



## 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.

**Effective: January 1, 2008**

This Notice of Privacy Practices (Notice) is going to all members of First Coast Advantage. First Coast Advantage (FCA) has a contract with the State of Florida to provide healthcare services to eligible Medicaid Beneficiaries. We are committed to excellence in healthcare. We work to ensure our members have access to and get high class healthcare and good preventive services that help wellness.

This Notice uses the term "Protected Health Information" or "PHI." PHI is information about you, as well as information collected from you that can be used to identify you. PHI is also information that relates to your past, present or future physical or mental health condition, the health care provided to you or payment for that care. This Notice describes how we may collect, use, and disclose your PHI and your rights concerning your PHI. We are required to keep the privacy of your PHI. We are required to provide you this Notice about our legal duties and privacy practices. We must follow the privacy practices explained in this Notice while it is in effect.

### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

We use and disclose PHI in a number of different ways. The following are only a few examples of the types of uses and disclosures of your PHI that we are allowed to make without your approval.

**Treatment:** We may disclose your PHI to health care providers (like doctors, dentists, and other caregivers) who request it. We may also disclose your PHI to health care providers in other programs like preventive health, disease and case management.

We may collect the following treatment information about you:

- Information we get from you, or FCA's business contacts;
- Information about your relationships and transactions with us and others (e.g., health claims, medical history, eligibility information, payment information).



We may share your PHI with affiliates. We may share your PHI with third party "business associates." Business associates perform different activities for us. Whenever we share your PHI with business associates we will have a written contract with them to protect your PHI. We may also contact you about treatment alternatives or other health-related benefits and services.

If we obtain PHI for underwriting purposes and the policy or contract is not written with us, we won't use or give that PHI for any other purpose, except as required by law.

We don't destroy PHI when you stop coverage. The policies that protect your PHI still apply if you leave FCA. Some of the uses and disclosures described in this Notice may be also protected by state laws. Some state laws are tougher than the federal standards.

**Payment:** We will use and disclose your PHI for payment activities and to carry out your policy or contract. This may include activities related to eligibility; claims payment; utilization review; coordination of care, benefits and other services. This may also include resolving complaints. We may also use and disclose PHI for gaining premiums, underwriting, and cost sharing.

**Health Care Operations:** We will use and disclose your PHI for other business activities, including, but not limited to:

- Quality review and progress.
- Performance measures, outcomes progress and claims review.
- Operation of preventive health, disease, and case management programs and coordination of care in these programs.
- Determining payment and reinsurance, stop loss, and excess of loss policies.
- Risk management, auditing, detecting fraud and other unlawful acts.
- Moving policies or contracts.
- The supporting of any possible sale, transfer, or joining of all or part of FCA. This includes our duties related to these actions.
- Other general administrative activities, including information systems management and customer service.

## **Other Uses and Disclosures**



We may also use or disclose your PHI in the following conditions without your consent or approval.

**Others Involved in Your Healthcare.** Unless you object, we may disclose limited PHI to a member of your family, next of kin, or any other person you identify. The PHI disclosed will be related to that person's taking part in your care or fee for care. If you are there for such a disclosure (whether in person or on the telephone), we will either seek your spoken approval to the disclosure or provide you with a chance to object to it.

We may also make disclosures to the persons described above in cases where you're not present or unable to agree or object. We may do this if we decide that the disclosure is in your best interest. For example, if a family member calls our customer service line with basic information about you (address, date of birth, etc.) and with prior information of a claim, we will confirm whether or not the claim has been paid. We won't do this if you have already asked us in writing not to. We may also disclose your PHI to help in disaster aid efforts.

Unless we're given another address, we'll mail items that have PHI to the address we have on record for the subscriber of the plan. We don't make split mailings unless you ask for this in writing.

**Required By Law.** We may use or disclose your PHI when required by law. You will be called, as required by law, of any such uses or disclosures.

**Public Health.** We may share your PHI for public health activities, to agencies that oversee health programs for public health, and to report child abuse or neglect. We may also disclose your PHI to a foreign government agency that is working with a public health authority.

**Communicable Diseases.** If allowed by law, we may share your PHI with a person who may have been exposed to a communicable disease, who may get or spread the disease.

**Health Oversight.** We may disclose PHI to a health oversight agency when allowed by law. This may include audits, investigations, and inspections.

**Food and Drug Administration (FDA).** We may disclose your PHI to a person or company required by the FDA to report "adverse events", product defects or problems; product tracking; to help with product recalls or to make repairs or replacements; or to conduct post marketing observation.



**Legal Proceedings.** We may disclose PHI for any legal proceeding including court actions.

**Law Enforcement.** We may disclose PHI for law enforcement purposes. This may include disclosures to prevent or reduce a threat to the health or safety of a person or the public or to identify or pick up a person. Other disclosures include:

- When the law requires us to,
- For identification and location,
- About crime victims,
- When we think death has happened from acts against the law,
- Crime on our property, and
- Medical emergency off our property and it's likely that a crime has happened.
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**Coroners, Funeral Directors, and Organ Donation.** We may disclose PHI to a coroner, medical examiner, or funeral director when we're allowed to do so. We may disclose PHI to help with organ or tissue donating. We may share this PHI before a person dies.

