

## Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") describes the legal obligations of *Franklin County Fiscal Court Health Plan* (the "Health Plan") and your legal rights regarding certain health information, called protected health information, held by the Health Plan under the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and the corresponding regulations (collectively referred to as "HIPAA"). The Health Plan is sponsored by *Franklin County Fiscal Court*.

### Contact Person

If you have any questions about this Notice or about the Health Plan's privacy practices, or wish to exercise any of your privacy rights, please contact *Vicki Webb*, [vicki.webb@franklincounty.ky.gov](mailto:vicki.webb@franklincounty.ky.gov).

### Effective Date

This Notice is effective 11/6/25.

### How the Health Plan Uses and Discloses Protected Health Information

Under HIPAA, the Health Plan may use or disclose protected health information under certain circumstances without your permission, provided that the legal requirements applicable to the use or disclosure are followed. The following categories describe the different ways that the Health Plan may use and disclose your protected health information. Not every use or disclosure in a category will be

listed. However, all of the ways the Health Plan is permitted to use and disclose information will fall within one of the categories. Most of the time, the Health Plan will use, disclose, and request only the minimum information necessary for these purposes.

**For Treatment.** The Health Plan may use or disclose protected health information to facilitate medical treatment or services by health providers. The Health Plan may disclose health information about you to health care providers, including doctors, nurses, technicians, or hospital personnel who need the information to take care of you. For example, the Health Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription conflicts with your current prescriptions.

**For Payment.** The Health Plan may use or disclose protected health information to make payments to health care providers who are taking care of you. The Health Plan may also use and disclose protected health information to determine your eligibility for Health Plan benefits, to evaluate the Health Plan's benefit responsibility, and to coordinate Health Plan coverage with other coverage you may have. For example, the Health Plan may share information with health care providers to determine whether the Health Plan will cover a particular treatment. The Health Plan may also share your protected health information with another organization to assist with financial recoveries from responsible third parties.

**For Health Care Operations.** The Health Plan may use and disclose protected health information to run the Health Plan. For example, the Health Plan may use protected health information in connection with quality assessment and improvement activities; care coordination and case management; underwriting, premium rating, and other activities relating to Health Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Health Plan administrative activities. However, the Health Plan will not use genetic information for underwriting purposes.

**To Business Associates.** The Health Plan may contract with third parties, known as "Business Associates," to perform various functions or provide various services on behalf of the Health Plan. To

perform these functions or to provide these services, Business Associates may receive, create, maintain, transmit, use, and disclose protected health information, but only after they agree in writing to safeguard protected health information and respect your HIPAA rights. For example, the Health Plan may disclose protected health information to a third-party administrator to process claims for Health Plan benefits.

**As Required by Law.** The Health Plan will disclose protected health information when required to do so by federal, state, or local law.

**To Prevent a Serious Threat to Health or Safety.** The Health Plan may use and disclose protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**To the Employer.** The Health Plan may disclose protected health information to certain employees of the Employer who are involved with Health Plan administration. These employees are permitted to use or disclose protected health information only to perform plan administration functions or as otherwise permitted or required by HIPAA, unless you have authorized further disclosures. Protected health information cannot be used for employment purposes without your specific authorization.

**Workers' Compensation.** The Health Plan may disclose protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

**Public Health.** The Health Plan may disclose protected health information for public health activities, including, for example, to prevent or control disease, injury, or disability; or to report child abuse or neglect.

**Health Oversight.** The Health Plan may disclose protected health information to a health oversight agency for activities authorized by law, including, for example, audits, investigations, inspections, and

licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. The Health Plan may disclose protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement. The Health Plan may disclose protected health information if asked to do so by a law-enforcement official in certain limited circumstances.

Family Members. The Health Plan may disclose protected health information to a family member or close personal friend who is involved in your care or payment for your care or for notification purposes. Generally, you will have an opportunity to object to these disclosures. With only limited exceptions, all mail regarding the Health Plan will be sent to the employee unless we have agreed otherwise. This includes mail relating to participation of the employee's spouse and other family members in the Health Plan, such as availability of Health Plan benefits and information on the processing of any Health Plan benefits (including explanations of benefits (EOBs)).

Coroners, Medical Examiners, and Funeral Directors. The Health Plan may disclose protected health information to a coroner, medical examiner, or funeral director, as necessary for them to carry out their duties.

National Security and Intelligence Activities. The Health Plan may disclose protected health information to authorized federal officials for national security activities authorized by law.

