

CF OPERATING PROCEDURE  
NO. 60-17, Chapter 1

STATE OF FLORIDA  
DEPARTMENT OF  
CHILDREN AND FAMILIES  
TALLAHASSEE, June 27, 2014

Personnel

PRIVACY AND MANAGEMENT  
OF PROTECTED HEALTH INFORMATION POLICY

- 1-1. Purpose. This operating procedure establishes a uniform process for disseminating privacy standards and policies required by the Health Insurance Portability and Accountability Act (HIPAA) regulations within the Department of Children and Families.
- 1-2. Scope. This operating procedure applies to all employees and volunteers of the Department.
- 1-3. References.
- a. Health Insurance Portability and Accountability Act of 1996 (HIPAA).
  - b. Title 45 C.F.R. Subparts 160, 162 and 164, Security and Privacy of Individually Identifiable Health Information.
  - c. 2013 HIPAA Omnibus Rule, 78 FR 5566, No. 17.
  - d. Genetic Information Nondiscrimination Act of 2008.
- 1-4. Policy.
- a. HIPAA requires the Department to maintain the process, in writing, that designates to whom, how, and when the Notice of Privacy Policy and Notice of Privacy Practices will be distributed.
  - b. HIPAA requires the Department to assure the privacy and confidentiality of protected health information of clients. Department employees and volunteers shall not permit the unauthorized disclosure of protected health information except as permitted or required by law. Each Career Service, Selected Exempt and Senior Management Service and Other Personal Services (OPS) employee and volunteer shall be furnished a paper or electronic copy of this operating procedure and is expected to read and comply with the Department policy. Each employee and volunteer shall sign the Notice of Privacy Policy, Attachment 2 to this chapter (form CF 771 available in DCF Forms), a copy of which shall be maintained in the employee's or volunteer's file.
  - c. Headquarters, Regional Managing Directors and Hospital Administrators are responsible for ensuring that employees are provided a Notice of Privacy Policy and that all clients, or parents and guardians of clients, with the exception of forensic clients, are provided a Management of Protected Health Information Policy Statement.
- (1) The Notice of Privacy Policy (Attachment 2 to this chapter) shall be maintained and visible at all times in an area or areas that result in the Notice being accessible to all employees.

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This operating procedure supersedes CFOP 60-17, Chapter 1, dated April 7, 2014.

OPR: ASHRC  
DISTRIBUTION: A

(2) The Notice of Privacy Practices (Attachment 3 to this chapter) shall be visibly posted at each facility, program and service center, and in waiting rooms and client interviewing rooms at facilities serving clients.

(3) All clients, parents or guardians of the client, caregivers, foster and adoptive parents, with the exception of forensic clients, will receive the Notice of Privacy Practices Statement at the time of initial face-to-face contact with the Department.

(4) If a reason exists as to why the Notice of Privacy Practices Statement is not provided to the client, parent, or guardian at the first face-to-face contact (i.e., incompetent, child in facility and parent/guardian not available, etc.) the record shall be documented accordingly and the policy shall be provided to the guardian, parent, etc., at the first opportunity.

(5) The requirement to ensure that each client, or parent or guardian of the client, caregiver, foster and adoptive parent will receive a copy of the Notice of Privacy Practices shall be included in each provider's contract as a compliance requirement.

1-5. Training Requirements.

a. Each employee and volunteer shall complete annual on-line training to ensure knowledge of and compliance with HIPAA privacy requirements. Proof of attendance shall be maintained in the Training and Performance Management Center of Excellence in Human Resources Shared Services and provided to the Office of Civil Rights upon request.

b. New employees and volunteers will receive training within 30 calendar days, and will receive a copy of the Notice of Privacy Policy in CFP 60-1, Employee Handbook.

c. Training is mandatory and will be conducted by the Training and Performance Management Center of Excellence.

