

**HAMILTON COUNTY GOVERNMENT
JOINT NOTICE OF PRIVACY PRACTICES TO INCLUDE PART 2 PROGRAMS**

Effective Date: July 1, 2026

FEDERAL LAW PROVIDES PATIENT RIGHTS RELATED TO HEALTH INFORMATION AND PROTECTS THE CONFIDENTIALITY OF SUBSTANCE USE DISORDER RECORDS.

Hamilton County Government (“HCG”) is a hybrid covered entity regulated by HIPAA and has Covered Entity Components (“CEC”) that provide services regulated by HIPAA and Title 42, Part 2 (“Part 2”). On March 18, 2026, the Hamilton County Commission passed Resolution No. 326-19, designating its CECs. The CECs listed below may share your protected health information (“PHI”) with each other, as necessary to carry out treatment, payment, or health care operations related to HCG.

COVERED ENTITY COMPONENTS

Hamilton County Health Department (“HCHD”); Emergency Medical Services (“EMS”); EMS Billing; Drug Recovery, Mental Health, and Veterans Treatment Courts; Alternative Sentencing; and the Compliance, Privacy, & Security Officers

COMPONENTS THAT AT TIMES PERFORM COVERED FUNCTIONS

Office of County Attorney, Human Resources, Risk Management, Mailroom, Hamilton County Sheriff’s Office, Juvenile Court, Information Technology, Telecommunications, Records Management Department, Economic & Community Development, Office of County Auditor, & Hamilton County Administration.

PART 2 PROGRAMS

Medications for Opioid Use Disorder (“MOUD”) Bridge Program; Drug Recovery, Mental Health, & Veterans Treatment Courts; & Alternative Sentencing

This Joint Notice of Privacy Practices (“Joint Notice”) applies to all CECs and Part 2 Programs listed above. Each agrees to abide by the terms of this Joint Notice with respect to PHI and substance use disorder records, created or received, and will only use and disclose information as described in this Joint Notice or with written consent or authorization. Uses and disclosures not described in this Joint Notice will be made only with a valid authorization. **It is important for you to know that once released, your records may be further disclosed by the person who received your records and that those records will no longer be protected by HCG or its CECs.**

THIS JOINT NOTICE DESCRIBES HOW MEDICAL INFORMATION AND SUBSTANCE USE DISORDER RECORDS ABOUT YOU MAY BE USED AND DISCLOSED, YOUR PRIVACY RIGHTS, AND OUR RESPONSIBILITIES.

I. USES AND DISCLOSURES. CECs typically use or share your PHI in the following ways.

A. Treatment, Payment, and Health Care Operations (“TPO”) or Legal Proceedings. Your written consent for TPO allows CECs to use and disclose your PHI to any person or category of persons designated in the consent. You may also provide a separate written consent to disclose your PHI for legal proceedings using the same form.

1. Consent.

- a. HCG has elected that its CECs obtain consent for uses and disclosures of Protected Health Information (“PHI”) for Treatment, Payment, and Healthcare Operations (“TPO”), as permitted by HIPAA, except in cases of emergencies where you are unable to sign for consent.
- b. Substance use disorder (“SUD”) treatment records are protected under federal law, including 42 C.F.R. Part 2 and HIPAA, and applicable state law. Your treatment records can only be used or disclosed with your written consent, except as permitted by 42 C.F.R. Part 2, HIPAA, and applicable state law.
- c. You may provide a single, one-time consent for all future uses or disclosures for treatment, payment, and health care operation purposes, even for Part 2 Programs.
- d. You may also provide a single, one-time consent for legal proceedings.
- e. At any time, you may take back or revoke your consent or request restrictions of disclosure made with your prior consent for purposes of TPO or for legal proceedings, except to the extent that the CEC has already acted in reliance upon your consent.
- f. If you were mandated to treatment through the criminal legal system (including Drug Recovery Court, Mental Health Court, Veterans Treatment Court, or Alternative Sentencing) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, there may be consequences to revoking your consent. These consequences are clearly explained on the TPO or legal proceedings use and disclosure consent.

