

## Hillsborough County Notice of Privacy Practices

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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.

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### 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  
Criminal Justice Liaison  
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.

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### 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:

- 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 (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.

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### **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.

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### **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.