

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

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*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***

**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) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act) -- 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 with 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 the privacy notice currently in effect. SBBC is required by law to maintain the privacy of PHI, to provide you with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. 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](http://www.browardschools.com). Click "Privacy Notices" on the main page. This notice is also available at [www.broward.k12.fl.us/benefits](http://www.broward.k12.fl.us/benefits). Click "Notices and Posters." You may also write to the SBBC Benefits Department 7770 W. Oakland Park Blvd., Sunrise, FL 33351, or by telephone at 754-321-3100.

## **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, used, disclosed, and/or maintained by SBBC. As an example, an SBBC employee may provide your enrollment or eligibility information to a Health Care Provider, as well as maintain records within the SBBC Benefits Department.

The Health Plan may disclose PHI to SBBC (the plan sponsor) for purposes related to treatment, payment, and health care operations. (Health care operations are activities compatible and directly related to treatment and payment, including day-to-day office business, administrative, and customer service activities.)

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.*

- To 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;
- To 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;
- To Business Associates (including insurance carriers), with written assurances they will protect the information;
- To SBBC (the plan sponsor) and other SBBC employees for **health care operations**, including day-to-day health plan 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. However, we will not use

or disclose your genetic information for underwriting purposes.

- When necessary to comply with Workers' Compensation or other similar programs;
- For internal investigations and audits by SBBC;
- For investigations and audits by the State's Inspector General, Department of Education, or Auditor General;
- For public health purposes including vital statistics, mandatory disease reporting, and regulation of health professionals;
- For medical examiner investigations;
- For research approved by SBBC;
- To respond to court orders and/or subpoenas (SBBC will make reasonable efforts to provide notice to you for an opportunity to seek a protective order);
- For judicial and administrative proceedings; and
- When and as required by law. Restrictions by the most protective law (whether state or federal) will be met.

Unless specified above, SBBC's Health Plan will not share your **PHI** unless you provide written authorization for the disclosure. This authorization will have an expiration date; additionally, you may revoke the authorization in writing at any time. Most uses and disclosures of psychotherapy notes require written authorization. Uses and disclosures of PHI for marketing purposes as well as disclosures that constitute a sale of PHI require written authorization.

## 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. 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. *SBBC will consider all your requests, but is not required to agree to them except as follows: SBBC is required to agree to your restriction request: (1) if, except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and/or (2) if the protected health information pertains solely to a health care item or service for which the health care provider has been paid in full by you or another person.*

**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. SBBC will accommodate reasonable requests.

**You have the right to review and receive a copy of your PHI.** With limited exceptions (including psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding), 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. If you request a copy, you may be charged a reasonable fee for the costs of copying and/or mailing. For PHI not maintained in one or more designated record sets (defined as a group of records maintained by or for a covered entity that is the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan), we will provide you access to the PHI in the form and format requested by you if it is readily producible in such form and format; or, if not, in a readable hard copy form or such other form and format as mutually agreed to. For PHI maintained in one or more designated record sets, we will provide you access to the PHI in the electronic form and format requested by you, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as mutually agreed to. We will provide the access (review and/or copy) requested within 30 days; however, within that 30-day period, we may notify you of a one-time 30-day extension if necessary. If we request the 30-day extension, we will include the reason for the extension and the date by which the information will be provided.

**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**. All requests for this list (also known as an accounting of disclosures) must state a time period that may not include a date earlier than six (6) years prior to the date of the request. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. The list will **not** include:

- Information disclosed to carry out treatment, payment and/or health care operations;
- Information shared with you;
- Information incidental to otherwise permitted or required disclosures, pursuant to applicable regulations;
- Information you authorized to be disclosed;
- Information disclosed to individuals involved with your care;
- Information disclosed for national security or intelligence purposes;
- Information disclosed to correctional institutions or law enforcement officials when the disclosure was permitted without authorization;
- Information in a limited data set (which is PHI that excludes certain direct identifiers, such as name, address, social security number, etc.).

**You have the right to be notified of a breach.** If a breach of your unsecured PHI occurs, meaning your private information was disclosed without the required authorization, you have a right to be notified.

**You have the right to receive a paper copy of this notice upon request.** To obtain a paper copy of this notice, write to the SBBC Benefits Department 7770 W. Oakland Park Blvd., Sunrise, FL 33351, telephone at 754-321-3100, or contact the SBBC Privacy Officer at 754-321-1914

## 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. 3<sup>rd</sup> Avenue, 11<sup>th</sup> Floor; Ft. Lauderdale, FL 33301 / Telephone 754-321-1914 or Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909/ HIPAA Privacy Hotline: Voice Phone 800-368-1019, Fax 404-562-7881, TDD 800-537-7697. Please be advised the SBBC will not retaliate against you for filing a complaint.

## EFFECTIVE DATE

This Notice of Privacy Practices is effective, **October 1, 2023** and shall be in effect until a new Notice of Privacy Practices is approved and posted.