



CITY-COUNTY HEALTH DEPARTMENT

NOTICE OF PRIVACY PRACTICES SUMMARY

This Summary is attached to the City-County Health Department *Notice of Privacy Practices*. Due to the length and detail of the *Notice of Privacy Practices*, we offer this Summary as an introduction to the intent of the Notice.

The attached *Notice of Privacy Practices* describes your right to control the use and/or disclosure of your personal health care information as it relates to health care Treatment, Payment and Other health care operations (TPO). Your right to inspect your health record, request amendment when appropriate, receive an accounting of disclosures for non-treatment, payment, and other health information purposes, as well as all other rights to confidentiality, is further detailed in the attached *Notice of Privacy Practices*.

City-County Health Department is required by law, professional ethics and agency guidelines to protect and maintain the privacy of your confidential health information. The attached *Notice of Privacy Practices* provides instruction for filing a complaint if you believe that your privacy rights have been violated.

We encourage you to read the attached *Notice of Privacy Practices*, as it will inform you of your rights regarding the use and/or disclosure of your confidential health care information. You are required by CCHD to sign and date this *Notice of Privacy Practices Summary*, as confirmation that you have been given a copy of the Notice and have had an opportunity to read and discuss it with your health care professional, if you choose to do so.

By signing this form, I confirm that I have been given/offered a copy of the City-County Health Department *Notice of Privacy Practices* and have had my questions about the Notice of Privacy Practices answered to my satisfaction.

Signature: _____ Date: _____