1-6. Accessibility of Material.

a. The Notice of Privacy Policy and the Notice of Privacy Practices are available electronically on the Department of Children and Families website.

b. The Notice of Privacy Policy and the Notice of Privacy Practices will also be made available in alternative formats upon request.

1-7. Monitoring. The Privacy Officer will collect and analyze information from Headquarters, Regions, and Mental Health Treatment Facilities annually during the month of April to determine compliance with this procedure.

BY DIRECTION OF THE SECRETARY:

*(Signed Copy on File)*

DENNISE G. PARKER  
Human Resources Director

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL  
Revised "Notice of Privacy Practices," Attachment 3 to this chapter.

## GLOSSARY OF TERMS

- a. Accounting of Disclosures. A log that is maintained for each client listing all disclosures that have been made of his or her PHI.
- b. Alternative Communication Means. Information or communications delivered to clients by the Facility in a manner different than the normal practice of the Facility. For example, the client may ask for delivery at an alternative address, phone number or post office box; or that discussion of PHI be limited when specified people are present.
- c. Amend/Amendment. An amendment to PHI will always be in the form of information *added* to the existing PHI. This additional information may contain items that substantially change the initial PHI, make parts of the initial PHI more precise, or show some of the original PHI to be incorrect. However, the original PHI is never altered. Changes are indicated by the addition of the amended information.
- d. Authorization. A client's statement of agreement to the use or disclosure of Protected Health Information to a third party. See also "conditioned authorization".
- e. Breach. The unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of such information.
- f. Business Associate (BA). An individual or organization that creates, receives, maintains, or transmits protected health information on behalf of the Department. A business associate might also be an individual or entity that provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation or financial services involving the use or disclosure of PHI.
- g. Civil Monetary Penalty. The amount of money the Department or Business Associate would have to pay where a violation of a HIPAA Rule has been found.
- h. Client. As used in this operating procedure includes patient.
- i. CMS – Centers for Medicare and Medicaid Services. The agency formerly known as HCFA (Health Care Financing Administration) that regulates and enforces Federal Regulations for Medicare in Long Term Care and other health care entities.
- j. Conditioned. An authorization is "conditioned" if a client cannot obtain treatment or service unless he or she signs that authorization.
- k. Covered Entity. A business or agency such as DCF, who transmits health care information using one of the transaction standards defined by the Department of Health and Human Services. An example of this would be billing Medicare and Medicaid electronically for services the Department, a Business Associate, or a contracted client services provider provides to a client.
- l. Covered Functions. Functions of a covered entity, the performance of which make the entity a health plan, a health care clearinghouse, or a health care provider.
- m. De-Identification. The process of converting individually identifiable information into information that no longer reveals the identity of the client. Information may be de-identified by statistical de-identification or the safe harbor method of de-identification.

n. De-Identified Health Information. Health information that does not identify an individual and does not contain information that can identify or link the information to the individual to whom the information belongs.

o. Department of Health and Human Services (HHS). The federal agency charged with the development, statement and implementation of the Health Insurance Portability and Accountability Act.

p. Designated Record Set. A group of medical records and billing records relating to an individual, maintained and used by the Department or health care provider to make decisions about the client. In this context a record is any item, collection, or grouping of information that contains Protected Health Information (PHI) and is maintained, collected, used or disclosed by the Department. The Designated Record Set also includes billing information that may contain ICD-9-CM codes that represent health conditions of the client and which are part of the clients Protected Health Information.

q. Directory Information. The four pieces of information that are considered "Directory Information" include:

- (1) Client name;
- (2) Location in the facility (room/bed number);
- (3) Condition described in general terms (e.g., "He is not feeling well." or "She is having a good day."); and
- (4) Religious affiliation (available only to members of the clergy).

**Note:** You would not want to post or display more than the client's name and room/bed number on your facility directory.

r. Disclosure. To release, transfer, provide access to or divulge in any way a client's health information to third parties. Disclosures are either permissible or impermissible.

(1) Permissible - Disclosure of health information that does not require an authorization or an opportunity to agree or object before the disclosure is made. Permissible disclosures include, but are not limited to those made for treatment, payment and operation or required by law.

