



Hillsborough County Notice of Privacy Practices

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.

Hillsborough County is required by federal and state laws to maintain the privacy of your health care information. The law also requires us to give you a Notice telling you about the law, your rights, and our privacy practices. This Notice applies to those departments, divisions, or sections that support your health care needs. They are:

Aging Services
Children's Services
Criminal Justice Unit
Fire Rescue
Head Start
Health and Social Services
Human Resources

This notice goes into effect September 23, 2013 and will continue until we replace it. You will find it and future Notices posted in our service locations, and on our Internet site (<http://www.hillsboroughcounty.org/hipaa/home.html>).

HOW WE MAY USE OR DISCLOSE HEALTH INFORMATION

As a part of our day-to-day activities, Hillsborough County may need to create, receive, or keep medical information about you. To provide treatment, to handle billing and payment activities, and to manage our services, we may use and disclose (share) your protected health care information without first getting your written approval. Examples of how we might use or disclose your information include the following activities:

For Treatment: We may use Health Information about you to provide you with treatment-related health care services. We may use your medical information to arrange transportation and to coordinate the delivery of appropriate care through contracted providers. We might use your information to contract with Health Care Providers and Plans for medical treatment for members of Employee Benefit Plans. Your information may also be shared with the County's Business Associates in connection with treatment.

For Payment: We may use and disclose Health Information about you so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received.

For Health Care Operations: We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that you receive quality care, to verify that you are actually receiving the services that are scheduled and develop better ways to provide care. We may also disclose your health information to health plans that provide you insurance coverage and other health care

providers that care for you. We may also use or disclose your information as necessary for legal, auditing, and management purposes.

OTHER USES AND DISCLOSURES OR SPECIAL SITUATIONS

As Required by International, Federal, State, or Local Law

To Avert a Serious Threat to Health or Safety of the Public or another Person

To Business Associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as permitted by the terms of an applicable Business Associate Agreement.

For Health Oversight Activities that include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

For Lawsuits, Disputes and Judicial Requests in response to a court or administrative order, or if you agree.

To Law Enforcement in response to a court order, subpoena, warrant, summons or similar process subject to all legal requirements.

For Research. Under certain circumstances, we may use and disclose health information to licensed researchers or care groups, who are under strict rules regarding how they use and disclose health information. For example, researchers or medical review members may use the information about individuals with your condition for a study to improve ways to treat or manage diseases.

For Public Health Risks in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Other Uses and Disclosures When Required or Authorized by Law or if you Agree.

We may disclose Health Information to the following when required or authorized by law or with your agreement: Coroners, medical examiners and funeral directors; organ and tissue donation organizations; the military; national security and intelligence activities; protective services to the President; workers' compensation issues; inmates or individuals in custody of a correctional institution or law enforcement official.

In the event of performing Underwriting Activities, we will not use or disclose any genetic information for underwriting purposes.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your health information will be made only with your written authorization:

1. Uses and disclosures of health information for marketing purposes;
2. Disclosures that constitute a sale of your health Information; and
3. Most uses and disclosures of psychotherapy notes.

Other uses and disclosures of Health Information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our HIPAA Privacy Liaison and we will no longer disclose health information under the authorization. Any disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT

To a member of your family, a relative, a close friend or any other person you identify, if your Protected Health Information 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.

To disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

In the event of Fund Raising where you might be contacted asking for your help. If you advise us in writing that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to the address listed at the end of this notice. We have up to 30 days to make your Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request under certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that the Health Information we have is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must make your request, in writing, with a description of the reason you want your record amended, to the address listed at the end of this notice. We may deny your request if: (1) we did not create the information, unless the person or entity is no longer available to make the amendment; (2) the information is not part of the Health Information we keep; (3) the information is not part of the Health Information which you would be permitted to inspect or copy; or (4) the information is accurate and complete. If we deny your request 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.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of your Health Information for purposes other than treatment, payment and health care operations or for which you did not provide a written authorization. You must submit your request in writing to the HIPAA Liaison. It must state a time period, which may not be longer than six years. The first accounting of disclosures in any 12 month period will be free. Any additional requests within that same time period may be charged a reasonable cost.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing and describe the restriction, to the address listed at the end of this notice.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment or otherwise required by law.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the address listed at the end of this notice. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, <http://www.hillsboroughcounty.org/hipaa/home.html>.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our locations and website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Hillsborough County HIPAA Compliance Officer, 601 E. Kennedy Blvd., 24th Floor, Tampa, Florida 33602, telephone 813-276-2742. ***You will not be penalized for filing a complaint.***

REQUESTS

All requests must be made in writing and mailed to the HIPAA Compliance Officer, 601 E. Kennedy Blvd., 24th Floor, Tampa, Florida 33602.