

THE SCHOOL BOARD OF BROWARD COUNTY'S NOTICE OF PRIVACY PRACTICES RELATED TO ITS HEALTH PLAN

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

Effective Date of Notice: May 11, 2009

The School Board of Broward County, FL (SBBC) Health Plan, including your medical, dental, vision, and flexible spending account -- in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) -- will take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- SBBC Health Plan uses and disclosures of Protected Health Information (**PHI**);
- your privacy rights with respect to your **PHI**;
- SBBC Health Plan duties with respect to your **PHI**;
- your right to file a complaint with SBBC Health Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- the person or office to contact for further information about SBBC Health Plan's privacy practices.

The law requires SBBC to give this Notice of Privacy Practices to you and fully comply with the practices outlined in this notice. SBBC reserves the right to change the terms of this notice and to make the new provisions effective for all **PHI** that it maintains. In the event SBBC changes the terms and practices of this notice, SBBC shall inform all employees of such changes. The most current Notice of Privacy Practices will be posted on the SBBC Web site at www.browardschools.com.

HOW WILL THE SBBC HEALTH PLAN USE AND SHARE YOUR PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information, or **PHI**, includes demographic and medical information about the past, present, or future physical or mental health or condition of an individual. Demographic information could include your name, address, telephone number, social security number and/or any other unique ways of identifying you.

PHI may be information created, received and maintained by SBBC. As an example, a SBBC employee may provide your enrollment or eligibility information to a Health Care Provider, as well as maintain records within the SBBC Benefits Department.

Additionally, your **PHI** may be used and disclosed for SBBC's day-to-day office business activities.

The Health Plan may disclose **PHI** to SBBC (the plan sponsor) for purposes related to treatment, payment and health care operations.

Except for the purposes listed below, the Health Plan may use and disclose **PHI** only with your written permission: *(You may revoke such permission at any time or request restricted disclosure of your health information. See "Individual Rights" section for the process.)*

- With a Health Care Provider for purposes of your treatment. For example, if information is requested by your doctor, and your doctor needs the information to provide you with medical care;
- With a health care provider or insurance carrier for the Health Plan for purposes of billing and/or receiving payment for insurance coverage. For example, the Health Plan may provide payment status to your doctor so that medical treatment is authorized;
- With SBBC and other SBBC employees for day-to-day business activity. For example, the Health Plan may use information about your claims to project future benefit costs or for the Benefits Department to perform general plan administrative activities.
- When necessary to comply with Workers' Compensation or other similar programs;
- Internal investigations and audits by SBBC;
- Investigations and audits by the State's Inspector General, Department of Education and Auditor General;
- Public health purposes including vital statistics, disease reporting, and regulation of health professionals;
- Medical examiner investigations;
- Research approved by SBBC;
- Court orders and/or subpoenas;
- Judicial and administrative proceedings; and
- When required by law.

Other uses or times SBBC Health Plan will share your **PHI** will require your written authorization. This authorization will have an expiration date; additionally, you may revoke the authorization in writing at any time.

INDIVIDUAL RIGHTS

- **You have the Right to Request Restrictions.** You have the right to request restrictions or limitations on the **PHI** the SBBC Health Plan may use and disclose for treatment, payment or health care operations. You also have the right to request a limit on the **PHI** the SBBC Health Plan discloses to someone involved in your care or the payment of your care, like a family member or friend. For example, you could ask that the SBBC Health Plan does not share information about your premium or enrollment status with a spouse. To request a restriction, you must make your request, in writing, to the Benefits Department at 7770 W. Oakland Park Blvd., Sunrise, FL 33351. *SBBC will consider any of your requests, but is not required to agree to them.*
- **You have the Right to Request Confidential Communications.** You have the right to request that SBBC communicate with you about medical matters in a certain way or at a certain location. For example, you can ask SBBC only to contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Benefits Department. We will accommodate reasonable requests.
- **You have the right to review and receive a copy of your PHI.** You have the right to inspect and receive a copy of the **PHI** that may be used to make decisions about your care or payment for your care. Your review of the **PHI** will be supervised and will be at a time and place that is convenient to you and a representative of SBBC. To inspect and receive a copy of your Health Information, you must make your request, in writing, to the Benefits Department.
- **You have the right to correct or amend your PHI.** If you feel **PHI** maintained by the SBBC Health Plan is incorrect or incomplete, you may request to amend the information. You have the right to request an amendment for as long as the information is maintained by SBBC. Your request to correct your **PHI** must be in writing and provide a reason to support your requested correction. SBBC may deny your request, in whole or part, if it finds the **PHI**:
 - Is not maintained by SBBC;
 - Is not **PHI**;
 - Is by law not available for your review; or,
 - Is accurate and complete.

If your correction is accepted, SBBC will make the correction and advise you and other appropriate parties about the correction. If your request is denied, SBBC will place your statement regarding the corrections with your **PHI**. You may also send a letter detailing the reason you disagree with the

decision. SBBC will respond to your letter in writing. Another recourse is to file a complaint, as described below in the section titled Complaints.

- **You have the right to receive a list of the individuals and/or agencies with whom** the SBBC Health Plan has shared your **PHI**. The list will **not** include:
 - Information shared with you;
 - Information shared with individuals involved with your care;
 - Information you authorized to be shared;
 - Information shared to carry out treatment, payment and/or health care operations;
 - Information shared for public health purposes;
 - Information shared for health professional regulatory purposes;
 - Information shared to report abuse of children, adults, or disabled persons;
 - Information shared in response to court orders and/or subpoenas;
 - Information shared for purposes of research, other than those you authorized in writing;
 - Information shared prior to April 14, 2003.
- **You have the right to receive a paper copy of this notice upon request.** To obtain a paper copy of this notice, contact the SBBC Benefits Department or SBBC Privacy Officer.

FOR FURTHER INFORMATION

Requests for further information about the matters covered in this notice may be directed to the person who gave you this notice or the SBBC Privacy Officer, Risk Management Department, who can be reached at 754-321-1914.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the SBBC Privacy Officer at 600 S.E. 3rd Avenue, 11th Floor; Ft. Lauderdale, FL 33301 / Telephone 754-321-1914 or Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909/ HIPAA Privacy Hotline: Voice Phone 404-562-7886, Fax 404-562-7881, TDD 404-331-2867. Please be advised the SBBC will not retaliate against you for filing a complaint.

EFFECTIVE DATE

This notice of Privacy Practices is effective May 11, 2009, and shall be in effect until a new Notice of Privacy Practices is approved and posted.