

Florida Agency for Health Care Administration (AHCA)

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. YOU DO NOT NEED TO RESPOND TO THIS NOTICE.

AHCA's Responsibilities

The Agency for Health Care Administration is required by law to maintain the privacy of your protected health information in our custody. We must provide you with notice of our legal duties and privacy practices with respect to your health information. We must also follow the terms of this notice.

How AHCA Uses and Safeguards your Health Information

If you are a Medicaid/MediKids recipient, we use your health information to pay for your health services and to operate the Medicaid program. We may also use your health information to tell you about treatment alternatives or other health-related benefits and services.

The following are some examples of how we may use your health information:

- Your doctor may send us a claim to pay. The claim includes information that identifies you and the type of care you received.
- We may share your information with a company that reviews hospital records to check on the quality of care that you received.
- We may send appointment reminders for Child Health Check-Up services.

AHCA may also use and disclose your health information as permitted by law, such as:

- To entities outside the agency for purposes directly connected with the administration of the State Medicaid plan.
- In responding to public emergencies, access to your health information may be granted to persons or agency representatives who are subject to standards of confidentiality comparable to those of AHCA. Such other agencies may include the Federal Emergency Management Agency (FEMA) or the Centers for Disease Control (CDC).
- Where disclosure would assist in determining eligibility for benefits, amount of medical assistance payment or otherwise assists the agency in the administration of the Medicaid program.
- To the confidential Florida abuse hotline in order to report abuse, neglect and/or domestic violence as per criteria and conditions imposed on the agency by law.
- For health oversight activities and/or administration of the Medicaid program, such as inspections, investigations, and audits.
- To conduct research to benefit the Medicaid program.
- For purposes of treatment, payment, or our operations and as otherwise required by law.

Other uses or disclosures of your protected health information require your or your personal representative's written authorization. For example, we will not use or disclose psychotherapy notes without your written authorization or as allowed by law. We will not use or disclose your protected health information for marketing purposes without your written authorization and we will not sell your protected health information without your written authorization. We also are prohibited by law from using or disclosing genetic information for insurance underwriting purposes. At any time, you may revoke authorizations in writing. If you cannot give your authorization due to an emergency, we may release your health information if it is in your best interest.

Your Health Information Rights

You have the following rights with respect to your protected health information:

- To see or obtain a copy of your health information that is maintained by AHCA. We may not be able to provide health information that includes psychotherapy notes, is part of a legal case, or is otherwise excluded from disclosure by law. We may charge a copying fee.
- To request that we amend health information we maintain that you believe is incorrect or incomplete.
- To request a list of disclosures we have made of your health information. The list may not include disclosures authorized by you, disclosures for treatment, payment and health care operations, or other disclosures permitted by law.
- To request that we contact you at a different address or phone number, if contacting you about your health information at your present location would endanger you.
- To request that we limit the use and disclosure of your health information. We are not required to agree to your request.
- To request another paper copy of this notice.
- To opt-out of fundraising communications from us should AHCA ever engage in fundraising.
- To receive a notification from us following a breach of your unsecured protected health information.

Contact Information

If you have any questions, wish to make a request regarding your health information, or would like another paper copy of this notice, please contact the toll-free Medicaid Help Line listed below. We may ask you to make the request in writing.

Florida Medicaid Recipient Help Line: (877) 254-1055

Filing a HIPAA Complaint

If you believe your privacy rights have been violated by AHCA or one of its employees, you may file a complaint with AHCA and/or the Secretary of the Department of Health and Human Services at the addresses below. You will not be retaliated against for filing a complaint.

Privacy Officer
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 4
Tallahassee, Florida 32308
(850) 412-3960

Secretary
Department of Health and Human Services
200 Independence Ave. SW
Washington, D.C. 20201
(800) 368-1019

Future Changes to the Notice of Privacy Practices

AHCA reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information that we maintain. If we make a material revision to this notice, we will send a revised copy of the notice to recipient households within sixty (60) days of the revision.

Who receives the Notice of Privacy Practices

We send this notice to every recipient household. This notice applies to all Florida Medicaid recipients.

Si ou bezwen informasion un Kreyol, tanpris rele: 1-877-254-1055.

Effective Date: 12/15/2015