Military. The Health Plan may disclose protected health information as required by military and veterans authorities if you are or were a member of the uniformed services.

Research. In very limited situations, the Health Plan may disclose protected health information to researchers; however, usually we will need to get your authorization.

Compliance With HIPAA. The Health Plan is required to disclose protected health information to the United States Department of Health and Human Services when requested to determine compliance

with HIPAA.

Authorizations. Other uses or disclosures of protected health information not described above will be made only with your written authorization. For example, the Health Plan generally needs your authorization to disclose psychiatric notes about you; to use or disclose protected health information for marketing; or to sell protected health information. You may revoke your authorizations at any time, so long as the revocation is in writing. However, the revocation will not be effective for any uses or disclosures made in reliance upon the authorization.

### Your Rights

You have the rights described below with respect to protected health information about you, subject to certain conditions and exceptions. You can get more information by connecting with the Contact Person identified on the first page of the Notice.

Right to Have Personal Representative Act on Your Behalf. You have the right to designate one or more persons to act on your behalf as your personal representative. A personal representative is someone who, under applicable law, is authorized to make decisions related to your health care. The Health Plan may require the personal representative to provide documentation of their authority to make health care decisions on your behalf. For example, the Health Plan may ask to see a health care power of attorney.

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Health Plan benefits. The Health Plan will work with you to provide the requested information in the form and format you requested; a mutually agreeable alternative form and format; or another form and format permitted by law. You must submit your request to inspect or copy protected health information in writing to the Contact Person. If you request a copy of the information, then the Health Plan may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. The Health Plan may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, then your review rights will be explained to you.

**Right to Amend.** If you believe that protected health information the Health Plan has about you is incorrect or incomplete, then you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Plan. To request an amendment, your request must be made in writing and submitted to *Vicki Webb*, [vicki.webb@franklincounty.ky.gov](mailto:vicki.webb@franklincounty.ky.gov). In addition, you must provide a reason that supports your request. If the Health Plan denies your request, you will receive an explanation, and you will have the right to file a statement of disagreement. The Health Plan may include a rebuttal statement, and any future disclosures of the disputed information will include your statement and the Health Plan's rebuttal.

**Right to an Accounting of Disclosures.** You have the right to request a list (i.e., an "accounting") of certain times the Health Plan has shared protected health information about you with others. You must submit your request in writing to *Vicki Webb*, [vicki.webb@franklincounty.ky.gov](mailto:vicki.webb@franklincounty.ky.gov) stating the time period you want the accounting to cover, which may not be longer than six years before the date of the request. The first accounting you request within a 12-month period will be provided free of charge. For additional accountings within the same 12-month period, the Health Plan may charge you for the costs of providing the accounting. The Health Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on how the Health Plan uses and discloses protected health information about you for treatment, payment, or health care operations. You also have the right to request a limit on protected health information that the Health Plan discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. The Health Plan generally is not required to agree to your request. However, if the Health Plan agrees to the request, the Health Plan will honor the restriction until you revoke it or the Health Plan notifies you. To request restrictions, you must make your request in writing *Vicki Webb*, [vicki.webb@franklincounty.ky.gov](mailto:vicki.webb@franklincounty.ky.gov). You must identify (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply-for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that the Health Plan

communicate with you in a certain way or at a certain location, such as only sending communications by U.S. mail or only leaving voicemail messages. To request confidential communications, you must make your request in writing to *Vicki Webb*, [vicki.webb@franklincounty.ky.gov](mailto:vicki.webb@franklincounty.ky.gov). The Health Plan will not ask you the reason for your request. Your request must specify how or where you wish to communicate, and the Health Plan will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice even you previously agreed to receive this Notice electronically. To obtain a paper copy of this notice, contact *Vicki Webb*, [vicki.webb@franklincounty.ky.gov](mailto:vicki.webb@franklincounty.ky.gov).

#### The Health Plan's Responsibilities

HIPAA requires the Health Plan to:

- maintain the privacy of protected health information;
- provide you with a copy of this Notice;
- follow the terms of the Notice that is currently in effect; and
- notify affected individuals following a breach of unsecured protected health information.

The Health Plan reserves the right to change the terms of this Notice and to make new provisions effective for all protected health information that the Health Plan maintains, including protected health information created or received prior to any revision. If significant changes are made to this Notice, then the Health Plan will furnish you with a copy of the revised Notice.

#### Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Health Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Health Plan, contact *Vicki Webb*, [vicki.webb@franklincounty.ky.gov](mailto:vicki.webb@franklincounty.ky.gov). All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint.