

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

Department of Elder Affairs' Duties



This notice applies to the information and records we have about your health, health status, and the health care and service you receive from the Department in your personal file. It describes the information privacy practices followed by our employees, volunteers, staff and other office personnel. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. We are required by law to give you this notice.

Uses and Disclosures of Your Protected Health Information

We may use or disclose your protected health information for the following purposes:

Treatment - to provide you with medical treatment or services.

Payment - to bill and collect payment.

Health care operations - to evaluate the performance of our staff in caring for you and to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

We may also contact you as a reminder that you have a scheduled appointment for treatment or medical care.

There are special situations, which allow us to use or disclose your health information without your permission. These situations include:

* **To Avert Serious Threat to Health or Safety** - to prevent a serious threat to the health and safety of yourself, the public or another person.

* **Required by Law** - when required by federal, state or local law.

* **Research** - for research projects that are subject to a special approval process, and under supervision of a privacy board or institutional review board.

* **Organ and Tissue Donation** - we may release information to organizations that handle procurement or transplantation or to a donation bank.

* **Current or Previous Military, Veterans, National Security and Intelligence Members** - when required by military command or other government authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

* **Workers' Compensation** - for workers' compensation or similar programs, which provide benefits for work-related injuries or illness.

* **Public Health Risks** - for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

* **Health Oversight Activities** - for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

* **Lawsuits and Disputes** - in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

* **Law Enforcement** - if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

* **Coroners, Medical Examiners and Funeral Directors** - to identify a deceased person or determine the cause of death.

* **Volunteers** - performing work for the Department, including, but not limited, to volunteers in programs such as SHINE, Sunshine for Seniors and State Long-Term Care Ombudsman.

* **Information Not Personally Identifiable** - in a way that does not personally identify you or reveal who you are.

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us authorization, you may revoke it, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization. However, we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization from you. This is different than the authorization and consent mentioned above.

In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

Individual Rights

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. In order to do so, you must submit a written request to inspect and/or copy your health information. Your request may be denied in certain limited circumstances. However, if you are denied, you may ask that the denial be reviewed. We will comply with the outcome of the review.

You have the right to request a correction or change to your health information if you believe it is incorrect or incomplete. Your request must be in writing and include a reason to support the request. We may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing which states a time period no longer than six years and does not include dates before April 14, 2003. We may charge you for the costs of providing the list, either electronically or paper copy. However, you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to be assured that your information will be kept confidential. You may request that we communicate with you about medical matters in a certain way or at a certain location.

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You have the right to a paper copy of this notice. If you have agreed to receive it electronically, you are still entitled to a paper copy. You may ask us to give you a copy of this notice at any time by contacting the Privacy Officer, Office of the General Counsel.

Changes to This Notice

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date. You are entitled to a copy of the notice currently in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint. To file a complaint with our office, or the Secretary of the U.S. Department of Health and Human Services contact

Privacy Officer, Office of the General Counsel
Department of Elder Affairs
4040 Esplanade Way
Tallahassee, FL 32399-7000
Voice Phone: (850) 414-2000
FAX: (850) 414-2004
TDD: (850) 414-2001

Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 3870
61 Forsyth Street S.W.
Atlanta, Georgia 30303-8909
Voice Phone: (404) 562-7886
FAX: (404) 562-7881
TDD: (404) 331-2867

For Further Information

Requests for further information about information covered in this notice may be directed towards the person who gave you the notice or to the Department of Elder Affairs, Privacy Officer, Office of the General Counsel at 4040 Esplanade Way, Tallahassee, FL, 32399-7000 or by phone at (850) 414-2000.

**Florida Department of Elder Affairs
Notice of Privacy Practices
January 16, 2004**

I hereby acknowledge that I have received and read this Notice of Privacy Practices.

Signature

Printed Name

Date (DD/MM/YYYY)