

**NOTICE OF PRIVACY PRACTICES
OF PINELLAS COUNTY DEPARTMENT OF HEALTH AND COMMUNITY SERVICES**

Pinellas County Health Services ____ Mobile Medical Unit ____

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 health information is personal, and we are committed to protecting it. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice applies to all records about your care that occurs at our facility. (Your physician may have different policies and a different notice regarding your health information).

I. We Are Legally Required to Safeguard Your Protected Health Information.

We are required by law to:

- A. maintain the privacy of your health information, also known as "protected health information" or "PHI;"
- B. provide you with this Notice, and
- C. comply with this Notice.

II. 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 647 1st Ave. N., St. Petersburg, FL 33701. We will also make any revised Notice available in our reception area and on our website at <http://www.pinellascounty.org/SocialServices/>

III. How We May Use and Disclose Your Protected Health Information.

The law requires us to have your consent to some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your authorization. This Section (III) gives examples of each of these circumstances.

- A. Uses and Disclosures that do not Require Your Authorization. We may use or disclose your PHI **to provide treatment** to you or in order for **others to provide treatment** to you. For example, we may disclose your PHI to physicians, nurses, and other health care personnel who are involved in your care.

We may also use and disclose your PHI to contact you to remind you about appointments for treatment at our facility, to tell you about or recommend possible treatment options or alternatives, or about health-related benefits or services that may interest you. With your consent, we may also use or disclose your PHI to your insurance carrier in order **to get paid for treatment** provided to you. For example, we may use your PHI to create the bills that we submit to the insurance company, or we may disclose certain portions of your PHI to our business associates who perform billing and claims processing or other services for us.

With our consent, we may also use or disclose your PHI **for our operations related to health care**. For example, we may use your PHI to evaluate the quality of care you received from us, or to evaluate the performance of those involved with your care. We may also provide your PHI to our attorneys, accountants and other consultants to make sure we are complying with the laws that affect us.

The law makes some exceptions to the consent requirement for treatment, payment and health care operations, uses, and disclosures. For example, your consent is not required if you need emergency treatment, as long as we try to get your consent later. We may also use your PHI to treat you if we try to get consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think you would consent if you were able to do so.

- B. Uses and Disclosures That Require Us to Give You the Opportunity to Object. If you do not 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 insurance coverage or otherwise provide for payment for your health care. We may use or disclose your PHI to notify your family or personal representative of your location or condition. In an emergency or when you are not capable of agreeing or objecting to these disclosures, 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 if possible. Unless you object, we may also disclose your PHI to persons performing disaster relief activities.

- C. Certain Uses and Disclosures Do Not Require Your Authorization. The law allows us to disclose PHI without your authorization in the following circumstances:

- (1) When Required by Law. We disclose PHI when we are required to do so by federal, state or local law.
- (2) For Public Health Activities. For example, we disclose PHI when we report adverse reactions to a drug or medical device, or to notify a person who may have been exposed to a disease in compliance with applicable law. We may also use and disclose your PHI as necessary to comply with federal and state laws that govern workplace safety.
- (3) 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.
- (4) To Health Oversight Agencies. We will provide PHI as requested to government agencies who have authority to audit or investigate our operations.
- (5) 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, or upon court or administrative order.
- (6) To Law Enforcement. We may release PHI as permitted by law if asked to do so by a law enforcement official, in the following circumstances: (a) in response to a court order issued by a court in the county where the records are located, grand-jury subpoena, court-ordered warrant, administrative request 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 at our facility; 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.
- (7) To Coroners, Medical Examiners and Funeral Directors. We may disclose PHI to facilitate the duties of these individuals.
- (3) (8) To Organ Procurement Organizations. We may disclose PHI to facilitate organ donation and transplantation.

- (9) 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.
- (10) 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.
- (11) 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.
- (12) 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.

IV. Other Uses and Disclosures of Your Protected Health Information.

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. We are also required to retain certain records of the uses and disclosures made when the authorization was in effect.

V. Your Rights Related to Your Protected Health Information.

You have the following rights:

- A. 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 Community Services, related to our facility's patient directory, or the disclosures described in Section III, above. Any such request must be submitted in writing to our Privacy Officer. We are not required to agree to your request. If we do agree, we will put it in writing and will abide by the agreement except when you require emergency treatment.
- B. 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 our Privacy Officer.
- C. The Right to See and Copy Your PHI. Except for limited circumstances, you may look at and copy your PHI that may be used to make decisions about your care if you ask in writing to do so. Any such request must be addressed to our Privacy Officer who will respond to your request within 30 days (or 60 days if the 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 \$.25 for each page. 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.
- D. 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 our Privacy Officer and must tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if the 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 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:

- (1) was not created by us, unless the person who created the information is no longer available to make the amendment;
- (2) is not part of the PHI we keep about you;
- (3) is not part of the PHI that you would be allowed to see or copy; or
- (4) 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.

- E. 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 your family or friends or through our facility directory, or for disaster relief purposes. 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 our Privacy Officer. The list we provide will include disclosures made within the last six years (except not for those made prior to April 14, 2003) 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.

- F. The Right to Get a Paper Copy of This Notice. Even if you have agreed to receive the 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 The HIPAA Privacy Officer at 647 1st Ave. N., St. Petersburg, FL 33701. The Notice is also available in our reception area and on our website <http://www.pinellascounty.org/SocialServices/>

VI. 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 Community Services. To file a complaint with us, put your complaint in writing and address it to our Privacy Officer AT 647 1st Ave. N., St. Petersburg, FL 33701. **We will not retaliate against you for filing a complaint.**

You may also contact our Privacy Officer if you have questions or comments about our privacy practices.

I hereby acknowledge that I received from Pinellas County Department of Health and Community Services a copy of its Notice of Privacy Practices.

Signature: _____

Print Name: _____

Date: _____