2. TPO Examples:

- a. **Treatment.** If you receive treatment and case management services through any CEC your PHI may be shared with other appropriate CECs and outside organizations for coordination of your care.
- b. **Payment.** Unless you pay for services in full and ask the CEC not to bill your insurance, CECs will use your information to obtain payment for services that you receive.
- c. **Healthcare Operations.** CECs may use and share your PHI to run operations, improve your care, and to contact you when necessary.

B. Uses and disclosures that generally do not require your authorization:

1. Required by law.

- a. **Minimum necessary.** These uses and disclosures must be limited to what is required by law.
- b. **Abuse, neglect, or domestic violence.** If there is a reasonable belief that you are a victim of abuse, neglect, or domestic violence, your information may be disclosed to a government authority authorized by law to receive these reports.
- c. **Health oversight activities.** A covered entity may disclose PHI to a health oversight agency for oversight activities authorized by law, including: audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.
- d. **Judicial or administrative proceedings.** Your medical records or testimony relating the content of such records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you, unless we have received your written consent **or** a qualified protective order.
- e. **Law enforcement purposes.** In certain specific instances, CECs may release PHI to a law enforcement official.

2. Medical Emergencies. Your PHI may be provided to medical personnel for a real medical emergency where you cannot provide written consent.

3. Management Audits, Financial Audits, and Program Evaluations. PHI may be shared internally and externally for these activities as permitted or required by law. Only the minimum necessary information will ever be disclosed for these purposes. Examples:

- a. HCG may perform a financial audit of its CECs.
- b. Federal and State grants may require evaluation of a CEC to ensure compliance with terms of a grant.

4. Public Health. CECs may disclose records for public health purposes, as required by law.

- a. **Reporting disease or injury.** Covered entities may be required to report certain diseases to the Hamilton County Health Department, which is required to report to the Tennessee Department of Health.
- b. **Conducting public health surveillance, investigations, or interventions.** The Health Department conducts public health surveillance, investigations, and interventions, such as in cases of Tuberculosis.
- c. **Child abuse or neglect.** HCHD is authorized to receive reports of child abuse or neglect. CECs must report child abuse or neglect to the HCHD.

- d. **Quality, safety, or effectiveness of a product or activity regulated by the FDA.** Your PHI may be disclosed to the Food and Drug Administration (“FDA”) where your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction. The information that is shared will be used only for the purpose of notifying you or your physicians of any potential danger.
 - e. **Persons at risk of contracting or spreading a disease.** The Health Department may disclose PHI, as needed, to notify a person that they have been exposed to a communicable disease.
 - f. **Workplace medical surveillance.** If the Health Department provides a health care service to you at the request of your employer, the Health Department may disclose your PHI to your employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries. The provider must provide you written notice that the information will be disclosed to your employer.
5. **Serious threat to health or safety.** In very specific circumstances, CECs may share PHI to avert a serious threat to health or safety.
 6. **Correctional institutions and custodial situations.** CECs may share PHI with jails for treatment or for safety purposes of the jail.
 7. **Decedents.**
 - a. **Coroners and medical examiners.** CECs may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties.
 - b. **Funeral directors.** CECs may disclose PHI to funeral directors as necessary to carry out their duties with respect to the decedent.
 8. **Worker’s Compensation.** CECs may disclose PHI to comply with workers' compensation laws.
- C. Your **written authorization** is required for all other requests. HIPAA permits HCG to require the use of its form for record requests. HCG reserves this right and asks that you complete its form when making a request for records. Please Note: Electronic signatures are not accepted, as there is no way to verify the intended purpose of the patient’s electronic signature. Following are examples of requests requiring written authorization:
1. **Psychotherapy notes and substance use disorder counseling notes** for any use or disclosure, except for the following:
 - a. Use by the person who created these records for your treatment;
 - b. Use or disclosure by the CEC for its own training programs; or
 - c. Use or disclosure by the CEC to defend itself in a legal action that you may bring.
 2. **Scientific Research.** CECs will never use or disclose your PHI for scientific research without your express consent.
 3. CECs will never use or disclose your information for any of the following:
 - a. **Marketing.**
 - b. **Sell of your PHI.**
 - c. **Fundraising.**
 4. Requesting a copy of your record or requesting your record be sent to another person/organization.

