

NOTICE OF PRIVACY PRACTICES OF THE GROUP HEALTH PLANS MAINTAINED BY PINELLAS COUNTY

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.

This Notice applies to the Group Health Plans (each a “Plan” and collectively, the “Plans”) maintained by the Plans’ sponsor, Pinellas County (“County”), including the medical plans, the prescription plan, the employee assistance program and managed mental health plan, the vision plan, and the dental plans. This Notice applies to all of the Plans because the County coordinates the operations of the Plans to better serve you and the other participants and beneficiaries of the Plans. As a result, the Plans have entered into an arrangement to abide by the terms of this Notice. References to “we” and “us” throughout this Notice mean the Plans. Each of the Plans will use and disclose your health information as described in this Notice and each is obligated to comply with the terms of this Notice.

The Plans may provide benefits through a health insurance issuer, health maintenance organization (“HMO”), or Third Party Administrator (TPA). The health insurance issuer, HMO, or TPA may have its own policies and notice regarding your health information and you should review those notices for information about how the insurance issuer, HMO, or TPA will handle your medical information that is in its possession.

We Are Legally Required to Safeguard Your Protected Health Information

- We are required by law to:
- Maintain the privacy of your health information, also known as “protected health information” or “PHI;”
- Provide you with this Notice, and
- Comply with this Notice.

Future Changes to Our Practices and This Notice

We reserve the right to change our privacy practices and to make any such change applicable to the PHI we obtained about you before the change. If a change in our practices is material, we will revise this Notice to reflect the change. You may obtain a copy of any revised Notice by contacting the HIPAA Privacy Officer at (727) 464-4570. We will also make any revised Notice available on our website at <http://www.co.pinellas.fl.us/persnl/>.

How We May Use and Disclose Your Protected Health Information

The law permits us to use and disclose your PHI for certain purposes without obtaining your written authorization. This Section gives examples of each of these circumstances.

Uses and Disclosures for Treatment, Payment and Health Care Operations.

- We may use or disclose your PHI for purposes of your treatment. For example, we may **disclose your PHI to physicians, nurses, and other health care professionals who are involved in your care.** We may also use and disclose your PHI to tell you about treatment alternatives or health-related benefits or services that may interest you. In addition, we may provide you with disease management services and we may use and disclose your PHI as necessary for the nurses, pharmacists and other professionals to provide you with these services.

- We may also use or disclose your PHI to **provide payment for the treatment you receive** under a Plan. For example, we may use and disclose your PHI to obtain our premiums, to pay and manage your claims, coordinate your benefits and review health care services provided to you. We may also use and disclose your PHI to determine your eligibility or coverage for health benefits, to evaluate medical necessity or the appropriateness of care or charges. In addition, we may use and disclose your PHI as necessary to precertify and preauthorize services to you and to review the services provided to you. We may also use and disclose your PHI to obtain payment under a contract for reinsurance, including stop-loss insurance. We may further use and disclose your PHI to adjudicate your claims. Also, we may disclose your PHI to **other health care providers or entities** who need your PHI in order to obtain or provide payment for your treatment.
- In addition, we may use or disclose your PHI **for our health care operations**. For example, we may use your PHI to evaluate the quality of the health care you received from providers in participating networks or preferred providers. We may use or disclose your PHI to conduct audits, for purposes of underwriting and ratemaking, as well as for purposes of risk management. In addition, we may use or disclose your PHI in order to manage our data and information systems. We may use or disclose your PHI to provide you with customer service activities or to develop programs. We may also provide your PHI to our attorneys, accountants and other consultants who assist us in performing our functions and to make sure we are complying with the laws that affect us. In addition, we may disclose your PHI to **other health care providers or entities for certain of their health care operations activities**, such as quality assessment and improvement activities, case management and care coordination, or as needed to obtain or maintain accreditation or licenses to provide services. We will only disclose your PHI to these entities if they have or have had a relationship with you and your PHI pertains to that relationship.

Sharing of PHI Among the Plans.

In addition to the uses and disclosures of your PHI for purposes of treatment, payment and health care operations discussed above, **the Plans may share your PHI with each other**. As discussed at the beginning of this Notice, the Plans have entered into an arrangement to coordinate their operations. To do so, the Plans may need to share PHI with each other to manage their operations. However, the Plans will only share your PHI with each other as necessary for treatment, payment or health care operations of the Plans and their common operation.

Disclosures to the Sponsor of the Plans.

We may disclose your PHI to the County, the sponsor of the Plans. As the sponsor of the Plans, the County assigns certain of its personnel to administer the Plans so that the Plans can operate and provide you with your health benefits. The County will only use and disclose your PHI as necessary to administer the Plans. The law only permits the Plans to disclose your PHI to the County, in its role as the Plans' sponsor, if the County certifies, among other things, that it will only use and disclose your PHI as permitted by the Plans, will restrict access to your PHI to those County employees whose job it is to administer the Plans and will not use PHI for any employment-related actions or decisions.

Uses and Disclosures That Require Us to Give You the Opportunity to Object.

Unless you object, we may provide relevant portions of your PHI **to a family member, friend or other person you indicate** is involved in your health care or in helping you get payment for your health care. If you are not capable of agreeing or objecting to these disclosures because of, for instance, an emergency situation, we will disclose PHI as we determine is in your best interest, but will tell you about it later, after the emergency, and give you the opportunity to object to future disclosures to family and friends.

