

# Notice of privacy practices

This notice describes how your Protected Health Information may be used and disclosed by Health First Health Plans, and how you can access this information. Please review this notice carefully, and contact Health First Health Plans' Privacy Office at 321-434-5621 as needed.

## OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

At Health First Health Plans, our greatest concerns are your health and privacy. To properly administer your healthcare benefits, there will be times when we need to collect personal information, including medical information, about you so we can provide the superior service you expect. Rest assured that we are committed to using and disclosing this information responsibly, while respecting your privacy and keeping you informed about our practices. This notice will tell you about the ways we may use or disclose your protected health information, and also describes your rights.

### What is protected health information?

For purposes of this notice, "protected health information" means any information that's created or received by Health First Health Plans relating to your health, or the provision or payment for your health care.

### We're required by law to:

- make sure that your protected health information is kept private;
- give you this notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the current notice in effect.

### How we may use and disclose health information about you

The following categories describe the ways Health First Health Plans may use or disclose your protected health information. For each category, we'll explain what we mean and try to

give some examples. Not every use or disclosure in a category will be listed, but all of the ways we're permitted to use or disclose your information will fall within one of these categories.

- **For payment:** We may use your protected health information to pay for the health care you receive. When necessary, we may also disclose your information to other insurance companies for benefit coordination.
- **For healthcare operations:** We may use and disclose your protected health information for healthcare operations, which include the following activities:
  - **Quality management:** Quality assessment and improvement activities, such as improving our members' health or reducing healthcare costs, developing clinical guidelines and protocols, and activities necessary for accreditation.
  - **Case management:** Case management and care coordination.
  - **Credentialing:** Reviewing the competence or qualifications of healthcare professionals by evaluating their performance.
  - **Certification and licensing activities:** Activities necessary to maintain our required licenses and certificates, such as our Florida HMO and Third Party Administrator (TPA) licenses, in addition to our Florida Healthcare Provider Certificate.
  - **Underwriting:** Underwriting, premium rating and other activities relating to administering health insurance contracts, obtaining reinsurance and/or stop-loss insurance.

- **Medical review, legal services, and auditing functions:** Includes fraud and abuse detection and compliance programs.
- **Business planning and development:** Data analyses related to operating Health First Health Plans, including formulary development and administration, development or improvement of payment and coverage policies.
- **Business management and general administrative activities:** Includes, but is not limited to:
  - Customer service
  - Resolution of internal grievances
- **Communicating health plan benefits and services:** Informing you about your health plan benefits or services that may be of interest to you. Please note that we do not, under any circumstances, sell your protected information for marketing purposes.
- **For treatment:** We may use your information to provide medical services to you at clinical settings such as a diabetes center. We may disclose your information to doctors, nurses, technicians, medical students or other healthcare personnel who take care of you there. For example, a doctor treating you may have referred you for diabetes services. A nurse may complete your first visit and may then need to discuss your care with a dietitian. If special needs are identified, she may additionally need to discuss these with your doctor, personnel in your doctor's office or a case manager. If you require special equipment, this may need to be discussed with a medical equipment company or pharmacist. We may also disclose medical information about you to others involved in your treatment including your doctors, home care providers, durable medical equipment providers, hospital staff, and to any other community agency that may have resources available to you.
- **To individuals involved in your care or payment for your care:** We may release your protected health information to a friend or family member who is involved in, or helps pay for, your care. In addition, we may

disclose your protected health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **To you:** We will disclose your protected health information to you or your authorized representative upon request, except in limited circumstances. For a representative to act on your behalf, you must appoint them as your representative in writing, and provide the written appointment to Health First Health Plans at the address at the end of this notice.
- **As required by law:** We'll disclose your protected health information 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 your protected health information 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

- **Organ and tissue donation:** If you're an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ or tissue donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and veterans:** If you're a member of the U. S. armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may release your protected health information for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public health risks:** We may disclose your protected health information for public health activities. These purpose of these activities are generally to:
  - prevent or control disease, injury, or disability;

