



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to the information.

Your Rights

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly. A copy of this privacy notice is also available at www.ltdhd.org .
Choose someone to act for you	If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	You can complain if you feel we have violated your rights by contacting the Privacy Officer at 270-769-1601 or by writing to Lincoln Trail District Health Department, Attention: Privacy Officer at 108 New Glendale Road, P.O. Box 2609, Elizabethtown, KY 42701. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ . We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
In these cases we never share your information unless you give us written permission:	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Most sharing of psychotherapy notes (<i>Note: LTDHD does not create or maintain psychotherapy notes.</i>) • We will never share any substance abuse treatment records without your written permission, unless required by law.
In the case of fundraising:	We may contact you for fundraising efforts, (examples are donations or sponsorships), but you can tell us not to contact you again.

Uses & Disclosures

We typically use or share your health information in the following ways.

Treat you	We can use your health information and share it with other medical professionals who are treating you.
Run our organization	We can use and share your health information to run our practice, manage your treatment, improve your care, and contact you when necessary.
Bill for your services	We can use and share your health information to bill your health insurance and get payment from health plans or other entities.
Help with public health and safety issues	We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone’s health or safety, or participation in health information exchanges diseases and immunization registries.
Do research	We can use or share your information for health research.
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Respond to organ and tissue donation requests	We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	We can use or share health information about you: for workers’ compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, or for special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Law enforcement	We can use or share health information about you: to identify or locate a suspect, fugitive, or missing person, to provide information about a suspected death or victim of crime, or to provide information about a crime that may have occurred at our facility. We will share information about you to a correctional facility when necessary to protect your health and safety, the safety of others and for the security of the correctional facility.

Contacting you

We may use and disclose your health information to contact you for the purpose of: appointment reminders for scheduled appointments, alternative treatment options or services that you may be interested in, or health related services, benefits, or products that you may be interested in.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website, www.ltdhd.org.

Effective Date: April 15, 2024

This Notice of Privacy Practices applies to the following sites: All Lincoln Trail District Health Department facilities

Lincoln Trail District Health Department
P.O. Box 2609
108 New Glendale Road
Elizabethtown, KY 42701

For more information contact the Privacy Officer at 270-769-1601 or go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.