



Business Associate Agreement Between

and Hillsborough County, Florida

This Business Associate Agreement is entered into on this ____ day of _____, 20____, by and through Hillsborough County whose address is Post Office Box 1110, Tampa, Florida 33601-1110 (hereinafter Covered Entity) and

_____, whose address is

_____ (hereinafter Business Associate) which includes all officers, directors, employees, agents and attorneys thereof, heirs, executors, administrators, personnel representatives, successors and assigns.

WITNESSETH

WHEREAS, Covered Entity has entered into one or more contracts or agreements with Business Associate that involves the use of Protected Health Information (PHI); and

WHEREAS, Covered Entity, recognizes the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and has indicated its intent to comply in the County's Policies and Procedures; and

WHEREAS, HIPAA regulations establish specific conditions on when and how covered entities may share information with contractors who perform functions for the Covered Entity; and

WHEREAS, HIPAA requires the Covered Entity and the Business Associate to enter into a contract or agreement containing specific requirements to protect the confidentiality and security of patients' PHI, as set forth in, but not limited to the Code of Federal Regulations (C.F.R.), specifically 45 C.F.R. §§ 164.502(e), 164.504(e), 164.308(b), and 164.314(a - b)(2010) (as may apply) and contained in this Agreement; and

WHEREAS, the Health Information Technology for Economic and Clinical Health Act (2009), the American Recovery and Reinvestment Act (2009)) and Part I – Improved Privacy Provisions and Security provisions located at 42 United States Code (U.S.C.) §§ 17931 and 17934 (2010) require business associates of covered entities to comply with the HIPAA Security Rule, as set forth in, but not limited to 45 C.F.R. §§ 164.308, 164.310, 164.312, and 164.316 (2009) and such sections shall apply to a business associate of a covered entity in the same manner that such sections apply to the covered entity.

NOW THEREFORE, in consideration of the premises and mutual covenants and agreements contained herein and for good and valuable consideration, the adequacy of which is acknowledged and confirmed, the parties agree as follows:

Business Associate Contract Provisions

1. Definitions:

- a. Access. "Access" means the ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource. (This definition does not apply to paragraph 1 (e), below.)
- b. Administrative Safeguards. "Administrative Safeguards" means administrative actions, and policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the covered entity's workforce in relation to the protection of that information.
- c. ARRA. "ARRA" means the American Recovery and Reinvestment Act (2009)
- d. Authentication. "Authentication" means the corroboration that a person is the one claimed.
- e. Availability. "Availability" means the property that data or information is accessible and useable upon demand by an authorized person.
- f. Breach. "Breach" means unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of such information.
- g. Business Associate. "Business Associate" means _____

_____ *[Insert Name of Business Associate]*
- h. Compromises the Security. "Compromises the Security" means posing a significant risk of financial, reputational, or other harm to individuals.
- i. Confidentiality. "Confidentiality" means the property that data or information is not made available or disclosed to unauthorized persons or processes.
- j. Covered Entity. "Covered Entity" means _____
_____ *[Insert Name of Covered Entity]*.
- k. Electronic Protected Health Information. "Electronic Protected Health Information" and/or "ePHI" mean health information as specified in 45 CFR § 160.103(1)(i) or (1)(ii), limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. HITECH. "HITECH" means the Health Information Technology for Economic and Clinical Health Act (2009)
- m. Information System. "Information System" means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software,

information, data, applications, communications, and people.

- n. Integrity. “Integrity” means the property that data or information have not been altered or destroyed in an unauthorized manner.
- o. Malicious software. “Malicious software” means software, for example, a virus, designed to damage or disrupt a system.
- p. Part I. “Part I” means Part I – Improved Privacy Provisions and Security provisions located at 42 United States Code (U.S.C.) §§ 17931 and 17934 (2010)
- q. Password. “Password” means confidential authentication information composed of a string of characters.
- r. Physical Safeguards. “Physical Safeguards” means physical measures, policies, and procedures to protect a covered entity’s electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.
- s. Privacy Rule. “Privacy Rule” means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, subparts A and E.
- t. Protected Health Information. “Protected Health Information” and “PHI” shall have the same meaning as the term “protected health information” in 45 CFR § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- u. Required By Law. “Required By Law” shall have the same meaning as the term “required by law” in 45 CFR § 164.103.
- v. Secretary. “Secretary” means the Secretary of the Department of Health and Human Services or his designee.
- w. Security incident. “Security incident” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- x. Security or Security measures. “Security” or “Security measures” mean all of the administrative, physical, and technical safeguards in an information system.
- y. Security Rule. “Security Rule” means the Security Standards for the protection of Electronic Protected Health Information at 45 CFR part 164, subpart C, and amendments thereto.
- z. Technical Safeguards. “Technical Safeguards” means the technology and the policy and procedures for its use that protect electronic protected health information and control access to it.