(2) Impermissible - A disclosure of health information that is prohibited under the privacy rule without first obtaining the client's authorization. An impermissible disclosure is presumed to be a breach unless the covered entity or business associate demonstrates through a risk assessment that there was a low probability that the protected health information had been compromised.

s. Electronic Protected Health Information (ePHI). Any individually identifiable health information protected by HIPAA that is transmitted by or stored in electronic media.

t. Financial Records. Admission, billing, and other financial information about a client included as part of the Designated Record Set.

u. Fundraising. An organized campaign by a private, non-profit or charitable organization designed to reach out to certain segments of the population or certain identified populations in an effort to raise monies for their organization or for a specific project or purpose espoused by their organization.

v. Health Care Operations. Any of the following activities of a Covered Entity or Facility:

(1) Conducting quality assessment and improvement activities, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; protocol development, case management and care coordination, contacting of health care providers and clients with information about treatment alternatives; and related functions that do not include treatment;

(2) Reviewing the competence or qualifications of health care professionals, evaluating employee and facility performance, conducting training programs under supervision to practice or improve skills, training of non-health care professionals, accreditation, certification, licensing or credentialing activities;

(3) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

(4) Business planning and development such as conducting cost-management and planning related analyses related to managing and operating a facility;

(5) Business management and administrative activities of a covered entity, including, but not limited to:

(a) Customer service;

(b) Resolution of internal grievances;

(c) Due diligence in connection with the sale or transfer of assets to a potential successor in interest; and

(d) Creating de-identified health information, fundraising for the benefit of the covered entity and marketing for which an individual's authorization is not required.

w. Health Care Provider. An entity that provides health care, service or supplies related to the health of an individual, e.g., medical, dental, physical therapy, or chiropractic clinics; hospitals, etc.

x. Health Oversight Agency. A governmental agency or authority, or a person or entity acting under a grant of authority from or a contract with such public agency, including the employees or agents of the public agency, its contractors and those to whom it has granted authority, that is authorized by law to oversee the public or private health care system or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights for which health information is relevant.

y. HIPAA. The Health Insurance Portability and Accountability Act of 1996, including the portion of the Act known as Administrative Simplification (Subpart F) dealing with the privacy of individually identifiable health information.

z. Hybrid Entity. A single legal entity that is a covered entity whose business activities include both covered and non-covered functions and who designates health care components in accordance with law.

aa. Indirect Treatment Relationship. A relationship between an individual and a health care provider in which the health care provider delivers health care to the individual based on the orders of another health care provider and the health care provider typically provides services or products, or reports the diagnosis or results associated with the health care, directly to another health care provider, who provides the services or products or reports to the individual.

bb. Individually Identifiable Health Information (IIHI). Any information, including demographic information, collected from an individual that:

- (1) Is created or received by a health care provider, health plan, or employer; and
- (2) Relates to the past, present or future physical or mental health or condition of an individual; and
  - (a) Identifies the individual; or
  - (b) With respect to which there is reasonable basis to believe that the information can be used to identify the individual.

cc. Law Enforcement Official. A public employee from any branch of government who is empowered by law to investigate a potential violation of the law or to prosecute, or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.

dd. Limited Data Set (LDS). A data set that includes elements such as dates of admission, discharge, birth and death as well as geographic information such as the five digit zip code and the individual's state, county, city or precinct but still excludes the other 16 elements that "de-identify" information. In addition, this limited data set can only be used if a covered entity enters into a "data use agreement" with the data recipient similar to the agreements entered into between covered entities and their business associates.

ee. Marketing.

(1) To provide information about a product or service that encourages recipients of the communication to purchase or use the product or service, unless the communication is made:

(a) To describe a health-related product or service (or payment for such product or service) that is provided by or included in a plan of benefits of the covered entity making the communication, including communications about the entities participating in a health care provider network or health plan network; replacement of, or enhancement to, a health plan; and health-related products or services available only to a health plan enrollee that add values to, but are not part of, a plan of benefits;

(b) For treatment of that individual; or

(c) For case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers or settings of care to the individual.

