

Broward County Notice of Privacy Practices
Substance Abuse and Health Care Services Division
Substance Abuse Section (Referred to in this document as “SAHCS”)

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.

Notice Requirements

Broward County is required by federal and state laws to maintain the privacy of your health care information. The law also requires us to give you this Notice telling you about the law, your rights, and our privacy practices.

This Notice goes into effect on April 14, 2003 and will last until we replace it. If our Privacy Practices change, this Notice will change. We are required to abide by the terms of the most current Notice in effect. You will find the current Notice posted in our medical service locations and on our Internet site. If you would like additional copies or to learn more, please contact us at the address listed at the end of this Notice.

Use and Disclosure of Your Protected Health Information

As a part of our day-to-day activities, SAHCS may need to create, receive, or keep medical information about you. To provide treatment, to handle billing and payment activities, and to manage our services, we may use and disclose (share) your protected health information. **In most cases, we must have your written permission before using or disclosing this information.** Examples of how we might use or disclose your information include the following activities for:

- **Treatment.** SAHCS may discuss your medical condition with doctors, nurses, technicians or hospital staff to arrange or provide medical treatment, including substance abuse testing and treatments, and mental health services. We may request information from health insurance carriers or government aid programs to determine if you are authorized for certain treatments, such as hospital stays or medicines. We may use your medical information to arrange transportation and coordinate the delivery of appropriate care through contracted providers.
- **Payment.** SAHCS may use or disclose information to discuss your condition, any treatments given to you, or to review the cost for services, in order to arrange for payment from insurance carriers or other payers. We may contact others to pay for or bill for services.
- **Health Care Operations.** SAHCS may discuss or review your medical information to assure you receive quality care, to verify you are actually receiving the services that are scheduled, or to develop better ways to provide care. We may use your information to manage or purchase services. It may be used to evaluate our providers and contractors. Health information may be used or disclosed as necessary for legal, auditing and management purposes.

Other Uses and Disclosures.

SAHCS may contact you to arrange your appointments or your eligibility interviews or to provide you with information about new medications, treatments, benefits and services that are available.

SAHCS may provide information to government officials as required or allowed by law for:

- Public Health and Disease Reporting.
- Health Oversight (Nursing Homes, Physician Licensing, Federal Drug Administration, Health and Human Services, Research, Audits and Investigations).
- Judicial Requests (Subpoenas, Trials, Court Hearings).
- Law Enforcement purposes.
- Reporting and Investigating Deaths (the Medical Examiner).
- Military or Intelligence activities.
- Workers' Compensation issues.
- Responding to threats to public safety from unsafe products, unsafe drinking water, or disease.
- Cases of abuse, neglect, domestic violence and other crimes.

SAHCS may provide information to:

- Licensed researchers or care groups, who are under strict rules regarding how they use and disclose protected health information. Those researchers or medical review members may use the information about individuals with your condition for a study to improve ways to treat or manage diseases like diabetes, high blood pressure, or cancer.
- Hearing and Appeals groups to resolve disputes, render opinions, provide independent reviews.
- Other providers of medical services involved in your care.
- Responders in Emergency Situations.

- Organizations that handle organ procurement or transplants as necessary to facilitate organ or tissue donation and transplantation.
- Others as required or allowed by law.

You may authorize SAHCS to use or disclose information, to restrict access to your information, or to object to use of your information in certain situations. When an authorization is received, we will use that authorization until it expires or you change or revoke (or cancel) it. If you revoke your permission, we will no longer use or disclose the protected health information covered in the written authorization you revoked.

Other uses and disclosures of your protected health information require your written authorization. If you cannot give your authorization due to an emergency, SAHCS may release your health information if we believe it to be in your best interest. If you sign such an authorization you have the right to cancel it any time.

Individual Rights

Under the law, you have rights that SAHCS will uphold. You have the right to:

- **Request Restriction:** Request, in writing, restrictions of the uses and disclosures of your information. These restrictions can go beyond the restrictions already in the law. However, SAHCS may not always agree to implement these additional restrictions.
- **Request Confidential Communications:** Request to receive communications at a different address or in a different way to better protect your privacy. While SAHCS cannot promise to communicate in every possible way individuals might request, we will work with you to find a practical way of communicating with you in confidence, if you wish. SAHCS requires written requests for confidential communications.
- **Access (Copy and Inspect):** Inspect and get copies (with some exceptions) of your health care information held by SAHCS by making a request in writing. SAHCS may charge a reasonable fee to cover only the cost of providing this information.
- **Request Amendment:** Request an amendment or change health information kept about you. To make such a change, SAHCS will ask you to make the request in writing with a description of the reason you want your record changed. SAHCS may not always agree to such requests. For example, SAHCS may deny a request if the information to be amended was: 1) not created by SAHCS, unless the person or entity that created the information is no longer available to make the amendment; 2) is not part of the protected health information kept by SAHCS; 3) is not part of the information which you would be permitted to inspect or copy; or 4) the request is inaccurate or incomplete.
- **Request an Accounting of Disclosures:** Receive a record of disclosures made by SAHCS of your protected health information that were not authorized by you and were not related to treatment, payment and SAHCS operations described above. SAHCS requires requests for disclosure to be in writing. Requests must relate to disclosure information stored by SAHCS. SAHCS stores records of disclosures for six years, beginning April 14, 2003. Patients will receive one free copy of accountings per twelve (12) month period; fees may be assessed for each additional request.
- **Where to send requests:** Any of these requests should be mailed to HIPAA Privacy Liaison, 115 S. Andrews Ave., Suite 318, Ft. Lauderdale, FL 33301. If you do not agree with a decision made by the HIPAA Privacy Liaison, you may ask for a review of the decision by contacting the Broward County HIPAA Privacy Official at the address below.

Questions and Complaints

If you have any questions or complaints about the way SAHCS handles your protected health information or if you believe your privacy rights have been violated, you may complain by contacting the Broward County Privacy Office at HIPAA Privacy Office, Broward County Governmental Center, 115 S. Andrews, Suite A680, Ft. Lauderdale, FL 33301, telephone (954) 357-6500. You can also contact the Secretary of the U.S. Department of Health and Human Services. Please note that there will be no retaliation against you for filing a complaint or for making requests regarding your health care information or if you disagree with SAHCS decisions about your protected health information.

Notice Updates

SAHCS may need to change its privacy practices from time to time. Before making such changes however, SAHCS will modify this Notice and begin distributing it to individuals when they receive services. These new practices will then apply to all information held by SAHCS. At any time, you have a right to get a paper copy of the latest version of this Notice by contacting the Broward County Privacy Office or SAHCS. A current copy of this Notice will be posted on our website at www.broward.org