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| health or safety | health or safety, if made to someone reasonably able to prevent or lessen the threat (including Disclosures to the target of the threat); includes Disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Health Care Provider reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody |
| Public health activities | Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; Disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and Disclosures to the Food and Drug Administration to collect or report adverse events or product defects; or to notify individuals of recalls of medication or products they may be using |
| Victims of abuse, neglect, or domestic violence | Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law |
| Judicial and administrative proceedings | Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Health Care Provider may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information) |

Right to access/copy of electronic records

You have the right to access and request a copy of your health information which is maintained electronically in one or more designated record sets or you may request that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.

Right to obtain a paper copy of this notice from the Health Care Provider upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

To contact someone to exercise your rights as listed above, you may contact the Secretary of the Department wherein the Health Care Provider is located, same being:

Individual/Phone No. Clinic secretary / 270/809-2446

Address: 125 Alexander Hall, Murray, Kentucky 42071

Changes to the information in this notice

The Health Care Provider must abide by the terms of the Privacy Notice currently in effect.