Notice of Privacy Practices (NPP)

LEON COUNTY FLEXIBLE BENEFITS PLAN
NOTICE OF PRIVACY PRACTICES

This Notice is effective January 1, 2005

This notice will describe how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY

If you have any questions about this Notice, or you would like to make a request concerning your rights, please contact the Privacy Officer through the Leon County Human Resources Division. This Notice applies to all records about your health care that we complete or have access to and relate to your eligibility or method of payment for such care.

OUR RESPONSIBILITIES

This privacy notice will tell you about the lawful ways in which we may use and disclose your **Protected Health Information (PHI)**. It also describes your rights and the responsibilities we have regarding the use and disclosure of your PHI. PHI is information that may identify you (including your name, address, and social security number), that relates to your past, present, or future physical or mental health condition, your health care services, and payment for your health care services.

Leon County Human Resources Division is required by law to maintain the security and privacy of your PHI and to provide you with this Notice of our Privacy Practices and legal duties. We are required to follow the terms of this Notice. We reserve the right to change the terms of this notice and to make any new provisions effective to the entire PHI that we maintain about you. If we revise this notice, we will provide you with a revised notice upon request. We will also make any revised Notice available in our reception area and on our website at http://www.co.leon.fl.us/ .

USES and DISCLOSURES of PHI

To comply with the law only the individual's "Minimum and Necessary" PHI will be used or disclosed to accomplish the intended purpose of the use, disclosure, or request. It is the Leon County Human Resources Division policy to limit the use or disclosure of an individual's PHI on a "need to know" basis. The following categories describe some of the different ways we may use and disclose your PHI.

Payment:

We may use and disclose your PHI for payment activities. For example, we may use and disclose your PHI to process and pay your bill for health care services, when your health care provider requests information regarding your eligibility for coverage under our health plan, or in reviewing the medical necessity of the treatment you received, or in coordinating payment with other insurance carriers or facilities, or in coordinating reimbursement under our Flexible Benefits Plan.

Business Associates:

We may disclose your PHI to third party "business associates" that perform various services for us.

Individuals Involved in Your Care:

We may use and disclose your PHI to a family member or other person's you identify involved in your care. We will disclose only PHI relevant to that person's involvement in your care or payment for your care. We may use and disclose your PHI for locating and notifying a family member, a personal representative, or another person responsible for your care. If you are unable to agree or object to this disclosure, we may disclose such information as we deem is in your best interest based on our professional judgment.

State of Florida Monitors and Other Auditors:

We may disclose your PHI to State of Florida monitors and other auditors determining our compliance with the law, other state and federal regulations, and Generally Accepted Accounting Procedures.

Research:

We may use and disclose your PHI for research purposes in certain limited circumstances.

Required By Law: We will disclose your PHI as required by federal or state law including:

- **Military and National Security.** We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities who have appropriate authorization in writing citing the relevant Law, U.S. Code, Code of Federal Regulations, Florida Statute, and / or Florida Administrative Code. We may also be required to disclose your PHI to authorized members of the Armed Forces for activities deemed necessary, and described and justified in writing by appropriate military authorities.

- **Public Health.** We may disclose your PHI for public health activities. For example, we may disclose your PHI when necessary to prevent a serious threat to you or others health and safety. Public health activities generally include: (1) to prevent or control disease, injury or disability; (2) to report births and deaths; (3) to report child abuse or neglect; (4) to report reactions to medications or problems with products; (5) to notify people of recalls of products they may be using; (6) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (7) to notify the appropriate government authority if we believe the individual has been the victim of abuse, neglect, or domestic violence.

- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. Government oversight agencies include those agencies that oversee government benefit programs, government regulatory programs, and civil rights laws.

- **Legal Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding to the extent expressly authorized by a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you or your attorney representative about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may disclose your PHI to law enforcement officials for law enforcement, including: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) pertaining to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct that occurs on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity , description, or location of the person who committed the crime.

- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner for purposes of identifying a deceased person or determine cause of death. We may also disclose your PHI to a funeral director, as authorized by law, in order for the director to carry out assigned duties.

- **Inmates.** If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or law enforcement official holding you in custody in order for: (1) the institution to provide you with health care; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

OTHER USES and DISCLOSURE OF YOUR PHI

Other disclosures of your PHI not covered by this notice or laws that apply to our use and disclosure will be made only with your written authorization. You may revoke your authorization, in writing, at anytime. If you revoke your authorization we will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any use or disclosure that has already been made with your authorization or that has been made as described in this notice.

YOUR RIGHTS

The following is a description of your rights with respect to your Protected Health Information.

- **Right to a Request A Restriction.** You have the right to request a restriction on certain uses and disclosures of your PHI, including that for treatment, payment, or health care operations. You also have the right to request a restriction on the disclosure of your information to individuals involved in your care or payment for your care. Leon County Human Resources Division will give serious consideration to your request but is not required to agree to any such restrictions. If we do agree, we will comply with the restriction unless the information is needed under exceptional circumstances. If we are unable to notify you of these exceptional circumstances prior to the fact, we will notify you of those circumstances as soon as reasonably possible. To request a restriction please contact the Privacy Officer. Your request must specify (1) the information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

- **Right to Access, Inspect, And Copy.** You have the right to access, inspect, and obtain a copy of your PHI that may be used to make decisions about your health care benefits. This includes your medical and billing records, but may not include information that is subject to laws that prohibit access. We may deny your request to access, inspect, and copy in certain limited circumstances. If you are denied access, you may request that the

denial be reviewed. A licensed health care provider chosen by us will review your request and denial. The person performing this request will not be the person who denied your initial request. We will comply with the outcome of that review. To inspect and copy your PHI, please contact the Privacy Officer. A fee may be charged for the cost of copying, mailing, or other supplies associated with your request.

- **Right to Amend** – If you believe any of your information in our possession is inaccurate you may request, in writing, that we amend or correct the information that you believe to be erroneous. To request an amendment, contact the Privacy Officer. You will be required to provide a reason that supports your request. We may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the Protected Health Information kept by or for us; (3) is not part of the information which you would be permitted to inspect or copy; or (4) is accurate and complete. If we deny your request you may submit a short statement of dispute, which will be included in any future disclosure of your information.

- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI. This is a list of the disclosures of your PHI that we made to others. The list does not include disclosures made: (1) for treatment, payment and any other health plan operations; (2) to you; (3) that are incidental disclosures; (4) in accordance with an authorization; (5) for national security or intelligence purposes; and (6) to correctional institutions or law enforcement officials for the provision of health care, safety of individual, other inmates, and officers and employees. To request an accounting contact the Privacy Officer. You may request an accounting for disclosure made up to 6 years before the date of your request but not for disclosures made before January 1, 2005. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you the cost of providing the list. We will notify you of the fee before any costs are incurred.

- **Right to Confidential Communications.** You have the right to request that you receive communication of your Protected Health Information in a certain time or manner (for example, by e-mail rather than by regular mail, or never by telephone). For example, you may ask that we only contact you at work or by U.S. Mail. We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may request a paper copy by contacting the Privacy Officer. In addition, you may obtain a copy of this notice on the Leon County website: http://www.co.leon.fl.us/

COMPLAINTS

If you believe your privacy rights have been violated, please send your complaint, in writing, to the Privacy Officer. All complaints will be resolved in a timely manner. If we cannot resolve your concern, you have the right to file a written complaint with the Secretary of the United States Department of Health and Human Services. You will not be retaliated against in any way for filing a complaint.

If you would like to discuss the privacy of your Protected Health Information in detail, or if you have any concerns, please feel free to contact the Privacy Officer. For additional information please visit the Leon County website at: http://www.co.leon.fl.us/ or the Leon County Human

Resources Division contact person at:

Leon County

Human Resources Division

301 South Monroe Street, Suite 202

Tallahassee, Florida 32301

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