

TO: CITY OF PORT ST. LUCIE EMPLOYEES

FROM: HUMAN RESOURCES

RE: MEDICAL INFORMATION - Your Information. Your Rights. Our Responsibilities

DATE: February 1, 2017

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.**

Your Rights

You have the right to:

- Get an electronic or paper copy of your medical and/or claims records
- Correct your medical and/or claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

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

- Answer coverage questions from your family and friends.
- Provide disaster relief.
- Provide mental health care.
- Engage in fund raising efforts.

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run the City
- Bill for your services
- Pay for your health services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- 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 will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 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. We will provide you with a paper copy promptly.

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.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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/.
- We will not retaliate against you for filing a complaint.

Your Choices

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 payment for 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.

In the case of fundraising:

- We will obtain your authorization prior to engaging in any fundraising efforts on your behalf
- We will also obtain your written permission prior to sharing your information in connection with any fundraising efforts on your behalf.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

We can use your health information and share it with professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run the City

- We can use and share your health information to run the city, to improve your care and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the prices of that coverage. This does not apply to long term care plans.

Example: We use health information about you to manage your treatment and to develop better services for you.

Bill for your services

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

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

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

How else can we use or share your health information?

We are allowed or required to share your information 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.

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 are complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

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

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 or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

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.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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 the following website:

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, on our employee intranet and a copy will be mailed to you.

Other Instructions for Notice

- Effective: February 1, 2017.
- Under Florida law, information, interview, reports, statements, memoranda, and drug test results, written or otherwise, received or produced as a result of a drug-testing program are confidential and exempt for disclosure under Chapter 119, Florida Statutes.
- The City will comply with all breach notification, data security and disposal of records in accordance with the Florida Information and Protection Act (aka FIPA), Florida Statute Section 501.171.
- We will not disclose your mental health information without your express and informed consent, unless your attorney needs the information to represent you, we are ordered by the court, you are in jail, you have declared an intent to harm another person, your information is needed by the Medicaid Fraud Unit of the Department of Legal Affairs, your information is needed by the Agency for Healthcare Administration and Florida Advocacy Councils for purposes of monitoring facilities and answering patient complaints, your information is needed to determine involuntary outpatient placement, the release is to a qualified researcher or aftercare treatment

provider. We may provide a summary of your mental health information to your parent or next of kin.

- We will not disclose your alcohol and drug abuse information without your permission unless, we need to disclose this information to medical personnel in a medical emergency, we need the information to treat you, there is an audit review of the service provider, we are required to report information to the Department of Health for scientific research, the court orders disclosure, there is suspected child abuse and neglect, or if a crime is committed on our property.
- Your communication with our psychologist may not be released without your permission unless, the psychologist is a defendant in a civil, criminal or disciplinary action filed by you. Also, if there is a clear and immediate probability of physical harm to you or to society, your psychologist may release your confidential information to the potential victim, appropriate family member, law enforcement or other appropriate authorities.
- The City does not sell or market personal information.
- The name of the City's Privacy Official is: Claudia McCaskill, Human Resources: 121 SW Port St. Lucie Boulevard, Port St. Lucie, Florida 34984; 772-344-4081; cmccaskill@cityofpsl.com.