II. YOUR PRIVACY RIGHTS. You have the right to:

- A. At any time, take back or revoke your consent, or request restrictions of disclosure made with your prior consent for purposes of TPO or for legal proceedings, except to the extent that a CEC has already acted in reliance upon your consent.
- B. Tell a CEC to share your information with your family, close friends, or others involved in your care.
- C. Request and obtain restrictions of disclosures of PHI and confidential substance use disorder records to your health plan for those services that you have paid for in full at the time of service.
- D. Receive confidential communications of your PHI.
- E. Inspect and copy your PHI.
- F. Request amendment to your PHI. We will review your request, and will notify you in writing if it is denied.
- G. Receive an accounting of disclosures of your PHI for the past six (6) years. SUD programs must provide a reporting of all ePHI for the past three (3) years.
- H. A list of disclosures by a health care clearinghouse for the past three (3) years.
- I. Obtain a copy of this Joint Notice from any CEC upon request, in person, or by email.
- J. To exercise any of your rights, contact HCG’s Privacy Officer listed in Section IV.A.1. of this Joint Notice.

III. HAMILTON COUNTY GOVERNMENT’S DUTIES.

- A. Maintain the privacy of your records.
- B. Provide you with a Joint Notice on your first date of service or, in emergency situations, as soon as is possible.
- C. Document that you received or were offered a copy of this Joint Notice.
- D. Notify you following a breach of your records.
- E. Abide by the terms of the Joint Notice currently in effect.
- F. Prominently post the current version of the Joint Notice on the web site where information is provided to the public about CEC services.
- G. Prominently post the current version of the Joint Notice on the CEC’s web sites.
- H. Prominently post a copy of the current version of the Joint Notice in each CEC’s physical location.
- I. Notify recipients of part 2 records, in writing, that “42 CFR part 2 prohibits unauthorized use or disclosure of these records” and to include a copy of your written consent with each disclosure of part 2 records.
- J. HCG reserves the right to change the terms of this Joint Notice and to make the new Joint Notice provisions effective for all PHI that it maintains. When its Joint Notice is revised and approved by the County Commission, all CEC websites and locations will be updated with the revision. You will be given a copy of the revised Joint Notice and will be asked to sign a Joint Notice of Privacy Practices Receipt.

IV. COMPLAINTS.

- A. You may complain to Hamilton County Government and to the Secretary of the U.S. Department of Health and Human Services, if you believe your privacy rights have been violated.
 1. **Hamilton County Government:** For more information about how your information may be used and disclosed, your rights, our responsibilities, or how to file a complaint, please contact the HCG Privacy Officer, Angela M. Duncan, RHIA, CHPS:
Hamilton County Attorney’s Office, Attention: Privacy Officer
625 Georgia Avenue, Room 204, Chattanooga, TN 37402-1956
Phone Number: 1-833-484-8671/Email Address: HIPAA@HamiltonTN.gov
 2. **U.S. Department of Health and Human Services:** To file a complaint with the U.S. Department of Health and Human Services, contact the HHS Office for Civil Rights or access <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You are not required to report an alleged violation to either the Secretary or Part 2 program, but you may report to either or both.
U.S. Department of Health & Human Services
200 Independence Ave, SW, HHH Building, Room 509H, Washington, DC 20201
TTY 886-778-4989/Phone Number: 877-696-6775
- B. Neither HCG nor its CECs will retaliate against you for filing a complaint.