Other Uses and Disclosures.

The law allows us to disclose PHI without your prior authorization in the following circumstances:

- **When Required by Law.** We disclose PHI when we are required to do so by federal, state or local law.
- **For Public Health Activities.** For example, we disclose PHI when we report to a public health authority for purposes such as public health surveillance or public health investigations, or to report suspected child abuse.
- **For Reports About Victims of Abuse, Neglect or Domestic Violence.** We will disclose your PHI in these reports only if we are required or authorized by law to do so, or if you otherwise agree.
- **To Health Oversight Agencies.** We will provide PHI as requested to government agencies that have authority to audit or investigate our operations.
- **For Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a subpoena or other lawful request, but only if efforts have been made to tell you about the request or to obtain a court order that will protect the PHI requested.
- **To Law Enforcement.** We may release PHI if asked to do so by a law enforcement official, in the following circumstances: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct; and (f) in emergency circumstances, to report a crime, its location or victims, or the identity, description or location of the person who committed the crime.
- **To Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to facilitate the duties of these individuals.
- **To Organ Procurement Organizations.** We may disclose PHI to facilitate organ donation and transplantation.
- **For Medical Research.** We may disclose your PHI without your consent to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers, who will be required to safeguard the PHI they receive.
- **To Avert a Serious Threat to Health or Safety.** We may disclose your PHI to someone who can help prevent a serious threat to your health and safety or the health and safety of another person or the public.
- **For Specialized Government Functions.** For example, we may disclose your PHI to authorized federal officials for intelligence and national security activities that are authorized by law, or so that they may provide protective services to the President or foreign heads of state or conduct special investigations authorized by law.
- **To Workers' Compensation or Similar Programs.** We may provide your PHI to these programs in order for you to obtain benefits for work-related injuries or illness.

Uses and Disclosures Requiring Your Authorization

Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us written authorization for a use or disclosure of your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your PHI for the purposes specified in the written authorization, except that we are unable to take back any disclosures we have already made with your permission. In addition, we can use or disclose your PHI after you have revoked your authorization for actions we have already taken in reliance on your authorization, or if your authorization was obtained as a condition to your obtaining insurance coverage and the law permits us to contest a claim or the policy.

Your Rights Related to Your Protected Health Information

You have the following rights:

The Right to Choose How We Communicate With You. You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, or never by telephone). We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to Employee Benefits Manager, Personnel Department, 401 South Fort Harrison, Clearwater, FL 33756.

The Right to See and Copy Your PHI. Except for limited circumstances, you may look at and copy your PHI if you ask in writing to do so. Any such request must be addressed to Employee Benefits Manager, Personnel Department, 401 South Fort Harrison, Clearwater, FL 33756, which will respond to your request within 30 days (or 60 days if extra time is needed). In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed.

If you ask us to copy your PHI, we will charge you a reasonable fee to cover our costs in making the copies. Alternatively, we may provide you with a summary or explanation of your PHI, as long as you agree to that and to the cost, in advance.

The Right to Correct or Update Your PHI. If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing and must be addressed to Employee Benefits Manager, Personnel Department, 401 South Fort Harrison, Clearwater, FL 33756, and must tell us why you think the amendment is appropriate. We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if extra time is needed), and will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will make reasonable efforts to notify other parties that we know have your PHI of the amendment. If we agree to make the amendment, we will also ask you whom else you would like us to notify of the amendment.

We may deny your request if you ask us to amend information that:

- was not created by us, unless the person who created the information is no longer available to make the amendment;
- is not part of the PHI we keep about you;
- is not part of the PHI that you would be allowed to see or copy; or
- is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include disclosures we have made for treatment, payment and health care operations purposes, those made directly to you or under an authorization that you provided, or those made to your family or friends. Neither will the list include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made before April 14, 2003.

Your request for a list of disclosures must be made in writing and be addressed to Employee Benefits Manager, Personnel Department, 401 South Fort Harrison, Clearwater, FL 33756. We will respond to your request within 60 days (or 90 days if extra time is needed). The list we provide will include disclosures made within the last six years (subject to the April 14, 2003 beginning date) unless you specify a shorter period. The first list you request within a 12-month period will be free. You will be charged our costs for providing any additional lists within the 12-month period.

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us to limit how we use and disclose your PHI, as long as you are not asking us to limit uses and disclosures that we are required or authorized to make to the Secretary of the Department of Health and Human Services, or the disclosures described in Section III, above. Any such request must be submitted in writing to our Privacy Officer. We are not required by law to agree to your request and currently have made the decision for operational reasons not to agree to restrictions.

The Right to Get a Paper Copy of This Notice. Even if you have agreed to receive this Notice by e-mail, you have the right to request a paper copy as well. You may obtain a paper copy of this Notice by contacting HIPAA Privacy Officer at (727) 464-4570. The Notice is also available on our website at <http://www.co.pinellas.fl.us/persnl/>.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services. To file a complaint with us, put your complaint in writing and address it to our HIPAA Privacy Officer, Personnel Department, 401 South Fort Harrison, Clearwater, FL 33756. **We will not retaliate against you for filing a complaint.** You may also contact our Privacy Officer at (727) 464-4570 if you have questions or comments about our privacy practices.

Effective Date: April 14, 2006

Distribution Date: April 21, 2006