

## HIPAA Notice of Privacy Practices



Name: \_\_\_\_\_ Unique Program ID: \_\_\_\_\_

### **I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **II. IT IS FloridaSDC's LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

By law we are required to insure that your PHI is kept private. The PHI constitutes information created or noted by the Florida Self-Directed Care program (FloridaSDC) that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. FloridaSDC is required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how FloridaSDC would use and/or disclose your PHI. Use of PHI means when the program would share, apply, utilize, examine, or analyze information; PHI is disclosed when FloridaSDC releases, transfers, gives, or otherwise reveals it to a third party outside of the program. With some exceptions, FloridaSDC may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, FloridaSDC is always legally required to follow the privacy practices described in this Notice. Please note that the FloridaSDC program reserves the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI already on file with FloridaSDC. Before the program makes any important changes to policies, we will immediately change this Notice and provide you with an updated copy.

### **III. HOW FloridaSDC WILL USE AND DISCLOSE YOUR PHI.**

#### **A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.**

The FloridaSDC program may use and disclose your PHI without your consent for the following reasons:

1. For treatment. FloridaSDC may disclose your PHI to physicians, psychiatrists, psychologists, social workers and other health care professionals in an emergency situation.
2. For health care operations. FloridaSDC may disclose your PHI to review the quality of the overall services that you have received or to evaluate the performance of the professionals who provided you with these services. FloridaSDC may also provide your PHI to contracted entities to ensure that we are in compliance with applicable standards and or laws.

#### **B. Certain Other Uses and Disclosures of your PHI Do Not Require Your Consent.**

1. When disclosure is required by federal, state, or local law, judicial, board, or administrative Proceedings or law enforcement.
2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
4. If disclosure is compelled by the patient or the patient's representative pursuant to Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm, PHI may be provided to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be danger to yourself or the person or property of others and if it is determined that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by the Child Abuse and Neglect Reporting law if there is a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by the Elder/Dependent Adult Abuse Reporting law if there is a reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you tell of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. If disclosure is compelled or permitted by the fact that you report the commission of or contemplation of a commission of a crime.
11. For public health activities.
12. For quality review health oversight activities.
13. For specific government functions which impact national security, or veterans or military personnel.
14. For research purposes which may result in improved practices.
15. For Workers' Compensation compliance purposes.
16. If an arbitrator or arbitration panel compels disclosure.
17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, such as HIPAA compliance.
18. If disclosure is otherwise specifically required by law.

#### **C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

1. Disclosures to family, friends or others. Your PHI may be provided to a family member, friend or other individual who you indicate is involved in your care, unless you object in whole or in part.

#### **D. Other Uses and Disclosures Require Your Prior Written Authorization.**

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In any other situation not described in Sections IIIA, IIIB and IIIC above, your written authorization will be obtained before using or disclosing any PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that action has not been taken subsequent to the original authorization) of your PHI.

### IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

#### A. The Right to See and Get Copies of Your PHI.

You have the right to see your PHI, or to get copies of it; however, you must request it in writing. If FloridaSDC does not have your PHI, but knows who does, we will advise you how you can get it. You will receive a response from the program within 30 days of our receipt of your written request. Under certain circumstances your request may be denied. If that is the case, FloridaSDC will give you, in writing, the reasons for the denial. Your right to a denial review will be explained as well. Copies of your PHI will not exceed \$ 1.00 per page. With your approval you may be provided a summary or explanation of the PHI, as well as to the cost, in advance.

#### B. The Right to Request Limits on Uses and Disclosures of Your PHI.

You have the right to ask that FloridaSDC limit the use and disclosure of your PHI. While FloridaSDC will consider your request, we are not legally bound to agree. If the program does agree to your request, those limits will be put in writing and abided by except in emergency situations. You may not limit the uses and disclosures that FloridaSDC is legally required or permitted to make.

#### C. The Right to Choose How Your PHI Is Sent to You.

It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method. FloridaSDC is obliged to agree to your request providing that your PHI can be given to you in the format you requested, without undue inconvenience.

#### D. The Right to Get a List of the Disclosures Made by FloridaSDC.

You are entitled to a list of disclosures of your PHI that FloridaSDC makes. The list will not include uses or disclosures to which you have already signed a consent/authorization for; uses or disclosures that are used for treatment, payment, or health care operations; or information sent directly to you or to your family. The list will also not include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 14th, 2003. Your request for an accounting of disclosures will be responded to within 60 days of receiving your request. The list will include disclosures made in the previous six years, beginning as of April 14th, 2003, unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed and the reason for the disclosure. This list is provided to you at no cost, unless you make more than one request in the same year, in which case charges based on a set fee for each additional request will apply.

#### E. The Right to Amend Your PHI.

If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that corrections be made to the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. Your request may be denied in writing, if it is found that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of FloridaSDC records, or (d) original source is other than the FloridaSDC program. A denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If your request is approved, FloridaSDC will make the change(s) to your PHI, inform you that the changes have been made and advise all others who need to know about the change(s) to your PHI.

#### F. The Right to Get This Notice by Email

You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

### V. HOW TO COMPLAIN ABOUT PRIVACY PRACTICES

If, in your opinion your privacy rights have been violated or if you object to a decision made about access to your PHI, you are entitled to file a complaint with the person listed below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about Florida Self-Directed Care privacy practices, no retaliatory action will be taken against you.

### VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice or any complaints about FloridaSDC's privacy practices, please contact FloridaSDC, 4495-304 Roosevelt Blvd, #327, Jacksonville, FL 32210, (904) 807-1306, or floridasdc4@cfijax.org.

### VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on July 1, 2009 and was updated June 26, 2009.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_