



Lexington-Fayette County Health Department

650 Newtown Pike
Lexington, KY 40508-1197
(859) 252-2371
(859) 288-2359 Fax
(859) 288-2455 Public Health Clinic Fax

May 13, 2025

Notice of Potential Breach of Protected Health Information

On April 11, 2025, the Lexington-Fayette County Health Department (LFCHD) became aware that three (3) HANDS referral forms retrieved from Baptist Health Hospital were located inside an employee's vehicle that was stolen on the evening of April 10, 2025. The stolen vehicle was retrieved by law enforcement, but the referral forms were no longer located in the vehicle. The forms inside of the stolen vehicle were completed by families that had recently given birth to a child at Baptist Health Hospital between the dates of March 19, 2025 and April 10, 2025. The HANDS referral form is a voluntary form that is completed by new parents and submitted to the maternity reception desk to be returned to LFCHD. The HANDS referral form includes the following information: name, telephone number, address, baby name and baby date of birth and the name of the referring agency.

At this time, LFCHD has no way to identify the three families affected by this data breach because the families were not yet participants in the program and the hospital maintains no records of the referral forms that are submitted. This public notification is to alert anyone who may have submitted a HANDS referral form at Baptist Health Hospital from March 19, 2025 – April 10, 2025 of a potential breach of identifiable information.

If you believe you may have been impacted, the following steps are recommended:

1. **Contact LFCHD** at the 859-252-2371 during the business hours of Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST) to determine whether your information may have been involved in this breach.
2. **Monitor your medical communications:** Stay alert for unusual or unexpected communication from healthcare providers or insurers. If you receive such correspondence and did not initiate care, notify your provider immediately.
3. **Request copies of you records:** If you have been referred to LFCHD for HANDS services, but have not yet received care, you may request to verify or resubmit your referral.

Please be assured that LFCHD is taking this matter very seriously and has implemented improved safeguards to prevent similar incidents from happening in the future. If you have any further questions, please contact the Compliance Officer at 859-252-2371 or Jessica.brown@lfchd.org

Sincerely,

A handwritten signature in cursive script that reads "Jessica Brown".

Jessica Brown, Esq.
Compliance Officer



Lexington-Fayette County Health Department

H.A.N.D.S.
650 Newtown Pike
Lexington, KY 40508-1197
(859) 288-2338
(859) 899-2242 Fax

HANDS PROGRAM

Referral Form

Referrals accepted prenatally and prior to the baby turning 90 days old.

HANDS is a home visitation program for all parents. Your baby deserves a safe, healthy and happy childhood, and we can provide support, community resources, and education to help you in reaching this goal. Please place an "X" beside the statement that best describes your current pregnancy:

___ This is my first pregnancy and/OR, I/We will be **first-time** parents.

___ This is NOT my first pregnancy, but my **spouse/partner** will be a **first time** parent.

___ This is not my first Pregnancy

 X I am interested in knowing more about the HANDS program and consent that someone from HANDS can contact me soon.

Parents Signature

Mother's Name _____
(Please Print)

Telephone: _____ **Alter #** _____

Address: _____

Babys Name: _____ **DOB/EDC** _____

We look forward to talking to you about our program! If you have any questions, please call **859-288-2338**.

Name of Referring Agency: _____ **DATE:** _____

Please Fax to Lex-Fayette County Health Dept. 859- 899-2242 or email it to **HANDS@LFCHD.ORG**

