



RECEIPT

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

MANAGEMENT AND PROTECTION OF PERSONAL HEALTH INFORMATION POLICY

I hereby acknowledge receipt of the Florida Department of Children & Families CFOP 60-17 Chapter 1, Attachment 2, Management and Protection of Personal Health Information Policy.

Print Name: _____

SIGNATURE: _____

DATE: _____

MANAGEMENT AND PROTECTION OF PERSONAL HEALTH INFORMATION POLICY

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.*

I. Our Duties As They Relate to Your Protected Health Information (PHI). Our records about you contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard your Protected Health Information (PHI) which includes individually identifiable information about:

- your past, present, or future health or condition,
- provision of health care to you,
- payment for the health care considered PHI.

We are required to:

- safeguard the privacy of your PHI,
- give you this Notice which describes our privacy practices,
- explain how, when and why we may use or disclose your PHI.

Except in very specific circumstances, we must use or disclose only the minimum PHI that is necessary to accomplish the reason for the use or disclosure.

We must follow the privacy practices described in this Notice; however, **we reserve the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all protected health information that we receive, disclose or maintain.** Should our Notice change, we will post a new Notice in your local service center. You may request a copy of the new notice from your local service center and from our website at www.myflorida.com.

Why We May Need to Use or Disclose Your PHI: We use or disclose PHI for a variety of reasons. For some of these uses or disclosures, we must have your written authorization. For some, the law permits us to make some uses or disclosures without your authorization.

Generally these uses or disclosures are related to treatment, payment, or health care operations. Some examples of these uses or disclosures are:

- **For Treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team.
- **To Obtain Payment:** We may use or disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicaid to get paid for services that we have given or provided for you.
- **For Health Care Operations:** We may use or disclose your PHI in the course of operating our program. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes.
- **To Remind You of Appointments:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

Uses and Disclosures For Which We Require Your Authorization (consent):

- When the use or disclosure goes beyond treatment, payment, or health care operations, we are required to have your written authorization. There are some exceptions to this rule, and they are listed below.
- Authorizations can be revoked by you at any time to stop future uses or disclosures, except where we have already used or disclosed your PHI in reliance upon your authorization.

Uses and Disclosures For Which We Do Not Require Your Authorization: The law permits us to use or disclose your PHI *without written authorization* in the following circumstances:

- **When a Law Requires Disclosure:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or in response to a court order, or to a law enforcement official. We must also disclose PHI to authorities who monitor our compliance with these privacy requirements.
- **For Public Health Activities:** We may disclose PHI when we are required to collect information about diseases or injuries, or to report vital statistics to a public health authority.
- **For health oversight activities:** We may disclose PHI for health oversight activities such as audits; inspections; civil or criminal investigations or actions.
- **Relating to decedents:** We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors.
- **For organ, eye or tissue donations purposes:** We may disclose PHI to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
- **For research purposes:** In certain circumstances, and under supervision of a privacy board or institutional review board, we may disclose PHI for research purposes.

- To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or others persons who can reasonably prevent or lessen the threat of harm.
- For specialized government functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
- For workers' compensation: We may disclose PHI to comply with workers' compensation laws.

Uses or Disclosures For Which You Must Be Given An Opportunity To Object: Sometimes we may disclose your PHI if we have told you that we are going to use or disclose your information and you did not object. Some examples are:

- Patient directories: Your name, location, general condition, and religious affiliation may be put into our patient directory for use by clergy and callers or visitors who ask for you by name.
- To family, friends, or others involved in your care: We may share with these people information directly related to your family's friend's or other person's involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

If there is an emergency situation and we do not have time to allow you to object to the disclosure, we may still disclose your PHI if you have previously given your permission and disclosure is determined to be in your best interests. If we do this, you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

II. Your Rights As They Relate to Your Protected Health Information (PHI). You have the following rights relating to your PHI:

- To request restrictions on uses or disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.
- To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.
- To inspect and copy your PHI: Unless your access is restricted for clear and documented reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days for PHI we keep on-site, within 60 days for PHI that is not kept on-site. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed.
- To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is:
 - (i) correct and complete;
 - (ii) not created by us or not part of our records; or,
 - (iii) not permitted to be disclosed.

A denial will state the reasons for denial. It will also explain your rights to have your request, our denial, and any statement in response that you provide, added to your PHI.

If we approve the request for amendment, we will change the PHI and inform you, as well as tell others who need to know about the change in the PHI.

- To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released, except for instances of disclosure that were made for treatment, for payment, for health care operations, to you, per a written authorization, for national security or intelligence purposes, to correctional institutions or law enforcement officials, or for the facility directory. The list also will not include any disclosures made before April 14, 2003.

We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

- To receive a copy of this notice: You have a right to receive a paper copy of this Notice or an electronic copy by email upon request.

III. How to Complain about our Privacy Practices. If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section IV below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the following address: United States Department of Health and Human Services (HHS), Attention: Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW, Atlanta, Georgia 32303-8909. We will take no retaliatory action against you if you make such complaints.

IV. Contact Person for Additional Information, or to Submit a Complaint. If you have questions about this Notice, need additional information, or have any complaints about our privacy practices, please contact: Department of Children and Families, Office of Civil Rights, 1317 Winewood Boulevard, Building 6, Room 124, Tallahassee, Florida 32399-0700, (850) 487-1901.

V. Effective Date. This Notice is effective on February 1, 2003.