



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.

PRIVACY NOTICE

This notice describes the type of information the Division of Managed Care (DOMC) gathers about you, with whom that information may be shared and the safeguards we have in place to protect it. The DOMC includes the JM Health Plan, the PHT Children's Medical Services Network, and Flex Plan. You have the right to the confidentiality of your health information. You have the right to request restrictions on our use of certain information. You have the right to authorize our release of your health information to parties of your choice. If the practices described in this brochure meet your expectations, there is nothing you need to do. If you prefer that we not share information we may honor your written request in certain circumstances described below. If you have any questions about this notice, please contact our Privacy Officer at the address below

Who Will Follow This Notice

This notice describes the DOMC's practices regarding the use of your health information and that of:

- Any staff authorized to enter information into or review your member record.
- All employees, staff and DOMC health care providers who need access to your information.
- All departments and providers follow the terms of this notice. In addition to this, providers and departments may share health information with each other for treatment, payment or health care purposes described in this notice

Our Pledge Regarding Health Information:

We understand that information about you and your health is personal. Protecting health information about you is important. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by health care providers, whether made by health care professionals or other personnel.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- keep private health information that identifies you in accordance with this notice;
- give you this notice of our legal duties and privacy practices with respect to health information about you if you are presently enrolled, and to all new enrollees;
- at least once every three years notify enrollees of the availability of this notice and how to obtain a copy;
- follow the terms of the notice that are currently in effect; and
- advise you if there is a material revision in this notice

How We May Use and Disclose Health Information about You

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures we will try to give some examples. Not every use or disclosure in a category will be listed.

For Treatment. We may give health information about you to providers of medical treatment or services. We may disclose medical information about you to doctors, nurses, or other health care professionals who are involved in taking care of you. For example, we may provide information regarding diagnostic tests such as x-rays to providers of care to assist in your treatment.

For Payment. We may use and disclose health information about you so that the claims for the treatment and services you receive may be paid. For example, the bills we receive from your health care providers will include information that identifies you, as well as your diagnosis, procedures and supplies or equipment used.

For Business Operations: We may disclose your health information to persons retained to help us meet regulatory requirements and to manage effectively the business of the DOMC, such as consultants who operate some of our computerized health information systems and similar business associates. When we contract for these services, we may disclose your health information so that they can perform the job we asked them to do. We may also disclose demographic, claims and utilization information to actuaries for the development of premiums. We may remove information that identifies you from this set of information so reasonable premium rates may be developed without others learning who the specific members are. We may disclose to

your employer or group health plan sponsor whether you are enrolled or disenrolled, as well as summary information regarding claims and utilization, but remove information that identifies you.

For Health Care Operations. We may use and disclose information about you for health care purposes to make sure that all of our members receive quality care. For example, we may review your medical records to make sure that the quality of care you receive meets our standards. We will remove information that identifies you from this set of information when others use it to study health care and health care delivery, so that they will not learn who the specific members are. We may provide your information to research companies who conduct member satisfaction surveys.

Appointment Reminders. We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release health information about you to a friend or family member who is involved in your medical care.

As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Military and Veterans. If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;

- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose health information about you in response to a subpoena, discovery request, or other lawful order from a court.

Law Enforcement. We may release health information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

Protective Services for the President, National Security and Intelligence Activities. We may release health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Health Information About You.

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy any private health

information that may be used to make decisions about your care. Usually, this includes member and claims records.

To inspect and copy any private health information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer at the address below. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the DOMC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that member/claims information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the member/claims information kept by Division of Managed Care;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you

may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. 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. You also have the right to request a limit on the health information we disclose about you to a family member or friend who is involved in your care or the payment for your care,

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please request one in writing from our Privacy Officer at the address below.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the DOMC or with the Secretary of the Department of Health and Human Services. To file a complaint with DOMC, contact our Privacy Officer at the address below. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at anytime. If you revoke your permission, thereafter we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Privacy Officer
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(305) 575-3700
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