- aa. Unsecured PHI. Unsecured PHI” means protected health information that is not secured through the use of technology or methodology specified by the Secretary in guidance issued under 42 U.S.C. section 17932(h)(2) .
- bb. All other terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy Rule.

2. Obligations and Activities of Business Associate

- a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required By Law.
- b. Business Associate agrees to:
 - i. implement policies and procedures to prevent, detect, contain and correct Security violations in accordance with 45 CFR § 164.306;
 - ii. prevent use or disclosure of the PHI other than as provided for by this Agreement or as required by law;
 - iii. reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that the Business Associate creates, receives, maintains, or transmits on behalf of the Covered Entity; and
 - iv. comply with the Security Rule requirements including the Administrative Safeguards, Physical Safeguards, Technical Safeguards, and policies and procedures and documentation requirements set forth in 45 CFR §§ 164.308, 164.310, 164.312, and 164.316.
- c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- d. Business Associate agrees to promptly report to Covered Entity any use or disclosure of the PHI not provided for by this Agreement of which it becomes aware. This includes any requests for inspection, copying or amendment of such information and including any security incident involving PHI.
- e. Business Associate agrees to notify Covered Entity without unreasonable delay of any security breach pertaining to:
 - i. identification of any individual whose unsecured protected health information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during such security breach; and

- ii. all information required for the *Notice to the Secretary of HHS of Breach of Unsecured Protected Health Information*.
- f. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- g. If Business Associate has Protected Health Information in a Designated Record Set:
 - i. Business Associate agrees to provide access, at the request of Covered Entity during regular business hours, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR § 164.524; and
 - ii. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 at the request of Covered Entity or an Individual within 10 business days of receiving the request.
- h. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Secretary, upon request of either, for purposes of determining Covered Entity's compliance with the Privacy Rule.
- i. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.
- j. Business Associate agrees to provide to Covered Entity or an Individual, upon request, information collected in accordance with Paragraphs h and i above, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528 and ARRA § 13404.
- k. Business Associate specifically agrees to use security measures that reasonably and appropriately protect the confidentiality, integrity, and availability

of protected health information in electronic or any other form, that it creates, receives, maintains, or transmits on behalf of the Covered Entity.

- l. Business Associate agrees to implement security measures to secure passwords used to access Electronic Protected Health Information that it accesses, maintains, or transmits as part of this Agreement from malicious software and other man-made and natural vulnerabilities to assure the availability, integrity, and confidentiality of such information.
- m. Business Associate agrees to implement security measures to safeguard Electronic Protected Health Information that it accesses, maintains, or transmits as part of this Agreement from malicious software and other man-made and natural vulnerabilities to assure the availability, integrity, and confidentiality of such information.
- n. Business Associate agrees to comply with:
 - i. ARRA § 13404 (Application of Knowledge Elements Associated with Contracts)
 - ii. ARRA § 13405 (Restrictions on Certain Disclosures and Sales of Health Information)
 - iii. ARRA § 13406 (Conditions on Certain Contacts as Part of Health Care Operations)

3. Permitted Uses and Disclosures by Business Associate

Except as otherwise limited in this Agreement or any related agreement, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in any and all contracts with Covered Entity provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

4. Specific Use and Disclosure Provisions

- a. Except as otherwise limited in this Agreement or any related agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- b. Except as otherwise limited in this Agreement or any related agreement, Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from

the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

- c. Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 CFR § 164.504(e)(2)(i)(B), only when specifically authorized by Covered Entity.
- d. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR § 164.502(j)(1).

5. Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information, by providing a copy of the most current Notice of Privacy Practices (NPP) to Business Associate as Attachment I to this Agreement. Future Notices and/or modifications to the NPP shall be posted on Covered Entity's website at www.hillsboroughcounty.org.
- b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by an individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
- c. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

6. Permissible Requests by Covered Entity

Except for data aggregation or management and administrative activities of Business Associate, Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

7. Effective Date and Termination

- a. The Parties hereby agree that this Agreement amends, restates and replaces any other Business Associate Agreement currently in effect between Covered Entity and Business Associate and that the provisions of this Agreement shall be effective as follows:

- i. These Business Associate Agreement provisions, with the exception of the electronic security provisions and the provisions mandated by ARRA, HITECH and Part I shall be effective upon the later of April 14, 2003, or the effective date of the earliest contract entered into between Business Associate and Covered Entity that involves the use of PHI.
 - ii. The electronic security provisions hereof shall be effective the later of April 21, 2005 or the effective date of the earliest contract entered into between Business Associate and Covered Entity that involves the use of PHI.
 - iii. Provisions hereof mandated by ARRA, HITECH and/or Part I shall be effective the later of February 17, 2010 or the effective date of the earliest contract entered into between covered entity and business associate that involves the use of PHI or ePHI.
- b. If, as of February 17, 2010, there is no other Business Associate Agreement in effect between the parties, then this Agreement shall be effective the later of February 17, 2010, or the date the parties entered into this Agreement.
- c. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
 - i. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
 - ii. Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
 - iii. If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.
- d. Effect of Termination
 - i. Except as provided in subparagraph (ii) of this section, upon termination of this Agreement, for any reason, Business Associate shall return all Protected Health Information and ePHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information and ePHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information and ePHI.