- report births and deaths;
  - report child abuse or neglect;
  - report reactions to medications or problems with products;
  - notify people of recalls of products they may be using;
  - notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We'll only make this disclosure if you agree or when required or authorized by law.
- **Health oversight activities:** We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
  - **Lawsuits and disputes:** If you're involved in a lawsuit or dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
  - **Law enforcement:** We may disclose your protected health information if asked to do so by a law enforcement official in the following ways:
    - In response to a court order, subpoena, warrant, summons or similar process;
    - To identify or locate a suspect, fugitive, material witness, or missing person;
    - About the victim of a crime, if under certain limited circumstances, we're unable to obtain the person's agreement;
    - About a death we believe may be the result of criminal conduct;
    - About criminal conduct at the hospital; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, medical examiners, and funeral directors:** We may disclose your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release your protected health information to funeral directors as necessary to carry out their duties.
  - **National security and intelligence activities:** We may disclose your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  - **Protective services for the U. S. president and others:** We may disclose your protected health information to authorized federal officials so they may provide protection to the U. S. President, other authorized persons or foreign heads of state, or to conduct special investigations.
  - **Inmates:** If you're an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information 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 YOUR HEALTH INFORMATION

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 your protected health information. This usually includes medical and billing records, but doesn't include psychotherapy notes. To request this information, you must submit your request in writing to Health First Health Plans at the address located at the end of this notice. 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. The information will typically be provided within 30 days. We may deny your request in very limited circumstances. If you're denied access to your protected health information, you may request that the denial be reviewed. A licensed healthcare professional who didn't deny your original request will perform the review, and we'll comply with the decision of the new reviewer.

- **Right to amend:** If you feel that your protected health information 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 by or for Health First Health Plans. To request an amendment, you must submit your request in writing to Health First Health Plans at the address located at the end of this notice. You must provide a reason that supports your request. We may deny your request for an amendment if it isn't in writing or doesn't include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - wasn't created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - isn't part of the information kept by or for Health First Health Plans;
  - isn't 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 of your protected health information that were unrelated to treatment, payment, or healthcare operations, or weren't authorized by you. To request this accounting, you must submit your request in writing to Health First Health Plans at the address located at the end of this notice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. 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 before any costs are actually 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. You also have the right to request a limit on the health information we disclose about you to someone who's involved in your care or the payment for your care. If we agree, we'll comply with your request unless the information is needed to provide emergency treatment to you. We're not required to agree to your request however. Health First Health Plans will not agree to restrict the use or disclosure of your health information for treatment, payment or healthcare operations, as these activities are essential to the services we provide you. To request restrictions, you must submit your request in writing to Health First Health Plans at the address located at the end of this notice. 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, for example, disclosures to your spouse.
- **Right to request confidential communications:** You have the right to request that we communicate with you about health 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 submit your request in writing to Health First Health Plans at the address located at the end of this notice. We'll 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, and may obtain one by contacting Health First Health Plans' Customer Service Department at **321-434-5665** or **1-800-716-7737**. You may also write to the address listed at the end of this notice, or obtain one through our web site, [www.HealthFirstHealthPlans.org](http://www.HealthFirstHealthPlans.org). Even if you've agreed to receive this notice

electronically, you're still entitled to a paper copy of this notice.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. Any revised notice will contain the effective date in a visible location.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Health First Health Plans or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Health First Health Plans, please write the address listed at the end of this notice, or call Health First Health Plans' Privacy Office at **321-434-5621**.

***You won't be penalized for filing a complaint.***

### **OTHER USES OF HEALTH INFORMATION**

Uses and disclosures of protected health information not covered by this notice or other applicable laws will be made only with your written permission. If you provide us permission to use or disclose your protected health information, you may revoke that permission in writing at any time. If you revoke your permission, we'll no longer use or disclose your protected health information for the reasons covered by your written permission.

We're unable to take back any disclosures we have already made with your permission, and must retain our records of the services that we provided to you. To contact Health First Health Plans regarding this information, please write to:

Health First Health Plans  
Attention: Member Advocate  
6450 US Highway 1  
Rockledge, FL 32955

**Effective Date:** 4/03

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