(2) An arrangement between a covered entity and any other entity whereby the covered entity discloses Protected Health Information to the other entity in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or service that encourages recipients of the communication to purchase or use that product or service.

ff. Medical Record. The collection of documents, notes, forms, test results, etc., which collectively document the health care services provided to an individual in any aspect of health care delivery by a provider; individually identifiable data collected and used in documenting healthcare services rendered. The Medical Record includes records of care used by healthcare professionals while providing client care services, for reviewing client data, or documenting observations actions or instructions. The Medical Record is included as part of the Designated Record Set.

gg. Minimum Necessary. The least amount of Protected Health Information needed to achieve the intended purpose of the use or disclosure. Covered Entities are required to limit the amount of Protected Health Information it uses, discloses or requests to the minimum necessary to do the job. Use or disclosure of more than the minimum necessary may constitute a breach and subject the covered entity to sanctions.

hh. Notice of Privacy Practices. A document required by HIPAA that provides the client with information on how the covered entity generally uses a client's Protected Health Information and what the client's rights are under the Privacy Rule.

ii. Operations. Health Care Operations includes functions such as: quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arrange for medical review, legal services and auditing functions, business planning and development, and general business and administrative activities.

jj. Payment. The activities undertaken by a health care provider to obtain or provide reimbursement for client health care, including determinations of eligibility or coverage, billing, collections activities, medical necessity determinations and utilization review.

kk. Personal Representative. A person who has authority under law to make decisions related to health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in loco parentis who is authorized under law to make health care decisions on behalf of a child or unemancipated minor. For purposes of the Privacy Rule a covered entity must treat a personal representative as having the same rights as the client unless there is a reasonable belief that the personal representative has subjected the client to abuse or neglect, or treating the person as the personal representative could endanger the client.

ll. Privacy Officer. A position mandated by HIPAA. The person designated by the organization who is responsible for development and implementation of the HIPAA policies and procedures and is responsible for reviewing and investigating reported HIPAA privacy incidents and violation of privacy policies. Within the Department, the Human Resources Manager for Civil Rights has been designated the HIPAA Privacy Officer.

mm. Privacy Rule. The regulation issued by the Department of Health and Human Services entitled Standards for Privacy of Individually Identifiable Health Information.

nn. Protected Health Information (PHI) (if electronic may be referenced as "ePHI"). Individually identifiable information that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and

(1) That identifies the individual; or

(2) There is a reasonable basis to believe the information can be used to identify the individual.

PHI does not include the following:

(1) Individually identifiable health information in education records covered by the Family Education Rights and Privacy Act (20 U.S.C. 1232g), and

(2) Employment records held by a covered entity in its role as an employer.

oo. Psychotherapy Notes. Notes that are recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session. Psychotherapy notes must be kept separate from the rest of the client's Medical Record.

pp. Public Health Authority. A governmental agency or authority, or a person or entity acting under a grant of authority from or a contract with such public agency, including the employees or agents of the public agency, its contractors and those to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

qq. Reasonable Cause. An act or omission in which a covered entity or business associate knew, or by exercising reasonable diligence would have known, that the act or omission violated an administrative simplification provision, but in which the covered entity or business associate did not act with willful neglect.

rr. Reasonable Diligence. Is the care and attention that is expected from and is ordinarily exercised by a reasonable and prudent person under the same circumstances.

ss. Re-Identification. The process of converting de-identified health information back to individually identifiable health information. Re-identified health information does reveal the identity of the client and must be treated as PHI under the HIPAA Privacy Rule.

tt. Research. A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge.

uu. Resident. The term Resident in these operating procedures refers to someone that resides in the State of Florida or is under our jurisdiction.

vv. Revoke. To cancel or withdraw an authorization to release medical information.