- ii. In the event that Business Associate or Covered Entity determines that returning the Protected Health Information or ePHI is infeasible, notification of the conditions that make return of Protected Health Information or ePHI infeasible shall be provided to the other party. Business Associate shall extend the protections of this Agreement to such retained Protected Health Information and ePHI and limit further uses and disclosures of such retained Protected Health Information and ePHI, for a minimum of six years and so long as Business Associate maintains such Protected Health Information and ePHI, but no less than six (6) years after the termination of this Agreement.

8. Miscellaneous

- a. Regulatory References. A reference in this Agreement to a section in the Privacy Rule or Security Rule means the section then in effect or as may be amended in the future.
- b. Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule, the Security Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
- c. Survival. Any term, condition, covenant or obligation which requires performance by either party hereto subsequent to the termination of this Agreement shall remain enforceable against such party subsequent to such termination.
- d. Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule and Security Rule.
- e. Incorporation by reference. Any future new requirement(s), changes or deletion(s) enacted in federal law which create new or different obligations with respect to HIPAA privacy and/or security, shall be automatically incorporated by reference to this business associate agreement on the respective effective date(s).

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

COUNTY: HILLSBOROUGH COUNTY, FLORIDA (Covered Entity)

_____ BY: _____
Witness County Administrator Date

ATTEST: BUSINESS ASSOCIATE:

_____ BY: _____
Witness Authorized Corporate Officer or Individual
Sign before Notary Public

_____ Printed Name
Witness

Title

Date Signed

Dept. Contracts Legal	Approval _____ _____ _____	Date _____ _____ _____
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{Three originals are required. One completed and signed original for Hillsborough County Clerk of the Circuit Court, one for the covered component and one for the Business Associate.}

ACKNOWLEDGEMENT OF CONTRACTOR, IF A CORPORATION

STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ [Date] by _____ [Name of officer or agent, title of officer or agent] of _____ [Name of corporation acknowledging] a _____ [State or place of incorporation] corporation, on behalf of the corporation, pursuant to the powers conferred upon said officer or agent by the corporation. He/she personally appeared before me at the time of notarization, and is personally known to me or has produced _____ [Type of identification] as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects. Subscribed and sworn to (or affirmed) before me this _____ [Date] Commission Number: _____

Official Notary Signature and Notary Seal: _____

Commission Expiration Date: _____

Name of Notary typed, printed or stamped: _____

ACKNOWLEDGEMENT OF CONTRACTOR, IF A PARTNERSHIP

STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ [Date] by _____ [Name of acknowledging partner or agent] partner (or agent) on behalf of _____, a partnership. He/she personally appeared before me at the time of notarization, and is personally known to me or has produced _____ [Type of identification] as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects. Subscribed and sworn to (or affirmed) before me this _____ [Date] Commission Number: _____

Official Notary Signature and Notary Seal: _____

Commission Expiration Date: _____

Name of Notary typed, printed or stamped: _____

ACKNOWLEDGEMENT OF CONTRACTOR, IF AN INDIVIDUAL

STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ [Date] by _____ [Name of person acknowledging] who personally appeared before me at the time of notarization, and is personally known to me or has produced _____ [Type of identification] as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects. Subscribed and sworn to (or affirmed) before me this _____ [Date] Commission Number: _____

Official Notary Signature and Notary Seal: _____

Commission Expiration Date: _____

Name of Notary typed, printed or stamped: _____

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.

Notice Requirements 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 represents our departments that support your health care needs. They are:

Aging Services
Children's Services
Fire Rescue
Health and Social Services
Human Resources

This Notice will go into effect April 21, 2005, and last until we replace it. If our Privacy Practices change, this Notice will change. You will find it and future Notices posted in our service locations, on our Internet site (<http://www.hillsboroughcounty.org/hipaa/home.html>), or in our vehicles. If you would like additional copies or to learn more, please contact us at the address listed at the end of this Notice.

