The Knox County Health Department (KCHD) is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include identifying information that directly or indirectly identifies you. We will share the information with such business associates as necessary to provide quality health care. The Knox County Health Department (KCHD) is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include identifying information that directly or indirectly identifies you. We will share the information with such business associates as necessary to provide quality health care.

**YOU HAVE THE RIGHT TO:**

- Request a restriction on certain uses and disclosures of your health information. You may also ask us to restrict the request in writing to our office. We are not required to agree to your request.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office.
- Inspect and copy your health record and billing record. You may also request to inspect and copy your record in the course of treatment as a result of a request for payment or authorization to make the payment. We will not make the requested 
- Request that your health care record be amended to correct 
- Receive an accounting of disclosures of your health information as required to be maintained by law or in response to a request for payment or authorization to make the payment. We will not make the requested 

**YOUR HEALTH INFORMATION RIGHTS**

The health and billing records we maintain are the physical property of KCHD. Regulating your protected health information, you have the right to:

- Request a restriction on certain uses and disclosures of your health information. You may ask us to restrict the request in writing to our office. We are not required to grant the request but we will comply with any request granted.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office.
- Inspect and copy your health record and billing record. You may make a request in writing to our office. We are not required to grant the request but we will comply with any request granted.
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- Request that your health care record be amended to correct 

**TO REQUEST INFORMATION OR FILE A COMPLAINT**

If you have questions, would like additional information, or want to request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or upon your request, or disclosures made to family members or friends in the course of providing care; we will receive your request and provide you with assistance on the steps to take to exercise your rights.

**FUNCTIONS**

- Maintain the privacy of your health information as required by law.
- Abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for an accounting of disclosures.
- Notify you in the event there is a breach of unsecured protected health information.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy by going to our website. www.knoxcounty.org/health, or by calling or visiting our office.

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