ww. Role Based Access. Access to PHI based on the duties of employees. The Facility will identify persons or classes of persons in its workforce who need access to PHI to carry out their duties and make a reasonable effort to limit access of PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

xx. Safeguarding. To ensure safekeeping of Protected Health Information for the client.

yy. Sanctions. Penalties associated with the unauthorized or impermissible access, release, transfer, or destruction of a client's health information. Federal regulations require the development and enforcement of a strict sanctions policy.

zz. Security Officer. A position mandated by HIPAA. The responsibilities of this person are to oversee implementation of the requirements mandated by the Final Security regulation and any security requirements included in the other sections of the HIPAA regulation. Within the Department, the IT Staff Director of Audits and Compliance has been designated the HIPAA Security Officer.

aaa. State Operations Manual (SOM). Federal Regulations that govern all Skilled Nursing Facilities that receive federal funding from Medicare and/or Medicaid.



bbb. Security Incidents. The attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system. As defined by Security Standards, a “Security Incident” includes all of the unsuccessful “hacking” attempts that might take place. Security incidents require a report be made to the Security Officer within a reasonable period of time.

ccc. Subcontractor. Is a person to whom a business associate has delegated a function, activity, or service the business associate has agreed to perform for the Department. A subcontractor is then a business associate where that function, activity, or service involves the creation, receipt, maintenance, or transmission of protected health information.

ddd. Subpoena (2 types). A process to cause a witness to appear and give testimony, commanding him to lay aside all pretenses and excuses, and appear before a court or magistrate therein named at a time therein mentioned to testify for the party named under a penalty thereof.

(1) *Duces Tecum* – A request for witnesses to appear and bring specified documents and other tangible items. The subpoena *duces tecum* requires the individual to appear in court with the requested documents, or simply turn over those documents to the court or to counsel requesting the documents.

(2) General Subpoena (AKA *Ad Testificandum*) – A command to appear in court at a certain time and place to give testimony regarding a certain matter, for example, to testify that the record was kept in the normal course of business.

eee. TPO. (See Treatment, Payment, and Operations.)

fff. Treatment. The provision, coordination or management of health care and related services by the Facility, including the coordination or management of health care by the Facility with a third party; consultation with other health care providers relating to a client; or the referral of a client for health care between the Facility and another health care provider.

ggg. Treatment, Payment and Operations (TPO) Exclusion. The Privacy Rule allows sharing of information for purposes of treatment, payment and health care operations. Treatment includes use of client information for providing continuing care. Payment includes sharing of information in order to bill for the care of the client. Health care operations are certain administrative, financial, legal, and quality improvement activities that are necessary for your Facility to run its business and to support the core functions of treatment and payment.

hhh. U.S. Department of Health and Human Services (HHS). The federal agency charged with the development, statement and implementation of the HIPAA Privacy Rule. ([www.hhs.gov/](http://www.hhs.gov/))

iii. U.S. Department of Health and Human Services (HHS) Office for Civil Rights. The federal agency that has responsibility for enforcement of the HIPAA Privacy Rule. (<http://www.hhs.gov/ocr/office/index.html>)

jjj. Unconditioned. Research that does not condition treatment or services upon signing an authorization.

kkk. Unsecured Protected Health Information. Is protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111–5.

III. Use. To share, apply, use, examine or analyze health information within the Facility.  
(See also Disclosure).

mmm. Whistleblower. A person, usually a staff member, who reveals wrongdoing within an organization to the public, government agencies or to those in positions of authority.

nnn. Willful Neglect. Conscious, intentional failure, or reckless indifference to comply.

ooo. Workforce. Employees, volunteers, trainees and other persons whose conduct, in the performance of work for the Facility, is under the direct control of the Facility, whether or not they are paid. Members of the workforce are not business associates.



STATE OF FLORIDA  
 DEPARTMENT OF CHILDREN AND FAMILIES

# NOTICE OF PRIVACY POLICY

Policy Statement. See CFOP 60-17, Chapter 1, for additional information.

