

**FLORIDA HEALTH CARE PLAN, INC.**  
**NOTICE OF PRIVACY PRACTICES**  
**Effective May 30, 2019**

**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.**

**Our Pledge Regarding Protected Health Information**

Florida Health Care Plan (FHCP) creates a record of the care and services you receive from FHCP. We need this information to provide you with quality care, administer your health care benefits, and comply with certain legal requirements. This notice applies to all of the records containing protected health information generated by FHCP. We understand that medical information about you and your health is personal and we are committed to protecting it.

Florida Health Care Plan (FHCP) will take every reasonable action to protect your health care information including the protection of your verbal, written, and electronic protected health information (e-PHI) using all means necessary while ensuring that the information is readily available to the providers that deliver your health care. FHCP implements appropriate administrative, technical, and physical safeguards to protect your health information across the organization from unintended or unauthorized use, disclosure, modification or loss.

**Introduction/Overview**

This Notice of Privacy Practices describes how FHCP may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

This notice describes the privacy practices of FHCP including:

- All divisions and departments of FHCP.
- All employees, staff and other FHCP personnel.
- All FHCP volunteers and auxiliary staff.

**Uses and Disclosures of Protected Health Information for Treatment, Payment or Health Care Operations**

Your protected health information may be used and disclosed by FHCP's staff and others outside of our offices that are involved in the delivery of health care services and benefits. Your protected health information may also be used and disclosed to pay your health care bills and to support FHCP's operations.

Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with third parties. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment:** We may use or disclose your protected health information, as needed, to bill or make payment for your health care services. This may include certain activities that we take before we approve or pay for your health care services such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may ask for a copy of your medical record from a hospital where you received services to ensure that their bill was appropriate.

**Health Care Operations:** We may use or disclose, as-needed, your protected health information in order to support FHCP's business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training, licensing, and educational activities, and conducting or arranging for other business activities.

For example, we may use your protected health information during medical utilization reviews. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., case management, out-of-area claims re-pricing). Whenever an arrangement between FHCP and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives. We may also use and disclose your information for educational activities. For example, your name and address may be used to send you a newsletter.

**Disclosures of Protected Health Information (PHI) to Plan Sponsors:**

With the exception of self-funded groups, Florida Health Care Plans (FHCP) does not disclose Personal Health Information (PHI) to plan sponsors.

FHCP may provide plan sponsors summary health information in a form that has been de-identified. De-identifying health information includes removing things such as name, date, diagnosis, address, medical record number, and any other unique identifying number or characteristic. This information may be used for obtaining insurance quotes or verifying enrollment status to ensure appropriate billing.

### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your consent, written authorization or opportunity to object unless required by law as described below. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

You may revoke this authorization, at any time, in writing, except to the extent that FHCP has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Required and Permitted Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

In certain situations we are required or permitted to use or disclose your protected health information. Your authorization is not required for the following uses or disclosures:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health Activities:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

We may disclose protected health information to a school, about an individual who is a student or prospective student of the school, if:

- The protected health information disclosed is limited to proof of immunization;
- The school is required by State or other law to have such proof of immunization prior to admitting the individual; and
- FHCP obtains and documents the agreement to the disclosure from either:
  - A parent, guardian, or other person acting *in loco parentis* of the individual if the individual is an unemancipated minor; or
  - The individual, if the individual is an adult or emancipated minor.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on FHCP's premises, and (6) medical emergency (not on FHCP's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized by and to the extent necessary to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object**

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we, using our professional judgment and experience,

may determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant will be disclosed. We may use and disclose your protected health information in the following instances:

**Others Involved in Your Health Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

**If it is in Your Best Interest:** Unless you object, we may use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information.

**Disaster Relief:** Unless you object, we may use or disclose your protected health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts.

**Deceased Individuals:** If an individual is deceased, FHCP may disclose to a family member, or other persons identified who were involved in the individual's care or payment for health care prior to the individual's death, the protected health information of the individual that is relevant to such persons involvement, unless doing so is inconsistent with any prior expressed preferences of the individual that is known to FHCP.

#### **Your Rights**

Following are your rights with respect to your protected health information. You may exercise any of these rights by contacting our Member Services Department as described at the end of this Notice.

**You have the right to inspect and/or copy your protected health information.** This means you may inspect and/or obtain a paper or electronic copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. Applicable copying fees apply for costs associated with labor and supplies for reproducing paper copies and creating electronic copies of your protected health information.

A "designated record set" contains medical and billing records and any other records that FHCP uses for making treatment and benefit administration decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

FHCP is not required to agree to a restriction that you may request prohibiting FHCP from using your protected health information for the purposes of treatment, payment or health care operations. If FHCP believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If FHCP does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

**You have the right to restrict release of information for certain services.** You have the right to request FHCP to not disclose PHI to a health plan for a health care item or service where you paid in full out of pocket.

**You have the right to request and receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

**You may have the right to have FHCP amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, health care operations, or authorized disclosures as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures made by FHCP in the six years prior to your request, but, no earlier than the effective date of this Notice, April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to a breach notification.** You have the right to be notified of any breach of your unsecured protected health information in accordance with Federal Regulations.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

**Inquiries About This Notice, Exercise Of Privacy Rights, And Complaints:**

If you have a question about this Notice, or you wish to exercise your rights described in this Notice, or you believe your privacy rights have been violated, you may contact us at:

Florida Health Care Plan  
Member Services Department  
1340 Ridgewood Avenue  
Holly Hill, Florida 32117  
(386) 615-4022  
(877) 615-4022  
TTY/TDD: Florida TRS Relay 711 Hours of Operations: 8:00 a.m. – 8:00 p.m.

All complaints must be submitted in writing. You will not be penalized for filing a complaint. A complaint may also be filed with the U.S. Department of Health and Human Services at the following address:

Office for Civil Rights  
U.S. Department of Health and Human Services  
61 Forsyth Street, S.W., Suite 3B70  
Atlanta, GA. 30323  
Voice: (404) 562-7886  
TDD: (404) 331-2867  
FAX (404) 562-7881

Services listed below are provided by FHCP at no cost to enrollees:

- Auxiliary aids and services to help us better communicate with people with disabilities
- Relay service: TTY users should call TRS Relay 711 Hours of Operations: 8:00am – 8:00pm, 7 days a week
- Multi-language Interpreter Services available, please call us at 1-877-615- 4022.

**Other Uses Of Medical Information**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization except to the extent that FHCP has taken an action in reliance on the use or disclosure indicated in the authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

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**Acknowledgement**

The undersigned acknowledges that he/she has received a copy of Florida Health Care Plan's *Notice of Privacy Practices*. (Please Print)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

FHCP Member Number: \_\_\_\_\_

Signature:

\_\_\_\_\_

\_\_\_\_\_

Name

Date

Please return this Acknowledgement to:

Florida Health Care Plan  
NPP Department  
P.O. Box 9910  
Daytona Beach, Florida 32120