



Hillsborough County's 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.

The effective date for this notice is April 14, 2003.

PMT: 02-53 Notice of Privacy

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 healthcare needs. They are:

Aging Services
Fire Rescue
Health and Social Services
Human Resources

This notice will go into effect April 14, 2003 and last until we replace it. If our privacy practices change, this Notice will change. You will find it, or any future notices, posted in our medical service locations, on our internet site at www.hillsboroughcounty.org, or in our medical service 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 your information include the following activities:

- **Treatment:** Hillsborough County might discuss your medical condition with doctors, nurses, technicians or 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 the

Employee Benefit Plan.

- **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 payment. We may use or disclose this information with an insurance company. We may contact others to pay for a bill or services.
- **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. 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.
- **Other Uses and Disclosures:** Hillsborough County may contact you to:
 - Arrange your appointments or your eligibility interviews
 - Provide you with information about new medications, treatments, benefits and services that are available.
 - Market services or raise funds for Hillsborough County.

Hillsborough County may provide information to government officials who:

- Are responsible for Public Health and Disease reporting.
- Provide Health Oversight (Nursing Homes, Physician Licensing, FDA, HHS, Research, Audits and Investigations).
- Respond to judicial related Requests (subpoenas, Trials, Court Hearings).
- Provide Law Enforcement Services.
- Report and Investigate Deaths (the Medical Examiner)
- Conduct lawful military or intelligence activities.
- Are Military personnel.
- 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.

- **Other Uses of Protected Health Information:**

Other uses and disclosures of protected health information not covered by this notice, or the laws that apply to us will be made only with your written permission (authorization). If you give permission to use or disclose protected health 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 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.

- **Your Rights Regarding Your Protected Health Information:**

You have the following rights regarding the protected information we maintain about you:

- **Right to Request Restrictions:** You have the right to request a restriction or limitation of the protected health information we use or disclose about you to someone is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a test you had.

- **We are not required to agree to your request.** If we agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to: *Hillsborough County Privacy Office; PO Box 1110; Tampa, FL 33601-1110*. In your request, you must tell us: (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply, for example, disclosures to your spouse.

- **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 contact you only at home or only by mail.

To request confidential communications, you must make your request in writing to: *Hillsborough County Privacy Office; Po Box 1110; Tampa, FL 33601-1110*. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of protected health information that may be used to make decisions about your care. This includes medical records, but does not include psycho-therapy notes.

To inspect and copy protected health information, you must submit your request in writing to: *Hillsborough County Privacy Office; Po Box 1110; Tampa, FL 33601-1110*. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other costs associated with your request.

We may deny your request to inspect and copy under certain circumstances. If you are denied access to protected health information, you may request a review of that denial.

- **Right to Amend.** If you believe that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information.

You have the right to request an amendment for as long as the information is kept by the County.

To request an amendment, your request must be made in writing and submitted to: *Hillsborough County Privacy Office; Po Box 1110; Tampa, FL 33601-1110*. In addition, you must provide a reason for your request. We may deny your request for an amendment if it is not in writing. We may also deny your request if it does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by the County;
- Is not part of the information which you would be permitted to inspect or copy; or
- Is accurate and complete.

- **Right to Accounting Disclosures.** You have the right to request an accounting of disclosures of your protected health information made by the County.

To request an accounting of disclosures, you must submit your request in writing to: *Hillsborough County Privacy Office; Po Box 1110; Tampa, FL 33601-1110*. Your request must state a time period not longer than six years, 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 cost of providing the list.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice, and you may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, submit your request in writing to: *Hillsborough County Privacy Office; Po Box 1110; Tampa, FL 33601-1110*.

You may obtain an electronic copy of this notice at the County's website, www.hillsboroughcounty.org/hipaa.

We Are Required by Law To:

- Maintain the privacy of protected health information about you;
- Give you this notice of our legal duties and privacy practices regarding protected health information about you; and
- Abide by the terms of the notice that is currently in effect.

Questions and Complaints

If you have 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 Privacy Office through the Hillsborough Information Line at (813) 272-5900 (TTY: (813) 301-7173), or you may pick up a form at: 601 E. Kennedy Blvd., 1st floor, Communications Office. You can 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 protected health care information or if you disagree with Hillsborough County related decisions about your health care information.

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. 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 Officer or a Department Privacy Contact. A current copy of this Notice will be posted on our website at www.hillsboroughcounty.org/hipaa.