The purpose of this policy is to assure the privacy and confidentiality of protected health information. Department employees and volunteers shall not permit the unauthorized disclosure of Protected Health Information (PHI) except as permitted or required by law. The Department’s policy complies with 45 C.F.R. Parts 160, 162, and 164, federal regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable Florida Statutes.

As defined by the Act, *protected health information (PHI)* is information which can be used to identify an individual and which relates to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

As defined by the Act, *disclosure* means the release, transfer, provision of access to, or divulging in any way a client’s health information to third parties. Disclosures are either permissible or impermissible.

(1) Permissible – Disclosure of health information that does not require an authorization or an opportunity to agree or object before the disclosure is made. Permissible disclosures include, but are not limited to, those made for treatment, payment and operations or required by law.

(2) Impermissible – A disclosure of health information that is prohibited under the privacy rule without first obtaining the client’s authorization. An impermissible disclosure is presumed to be a breach unless the covered entity or business associate demonstrates through a risk assessment that there was a low probability that the protected health information had been compromised.

Employees who disclose or permit the unlawful disclosure of protected health information will be subject to disciplinary action in accordance with CFOP 60-17, Chapter 6, and the Department Standards of Conduct. Employees and volunteers who violate the privacy provisions of the Act may also be subject to criminal penalties under Federal law.

I have read the Department’s Policy Statement and understand my compliance with this policy is a condition of employment. I also understand that this signed receipt will become a part of my personnel file.

Type or Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Florida Department of Children and Families**

**NOTICE OF PRIVACY PRACTICES**

**Office of Civil Rights  
HIPAA Privacy Officer**  
 1317 Winewood Blvd., Bldg, 1, Room 110  
 Tallahassee, FL 32399-0700  
 Phone: (850) 487-1901 FAX: (850) 921-8470  
 Website: www.myfloridafamilies.com/hipaa

**Your Information.**

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Your Rights.**

This Notice applies to the Department of Children and Families, their Business Associates and Subcontractors.

**Our Responsibilities.**

**-PLEASE REVIEW IT CAREFULLY-**

**Your Rights**

**You have the right to:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Choose someone to act for you
- Receive breach notifications
- Get a list of those with whom we've shared your information
- Get a copy of this Privacy Notice
- File a complaint if you believe your Privacy Rights have been violated

➡ See page 2 & 3 for more information on these rights and how to exercise them.

**Your Choices**

**You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a directory (if applicable)
- Provide mental health care
- Market our service and sell your information
- Raise Funds

➡ See page 3 for more information on these choices and how to exercise them.

**Our Uses and Disclosures**

**We may use and share your information as we:**

- Treat you
- Run our organization
- Bill for services
- Work with our contracted Business Associates and subcontractors
- Help with public health and/or public safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Respond to lawsuits and legal actions
- Work with a medical examiner or funeral director
- Address workers' compensation, health oversight agencies, law enforcement, and other government requests
- Government agencies providing benefits or services

➡ See page 4 & 5 for more information on these choices and how to exercise them.

**WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

Protected Health Information (PHI) is information that would enable a person reading or hearing it to identify you individually, referred to as “individually identifiable health information”, that relates to:

- your past, present, or future physical or mental health or condition;
- the provision of health care to you;
- the past, present, or future payment for the provision of health care or services to you; or
- your Genetic information.



**When it comes to your health information, you have certain rights.**

**Get an electronic or paper copy of your medical record**

- You, or your designee, can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Your request must be in writing to the program office or service provider that maintains your records.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We are not required to allow you to see or copy psychotherapy notes, information prepared for use in legal actions or proceedings, or where access is prohibited by law.

**Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing to the program office or service provider that maintains your records.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, if you are an outpatient client, you could request we contact you at your workplace or via email) or send mail to a different address. Your request must be in writing to the program office or service provider that maintains your records.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Ask us to limit what we use or share**

- You can ask us **not** to use or share certain health information. We are not required to agree to your request, and we may say “no” if it would affect your care.
- You can ask us **not** to share certain health information with family members. We are not required to agree to your request, and we may say “no” if it would affect your care.
- These requests must be in writing to the program office or service provider that maintains your records.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Your request must be in writing to the program office or service provider that maintains your records.
- We will make sure the person has this authority and can act for you before we take any action.

**Receive breach notifications**

- You will receive notification if there is a breach of your unsecured protected health information (PHI).



**Get a list of those with whom we've shared Information**

- You can ask for a list (Accounting of Disclosures) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. (Note: the list will not include any uses or disclosures made before April 14, 2003.) Your request must be in writing to the program office or service provider that maintains your records.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one Accounting of Disclosures a year for free but may a reasonable, cost-based fee if you ask for another one within twelve months.

**Get a copy of this Privacy Notice**

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Please contact the office, facility or program where you receive services and we will provide you with a paper copy promptly.
- You may also view and download a copy of this Notice at:  
**<http://www.myfloridafamilies.com/hipaa>**.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by sending a letter to the Department of Children and Families, Office of Civil Rights, HIPAA Privacy Officer, 1317 Wine-wood Boulevard, Building 1, Room 110, Tallahassee, Florida 32399-0700, calling 850-487-1901, or faxing to 850-921-8470.
- You can file a complaint with the U. S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S. W., Washington, D. C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.



**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.



**How do we typically use or share your health information?**

We typically use or share your health information in the following ways. Please note that not all types of uses and disclosures can be described or listed in this Notice.

**Treat you**

- We can use your health information and share it with other professionals who are treating you and coordinate services you may need.

*Example:* A doctor performing a clinical evaluation may talk another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our organization, improve your care, and contact you when necessary.

*Example:* We use health information about you to manage your treatment and services.

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans and other entities.

*Example:* We give information about you to your health insurance plan so it will pay for your services.

**Work with our contracted Business Associates and Subcontractors**

- The Department contracts with individuals, other agencies, and businesses to carry out some of the services for which we are responsible. Examples would include community based care agencies, case management agencies, mental health treatment centers, and technology vendors.

**How else can we use or share your health information?** We are allowed or required to share your information in the course of investigations, determining eligibility, providing care, services or other benefits, and in other ways— usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers.index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers.index.html)

**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

**Do research**

- We can use or share your information for health research.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
  - For law enforcement purposes, with a law enforcement official, or correctional institutions
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
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**Government agencies providing benefits or services**

We can share your health information with other government agencies or programs that provide similar services or benefits to you if the release is necessary to coordinate the delivery of your services or benefits, or improves our ability to administer or manage the program.

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## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website at : [www.myfloridafamilies.com/hipaa](http://www.myfloridafamilies.com/hipaa).

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**Effective: September 22, 2013**

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### This Notice of Privacy Practices applies to the following organizations:

The Florida Department of Children and Families, their Business Associates and Subcontractors.

If you feel your privacy rights have been violated, or you disagree with a decision we made about your protected health information (PHI), you may file a complaint with the Secretary of the U. S. Department of Health and Human Services and/or the Department of Children and Families by contacting either agency at the addresses below. No retaliatory actions will be taken against you for filing a complaint.

The Department of Children and Families  
 Office of Civil Rights  
 HIPAA Privacy Officer  
 1317 Winewood Blvd., Bldg. 1, Room 110  
 Tallahassee, FL 32399-0700  
 Phone: (850) 487-1901  
 FAX: (850) 921-8470  
 Website: [www.myfloridafamilies.com/hipaa](http://www.myfloridafamilies.com/hipaa)

U. S. Department of Health and Human Services  
 Sam Nunn Atlanta Federal Center, Suite 16T70  
 61 Forsyth Street, S. W.  
 Atlanta, GA 30303-8909  
 Voice Phone: (404) 562-7453  
 FAX: (404) 562-7881  
 TDD: (404) 562-7884