Use and Disclosure of Your Protected Health Care 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:

- **Treatment.** Hillsborough County might discuss your medical condition with hospital staff to arrange or provide medical treatment. We might request copies of medical records to arrange for treatment based on eligibility for treatment in our health plans. We may use your medical information to arrange transportation and delivery of appropriate meals. We might use your information to contract with Health Care Providers and Plans for medical treatment for members of Employee Benefit Plan. Your information may also be shared with the County's Business Associates and/or Trading Partners in connection with treatment.
- **Payment.** Hillsborough County may use or disclose information to discuss your condition, any treatments given to you, or to review the cost for services in order to arrange for payment. We may use or disclose this information with an insurance company. We may contact others to pay for or bill for services. Your information may also be shared with the County's Business Associates and/or Trading Partners in connection with payment activities.
- **Health Care Operations.** Hillsborough County medical personnel, Case Managers, or our Business Partners might discuss or review your condition to assure you receive quality care,

to verify you are actually receiving the services that are being billed, or to develop better ways to provide care. We may use your information to manage or purchase services for our benefit plan or other programs and to purchase programs. It may be used to evaluate our providers and contractors. Health information may be used or disclosed for legal purposes or for internal management purposes. Your information may also be shared with the County's Business Associates and/or Trading Partners in connection with health care operations.

- **Other Uses and Disclosures**

Hillsborough County may contact you to:

- Market services or raise funds for Hillsborough County.
- Arrange your appointments or your eligibility interviews.
- Provide you with information about new medications, treatments, benefits and services that are available.

Hillsborough County may provide information to government officials who:

- Are responsible for public health (disease reporting).
- Provide health oversight (nursing homes, physician licensing, research).
- Respond to judicial requests (subpoenas, trials, court hearings).
- Provide law enforcement services.
- Report and investigate deaths (the medical examiner).
- Are authorized by workers' compensation laws.
- Respond to threats to public safety from unsafe products, unsafe drinking water, or disease.
- Protect against abuse, neglect, domestic violence and other crimes.

Hillsborough County may provide information to:

- Licensed researchers or care groups, who are under strict rules regarding how they use and disclose protected health care information. Those 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 like diabetes, high blood pressure, or cancer.
- Hearing and appeals groups to resolve disputes, render opinions, provide independent reviews.
- Others involved in your care.
- Responders in emergency situations.
- Funeral directors.
- Organizations that handle organ procurement or transplants as necessary to facilitate organ or tissue donation and transplantation.
- Others as required by law.

You may authorize Hillsborough County to use or disclose information, to restrict access to your information, or to object to use of your information in certain situations. When an authorization is received, we will use that authorization until you change or revoke (or cancel) it. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission.

No other uses and disclosures of your protected health care information will occur without your written authorization. If you sign such an authorization you have the right to cancel it at any time.

Individual Rights

Under the law, you have rights that Hillsborough County is committed to upholding. You have the right to:

- **Restrict:** Request, in writing, restrictions on the use and disclosure of your health information. These restrictions can go beyond the restrictions already in the law. However, Hillsborough County may not always agree to implement these additional restrictions.
- **Confidential Communications:** Request in writing confidential communications. While Hillsborough County cannot promise to communicate in every possible way individuals might request, we will work with you to find a practical way of communicating with you in confidence, if you wish.
- **Access (Copy and Inspect):** Inspect and receive copies of your health care information held by Hillsborough County by making a request in writing. Hillsborough County however, may charge a reasonable fee to cover only the cost of providing this information.
- **Amend:** Request in writing an amendment or to change information kept about you if you believe that protected health information we have about you is incorrect or incomplete. To make such a change, Hillsborough County will ask you to provide a description of the requested amendment and the reason you want your record changed. Hillsborough County may not always agree to such requests.
- **Accounting:** Request an accounting of Hillsborough County disclosures of your protected health care information that were not authorized by you and the disclosures were unrelated to treatment, payment and Hillsborough County operations. To request an accounting of disclosures, you must submit your request in writing. Your request must state a time period and the time period cannot extend to dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.
- **Right to a Paper Copy of This Notice.** You have a right to request a paper copy of this notice.

Questions and Complaints

If you have any questions or complaints about the way Hillsborough County handles your protected health care information or if you believe your privacy rights have been violated, you may complain by contacting the Hillsborough County Compliance Office at (813) 276-2343 or in person. You may also contact the Secretary of the U.S. Department of Health and Human Services. Please note that there will be no retaliation against you for filing a complaint or for making requests regarding your health care information or if you disagree with Hillsborough County related decisions.

Notice Updates Hillsborough County may need to change its privacy practices from time to time. Before making such changes however, Hillsborough County will modify this Notice and begin distributing it to individuals when they receive services by Hillsborough County. These new

practices will then apply to all information held by Hillsborough County. At any time, you have a right to get a paper copy of the latest version of this Notice by contacting the Hillsborough County Privacy Office or a Department Privacy Contact.