

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	Secretary
Agency for Health Care Administration	Department of Health and Human Services
2727 Mahan Drive, Mail Stop 4	200 Independence Ave. SW
Tallahassee, Florida 32308	Washington, D.C. 20201
(850) 412-3960	(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.

Florida Agency for Health Care Administration (AHCA)

Avi Sou Pratik Pwoteksyon Enfòmasyon Prive

AVÈTISMAN SA A DEKRI FASON YO KAPAB ITILIZE AK PATAJE ENFÒMASYON MEDIKAL, AK FASON OU KAPAB GENYEN AKSÈ NAN ENFÒMASYON SA A. TANPRI REVIZE LI AK ANPIL ATANSYON. OU PA OBLIJE REPONN AVI SA A.

Responsablite AHCA

Selon lalwa, Agency for Health Care Administration oblije toujou pwoteje enfòmasyon sante ou ki nan men nou. Nou dwe ba ou yon avi sou responsablite legal nou ak pratik nou sou pwoteksyon enfòmasyon prive parapò ak enfòmasyon sante ou. Nou dwe respekte kondisyon yo ki nan avi sa a.

Fason AHCA Itilize ak Pwoteje Enfòmasyon Sante ou

Si ou genyen Medicaid/MediKids, nou itilize enfòmasyon sante ou pou peye sèvis sante ou ak opere pwogram Medicaid la. Nou kapab itilize enfòmasyon sante ou pou pale ou sou lòt tretman oswa avantaj ak sèvis sante ki genyen tou.

Men kèk egzanp fason nou kapab itilize enfòmasyon sante ou:

- Doktè ou kapab voye yon reklamasyon ba nou pou peye. Reklamasyon sa a genyen enfòmasyon ki idantifye ou menm ak kalite swen ou te resevwa.
- Nou kapab pataje enfòmasyon ou ak yon konpayi ki revize dosye lopital pou verifye kalite swen ou te resevwa.
- Nou kapab voye rapèl randevou pou sèvis Child Health Check-Up.

AHCA kapab itilize ak pataje enfòmasyon sante ou jan lalwa pèmèt tou, tankou:

- Pou antite deyò ajans la pou yo ka konekte dirèkteman ak administrasyon plan Medicaid Eta a.
- Pou reponn ijans piblik, nou kapab bay moun oswa reprezantan ajan ki sipoze respekte nòm konfidansyalite ki menm jan ak pa AHCA yo aksè nan enfòmasyon sante ou. Lòt ajans sa yo kapab Federal Emergency Management Agency (FEMA) oswa Centers for Disease Control (CDC).
- Kote li t ap ede nou detèmine si ou kalifye pou avantaj, kantite peman asistans medikal oswa ede ajans la nan administrasyon pwogram Medicaid la lè nou pataje enfòmasyon ou.
- Bay liy telefòn konfidansyèl Florida pou abi a pou nou kapab fè rapò sou abi, neglijan ak/oswa vyolans domestik selon kritè ak kondisyon lalwa enpoze sou ajans la.
- Pou aktivite siveyans sante ak/oswa administrasyon pwogram Medicaid nan, tankou enspeksyon, ankèt, ak odit.
- Pou fè rechèch ki benefisye pwogram Medicaid la.
- Pou zafè tretman, peman, oswa operasyon nou ak lòt fason lalwa egzije.

Lòt fason nou itilize oswa pataje enfòmasyon sante pwoteje ou ap bezwen otorizasyon ekri ou menm oswa reprezantan pèsònèl ou. Pa egzanp, nou pa p itilize oswa pataje nòt sikoterapi san otorizasyon ekri ou oswa jan lalwa pèmèt. Nou p ap itilize oswa pataje enfòmasyon sante pwoteje ou pou rezon maketing san otorizasyon ekri ou epi nou pa p vann enfòmasyon sante pwoteje ou san otorizasyon ekri ou. Epi tou lalwa entèdi nou itilize oswa pataje enfòmasyon jenetik lè pou kalifye moun pou asirans. Nenpòt ki lè, ou kapab ekri pou anile otorizasyon ou a. Si ou pa kapab bay otorizasyon ou paske genyen yon ijans, nou kapab pataje enfòmasyon sante ou si li nan pi bon enterè ou.

Dwa Enfòmasyon Sante Ou

Ou genyen dwa sa yo parapò ak enfòmasyon sante pwoteje ou:

- Pou wè oswa resevwa yon kopi enfòmasyon sante ou nou genyen nan AHCA. Nou gendwa pa kapab bay enfòmasyon sante ki genyen nòt sikoterapi, fè pati yon ka legal, oswa lwa pa pèmèt nou pati pou yon lòt rezon. Nou kapab fè ou peye pou fè kopi yo.
- Pou mande nou modifiye enfòmasyon sante w ou kwè pa kòrèk oswa pa konplè.
- Pou mande yon lis tout kote nou te pataje enfòmasyon sante ou. Li la kapab pa genyen kote nou te pataje ou te otorize ou menm, kote nou te pataje pou tretman, peman ak operasyon swen sante, oswa lòt kote nou te pataje lalwa pèmèt.
- Pou mande nou kontakte ou nan yon diferan adrès oswa nimewo telefòn, si li kapab yon danje lè nou kontakte ou sou enfòmasyon sante ou kote ou rete nan moman an.
- Pou mande nou limite kantite fwa nou itilize ak pataje enfòmasyon sante ou. Nou pa oblije dakò ak lè ou mande sa.
- Pou mande yon lòt kopi avi sa a sou papye.
- Pou retire ou sou lis kominikasyon pou mande lajan si AHCA ta janm patisipe nan koleksyon lajan.
- Pou resevwa yon notifikasyon nan men nou apre yon moun ta antre nan enfòmasyon sante pwoteje ou ki pa sekirize.

Enfòmasyon Kontak

Si ou genyen nenpòt kesyon, ou ta renmen fè yon demann konsènan enfòmasyon sante ou, oswa ou ta renmen resevwa yon lòt kopi avi sa a sou papye, tanpri kontakte nou gratis nan Liy Ed Medicaid ki pi ba a. Nou kapab mande pou ou ekri nou pou fè demann nan.

Liy Ed Manm Florida Medicaid: (877) 254-1055

Jan Pou Depoze Yon Plet HIPAA

Si ou kwè AHCA oswa youn nan anplwaye li yo te vyole dwa ou pou pwoteje enfòmasyon prive ou, ou kapab deposite yon plet ak AHCA ak/oswa Sekretè Department of Health and Human Services nan adrès yo ki pi ba a. Nou p ap pran okenn revanj kont ou paske ou te deposite yon plet.

Ofisye Pwoteksyon Enfòmasyon Prive
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 4
Tallahassee, Florida 32308
(850) 412-3960

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

Chanjman Nan Avi Sou Pratik Pwoteksyon Enfòmasyon Prive An Pi Devan

AHCA rezève dwa pou chanje kondisyon nan avi sa a ak pou fè nouvo règ nan avi a ki pou tout enfòmasyon sante pwoteje nou kenbe. Si nou fè yon gwo revizyon nan avi sa a, n ap voye yon kopi revize avi sa nan kay manm yo nan lespas swasant (60) jou apre revizyon an te fèt.

Kimoun k ap resevwa Avi Sou Pratik Pwoteksyon Enfòmasyon Prive An

N ap voye avi sa a kay tout manm. Avi sa a se pou tout manm Florida Medicaid.