**Research.** We may share your PHI with researchers when their study has been approved by an institutional review board or "IRB."

**Military Activity and National Security:** We may use or disclose PHI of Armed Forces staff. We may do so when asked by military commands or for the Department of Veterans Affairs to decide on eligibility or benefits. We may also share PHI with a foreign military authority (if you are a member of that foreign military service). We may also share PHI with federal officials for national security. We may also share PHI to protect the President or others.

**Workers' Compensation.** Your PHI may be disclosed by us to satisfy workers' compensation laws and other similar programs.

**Inmates.** We will use or disclose your PHI if you are a prisoner in a jail and your doctor created or received your PHI in the line of providing care to you.

**Required Uses and Disclosure.** Under the law, we must make disclosures to you under certain conditions. We must also make disclosures when required by the Secretary of the Department of Health and Human Services.



## Uses and Disclosures Based Upon Your Written Approval

If we want to disclose your PHI for reasons not listed above, we must have your written say-so or "OK." You can take back your written OK at any time unless we have already used or disclosed PHI based on your prior OK. If you are unable to give the required OK, we accept an OK from any person legally allowed to give your OK.

To take back a written OK you may send us a letter saying that you would like to stop your written OK. When doing so, please give us your name, address, Member ID Number, the date the written OK was given, and a telephone number where we may call you.

## Your Rights Regarding Medical and Health Information About You

**To Request Restrictions:** You have the right to request a limit on the PHI we use or disclose about you for treatment, payment, or operations. You also have the right to ask for a limit on the PHI we share with someone involved in your care or the payment for your care. For example, you could ask that we do not share information about a surgery you had. We are not required to agree to your request. If we do agree, we will obey with your request unless the information is needed to give you emergency treatment.

To request limits, you must make your request in writing to the FCA Privacy Officer. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) who you want the limits to apply.

**To Choose How We Call You:** You can ask that we talk with you in a certain way or at a certain place if you let us know that talking with you in the normal way could harm you. For example, you can ask that we only call you at work or by mail. You must make this "private talk" request in writing to the FCA Privacy Officer. We think about all sound requests. Your request must tell us in detail how or where you wish to be called.

**To get a copy or access your PHI:** You have the right to see and get copies of PHI that may be used to make choices about your care. This usually includes enrollment, payment, claims, and health management records kept by FCA. If you want to access this information you must write us a letter. We are allowed to charge a fee for this request. Records will be on hand for things that occur after January 1, 2008.



If you want to access PHI about yourself, or if you have a question regarding your care, you should go to the provider (e.g., doctor or hospital) that made the PHI. If you think the information in your health records is wrong or incomplete, call the doctor who gave you that service or treatment. We can't correct the records of your doctor or other third parties.

**To change or fix or PHI:** If you think that there is an error or information missing from your PHI, you can ask us to correct, change, or add to the record. To request a change, you must write a letter to the FCA Privacy Officer. You must also tell us why you want your PHI changed. We may deny your request if it's not in writing or does not include a reason to support the request. We may deny your request if the information you wanted changed:

- Was not made by us or the person who made it is no longer on hand to make the change;
- Is not part of our PHI;
- Is the kind of information we cannot give you; or
- Is correct and complete.

**To an Accounting of Disclosures:** You have the right to request an "Accounting of Disclosures." This lists some of the disclosures we made of your PHI. This does not include information we used or disclosed for treatment, payment, or operations. This list does not include information you or your spokesperson asked us to disclose. This list does not include disclosures to jails or prisons, for law enforcement, or national security or intelligence uses.

To request an Accounting of Disclosures you must do so by writing to the FCA Privacy Officer. Your request must state a time period. This time period can't be longer than six years and may not include dates before December 31, 2007. Your request should tell us if you want this list on paper or electronically. You can have one free list each year. We may charge you for extra requests.

**To get this Notice:** You have the right to get a paper copy of this Notice. You can also ask to receive the Notice electronically.

## **Our Privacy Duties**

**More about this Notice:** Federal law requires that we keep your PHI secret and to give you this Notice. If we make changes to this Notice we must follow the rules set by the Privacy Standards. Federal law also requires that we have a complaint process for privacy issues.



We send this Notice to our members, as allowed, at enrollment in our health benefits plan and when our privacy practices are greatly changed. We may change the terms of this Notice. We may make the new Notice effective for all PHI we maintain at that time. Updates of this Notice are given to our members. You can request a copy by writing the FCA Privacy Officer.

**Complaints:** You may file a privacy complaint with the FCA Privacy Office at:

First Coast Advantage  
Attn: Privacy Office  
580 West 8<sup>th</sup> Street, T-20  
Jacksonville, FL 32209

You may also complain to the Secretary of the U. S. Department of Health and Human Services. We will not strike back against you for filing a complaint. If you have issues about this Notice, please call the FCA Privacy Officer at 904-244-9016. We are on hand Monday through Friday, 8:00 AM through 4:00 PM.