

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

Secretary
Department of Health and Human Services
200 Independence Ave. SW
Washington, D.C. 20201
(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.

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Effective Date: 12/15/2015

Agencia para la Administración del Cuidado de la Salud (AHCA)

Aviso de Prácticas de Privacidad

ESTE AVISO DESCRIBE CÓMO LA INFORMACIÓN MÉDICA RELACIONADA A USTED PUEDE SER USADA Y DIVULGADA, Y CÓMO PUEDE TENER ACCESO A ESTA INFORMACIÓN. FAVOR DE LEERLO DETENIDAMENTE. USTED NO TIENE QUE RESPONDER A ESTE AVISO.

Responsabilidades de AHCA

La ley requiere que la Agencia para la Administración del Cuidado de la Salud mantenga bajo custodia la privacidad de la información protegida de su salud. Debemos proveerle un aviso de nuestros deberes legales y prácticas de privacidad con respecto a la información de su salud. Además debemos seguir los términos de este aviso.

Cómo AHCA usa y protege la información de su salud

Si usted recibe Medicaid y/o MediKids, usaremos la información de su salud para pagar por sus servicios de salud y operar el programa de Medicaid. Además podremos usar la información de su salud para brindarle información acerca de alternativas de tratamiento u otros servicios y beneficios relacionados con la salud.

Los siguientes son algunos ejemplos de cómo podemos usar la información de su salud:

- Su doctor puede enviarnos un reclamo de pago. El reclamo incluye información que le identifica a usted y el tipo de cuidado que usted ha recibido.
- Podemos compartir su información con una compañía que revisa récords de hospitales para verificar la calidad de cuidado que usted ha recibido.
- Podemos enviar recordatorios de citas para los servicios de chequeo de salud para niños.

La ley permite que AHCA use y divulgue su información de salud en situaciones tales como:

- A entidades fuera de la agencia con propósitos directamente relacionados con la administración del plan de Medicaid del Estado.
- Al responder a emergencias públicas, se le puede concebir acceso a la información de su salud a personas o a representantes de agencias que están sujetos a las mismas normas de confidencialidad que AHCA. Dichas agencias pueden incluir la Agencia Federal para el Manejo de Emergencias (en inglés Federal Emergency Management Agency o FEMA) o los Centros para el Control de Enfermedades (siglas en inglés CDC - Centers for Disease Control).
- Cuando el divulgar su información ayude a determinar la elegibilidad para beneficios, cantidad de pago de asistencia médica o que de otra manera ayude a la agencia en la administración del programa de Medicaid.
- A la línea directa y confidencial de abusos en Florida para denunciar abuso, negligencia y/o violencia doméstica según los criterios y condiciones impuestas por ley a la agencia.
- Para actividades de supervisión de la salud y/o administración del programa de Medicaid, tales como inspecciones, investigaciones y auditorías.
- Para llevar a cabo investigaciones para beneficiar al programa de Medicaid.
- Para propósitos de tratamiento, pago, o de nuestras operaciones y según la ley lo requiera.

Otros usos o divulgaciones de la información protegida de su salud requieren la autorización escrita por usted o de su representante personal. Por ejemplo, no usaremos o divulgaremos notas de sicoterapia sin su autorización escrita o según lo permita la ley. Su información protegida de salud no será usada ni divulgada para propósitos de mercadeo sin una autorización escrita por usted, y tampoco será vendida sin una autorización escrita por usted. Además la ley nos prohíbe usar o divulgar información genética para propósitos de suscripción de seguros. En cualquier momento, usted puede revocar las autorizaciones por escrito. Si usted no puede dar su autorización debido a una emergencia, nosotros podemos divulgar la información de su salud, si esto está en su mejor interés.

Sus derechos respecto a su información de salud

Usted tiene los siguientes derechos con respecto a la información protegida de su salud:

- A ver u obtener una copia de la información de su salud que esté siendo mantenida por AHCA. No podremos proveer información de su salud que incluya notas de sicoterapia, sea parte de un caso legal o que de otra manera esté excluida por ley de la divulgación. Se podría cobrar un cargo por copias.
- A solicitar que se modifique la información de salud que mantenemos y que usted cree que está incorrecta o incompleta.
- A solicitar una lista de las divulgaciones de la información de su salud realizadas por la agencia. Esta lista puede no incluir divulgaciones autorizadas por usted, divulgaciones de tratamiento, pago y operaciones del cuidado de la salud u otras divulgaciones permitidas por ley.
- A solicitar que lo contactemos a una dirección o número de teléfono diferente, si al contactarlo acerca de la información protegida de su salud en su ubicación actual puede representar un peligro para usted.
- A solicitar que se limite el uso y divulgación de la información de su salud. No estamos obligados a cumplir.
- A solicitar otra copia en papel de este aviso.
- A optar por no ser contactado con comunicaciones para recaudar fondos, si AHCA alguna vez se involucra en actividades para recaudar fondos.
- A recibir notificación de parte nuestra si ocurre alguna violación a la protección de su información protegida de salud.

