**