Información de contacto

Si usted tiene alguna pregunta, desea hacer una solicitud con respecto a su información de salud, o si desea otra copia en papel de este aviso, favor de comunicarse al número gratuito de la línea de ayuda de Medicaid que aparece a continuación. Se le podría pedir que haga su solicitud por escrito.

Línea de Ayuda para beneficiarios de Medicaid de la Florida: (877) 254-1055

Cómo someter una queja de HIPAA

Si usted cree que AHCA o uno de sus empleados ha violado sus derechos a la privacidad, usted puede someter una queja a AHCA y/o al Secretario del Departamento de la Salud y Servicios Humanos a las direcciones que aparecen abajo. No se tomarán represalias en su contra por someter una queja.

Oficial de Privacidad
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 4
Tallahassee, Florida 32308
(850) 412-3960

Secretario/a
Department of Health and Human Services
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Washington, D.C. 20201
(800) 368-1019

Cambios futuros al Aviso de las Prácticas de Privacidad

AHCA se reserva el derecho a cambiar los términos de este aviso y a hacer nuevas provisiones efectivas para toda la información protegida de salud que mantenemos. Si hacemos una revisión de material a este aviso una copia revisada del aviso será enviada a los hogares de los beneficiarios dentro de sesenta (60) días de la revisión.

Quién recibe el Aviso de las Prácticas de Privacidad

Este aviso se envía a los hogares de cada beneficiario. Este aviso aplica a todos los beneficiarios de Medicaid en la Florida.

Effective Date: 12/15/2015

Agency for Health Care Administration Hotline

1-888-419-3456

To report a complaint regarding the services you receive,

please call toll-free 1-888-419-3456 (press Option 1).

If your concerns represent a potential regulatory violation, the Agency will
conduct a complaint inspection.

Department of Children and Families Abuse Hotline

1-800-96-ABUSE

To report abuse, neglect, or exploitation, please call toll-free 1-800-962-2873.

The Abuse Hotline investigates allegations of physical, sexual and mental abuse,
neglect, and exploitation of vulnerable persons.

Medicaid Fraud Control Unit

1-866-966-7226

Medicaid fraud means an intentional deception or misrepresentation made by
a health care provider with the knowledge that the deception could result in
some unauthorized benefit to him or herself or some other person. It includes
any act that constitutes fraud under applicable federal or state law as it relates
to Medicaid. To report suspected Medicaid fraud, please call the Attorney
General.

If You Have a Concern or Complaint...



Department of Children and Families Abuse Hotline 1-800-96-ABUSE

To report abuse, neglect, or exploitation, please call toll-free 1-800-962-2873. The Abuse Hotline investigates allegations of physical, sexual and mental abuse, neglect, and exploitation of vulnerable persons.

Department of Elder Affairs State Long-Term Care Ombudsman Hotline 1-888-831-0404

To talk with an outside party regarding concerns or discrimination in a long term care facility or inappropriate transfer or discharge from a nursing home, please contact the Long Term Care Ombudsman Program toll-free at 1-888-831-0404 for assistance by a volunteer advocate.

Agency for Health Care Administration Hotline 1-888-419-3456

To report a complaint regarding the services you receive, please call toll-free 1-888-419-3456 (press Option 1), or visit ahca.myflorida.com/Contact/call_center.shtml. If your concerns represent a potential regulatory violation, the Agency will conduct a complaint inspection.

Disability Rights Florida 1-800-342-0823

To report that a staff member of a health care facility has not made reasonable accommodations to meet your specific needs or has discriminated against you because of a disability, please call toll-free 1-800-342-0823.

Bureau of Medicaid Program Integrity

1-888-419-3456

Medicaid Program Integrity audits and investigates providers suspected of overbilling or defrauding Florida's Medicaid program. If you feel that you have been charged for services that should be paid for by Medicaid, or if someone billed Medicaid for services that were not provided, this unit will investigate Medicaid billing practices to determine if they were appropriate. To report a complaint, please call toll-free 1-888-419-3456, or go to the Agency web site at http://ahca.myflorida.com/Executive/Inspector_General/medicaid.shtml.

Medicaid Fraud Control Unit

1-866-966-7226

Medicaid fraud means an intentional deception or misrepresentation made by a health care provider with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid. To report suspected Medicaid fraud, please call the Attorney General toll-free 1-866-966-7226.

Under Florida law, you may be entitled to a reward for providing information after a criminal case has resulted in a fine, penalty, or forfeiture of property. The amount of the reward may be up to 25 percent of the amount recovered, or a maximum of \$500,000 per case.

Callers may request to remain anonymous.

Duplication of this poster is permitted and encouraged. To obtain a copy, please go online to <http://ahca.myflorida.com/publications/Publications.shtml> and click on "Hotline Poster" under Nursing Home Links.

This poster satisfies the posting requirements for AHCA regulated providers in Florida Statutes 400.141 and 408.810.