



## JOINT NOTICE OF PRIVACY PRACTICES AND NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT

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Effective Date: January 1, 2013

**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.**

If you have any questions about this Notice, please contact the University of Florida Privacy Office at 1-866-876-4472.

### **OUR LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU:**

We understand your health information is personal and we are committed to protecting it. This Notice applies to all individuals who participate in the GatorCare Health Plan (GatorCare). This Notice describes how we may use and disclose your health information, and provides examples where necessary; it also describes your rights regarding our use and disclosure of your information.

We are required by law to make sure that health information that identifies you is kept private; to give you this Notice of our legal duties and privacy practices with respect to your health information; and to follow the terms of the Notice currently in effect. We reserve the right to change our privacy practices and this Notice at any time.

### **NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT.**

GatorCare, Shands HealthCare, which for the purposes of this notice includes Shands Teaching Hospital and Clinics, Inc., and Shands Jacksonville Medical Center, Inc., and the University of Florida Health Science Centers\* , have agreed as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operation. This arrangement enables us to better address your health care needs in the integrated setting found within Shands HealthCare and the University of Florida health providers.

The organizations participating in the Joint Notice are participating only for the purposes of providing this Joint Notice and sharing health information as permitted by applicable law. Shands HealthCare and the University of Florida are separate health care providers and each is individually responsible for its own activities, including compliance with privacy laws, and all health care services it provides.

### **WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN PERMISSION IN THE FOLLOWING CIRCUMSTANCES.**

- We may use and disclose your health information to aid in providing **treatment to you or to coordinate your health care** and related services. For example, we may disclose your health information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. In plans that offer these programs, we may also disclose your health information to health care providers in connection with preventive health, early detection, and disease and case management programs.
- We will use and disclose your health information for **payment and to administer your health benefits policy or contract**, which may involve determining eligibility; claims payment; utilization review and management; medical necessity review; coordination of care,



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benefits and other services; and responding to complaints, appeals and external review requests. For some plans, we may also use and disclose health information for purposes of obtaining premiums, underwriting, ratemaking, and determining cost sharing amounts.

- We may use and disclose your health information for **health care operations** as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services.

**NOTE:** GatorCare is prohibited from using or disclosing protected health information that is genetic information of an individual for underwriting purposes.

- We may use and disclose health information to our plan sponsors if the plan sponsor requests summary health information for the purpose of obtaining premium bids from health plans for providing health insurance coverage or for modifying, amending, or terminating GatorCare.
- We may disclose to our plan sponsors health information on whether an individual is participating in GatorCare, or is enrolled in or has disenrolled from a health insurance issuer or HMO offered by GatorCare.
- We may contact you to provide information about treatment alternatives or other **health-related benefits and services** that may be of interest to you.
- We may disclose your health information to our **Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- We may use or disclose your health information for **research** related to the evaluation of certain treatments or the prevention of disease or disability. Research projects are reviewed and approved by a Review Board to protect the privacy of your health information.
- We will disclose health information about you **when required by federal, state, or local law**, for example, to authorized federal officials for national security and intelligence activities.
- We may use and disclose your health information when necessary to **prevent a serious threat to your health and safety** or the health and safety of the public or another person.
- We may disclose your health information to **organizations engaged in the procurement, banking, or transplantation** of organs to facilitate organ or tissue donation and transplant.
- If you are a veteran or a member of the armed forces, we may release health information about you as required by **military command authorities**.
- We may disclose necessary health information to the extent authorized by laws relating to **worker's compensation**.
- We may disclose your health information as required by law, for **public health activities**, which may include preventing or controlling disease, injury, or disability.

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- We may disclose your health information to **health oversight agencies** for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- We may disclose your health information in response to a **court or administrative order** or in response to a subpoena as required by law.
- We may disclose your health information to **coroners, medical examiners or funeral directors** consistent with applicable law to carry out their duties.
- We may disclose your health information to a **correctional institution** having lawful custody of you, as necessary to provide you with health care.

### SPECIAL CIRCUMSTANCES.

Alcohol, Drug Abuse, Psychotherapy Notes, and Psychiatric Treatment Information may have special privacy protections. We will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance abuse or psychiatric treatment unless:

1. The patient consents in writing or
2. A court order requires disclosure of the information or
3. Medical personnel need information to meet a medical emergency or
4. Qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits or program evaluation or
5. It is necessary to report a crime or a threat to commit a crime, or
6. To report abuse or neglect as required by law.

### YOU MAY OBJECT TO CERTAIN USES AND DISCLOSURES OF YOUR HEALTH INFORMATION.

Unless you object, we may use or disclose your health information in the following circumstances:

- **Individuals Involved in Your Care or Payment for Your Care.** We may use or disclose information to notify or assist in notifying a family member, legal representative, or another person responsible for your care.
- **Emergency Circumstances and Disaster Relief.** We may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified of your location and general condition.

### OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of health information not covered by this notice or law that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your revocation. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



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### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to See and Obtain Copies of your Health Information.**

You have the right to see and obtain copies of health information that may be used to make decisions about your care. Usually, this includes health and billing records, but does not include psychotherapy notes. To inspect and/or copy your health information, you must submit your request in writing on the appropriate form to the GatorCare Department. If you request a copy of the health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to see and obtain copies of your health information in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the UFHSC will review your request and the denial. The person conducting the review will not be the person who denied your request.

- **Right to Amend.**

If you think that health information we have about you is incorrect or incomplete, you may ask us to correct or add to the information. You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing, addressed to the GatorCare Department, and must explain your reason(s) for the amendment.

- **Right to an Accounting of Disclosures.**

You have the right to request an Accounting of Disclosures. This is a list of the disclosures we have made of health information about you. This Accounting of Disclosures does not include disclosures made for your treatment, billing and collection of payment for your treatment, health care operations, made to or requested by you, or that you authorized, occurring as a byproduct of permitted uses and disclosures, made to individuals involved in your care, or for other purposes described in the above subsections. You must make your request in writing to the GatorCare Department.

- **Right to Request Restrictions.**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request. If we do agree with your request, we will comply with your request unless the information is required by the Secretary of the Department of Health and Human Services, and/or the uses and other disclosures listed in this notice. To request restrictions, you must make your request in writing to the GatorCare Department.

- **Right to Choose How We Communicate With You.**

You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to the GatorCare Department. We will not ask you the reason for your request. We will accommodate reasonable requests.



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- **Right to a Paper Copy of This Notice.**

You have the right to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.gatorcare.org](http://www.gatorcare.org), or from the GatorCare Department (352.265.7255).

- **Breach Notification**

You have the right to receive notification in the event of a breach of your unsecured protected health information, unless such notification is exempted by law.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the GatorCare Department and on our website at [www.gatorcare.org](http://www.gatorcare.org).

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

To file a privacy complaint concerning GatorCare, please contact the University of Florida Privacy Office at P.O. Box 100014, Gainesville, FL 32610-0014. All complaints must be submitted in writing on the appropriate form that will be provided upon request.

To file a privacy complaint with the Secretary of the Department of Health and Human Services, visit the Office for Civil Rights website at [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

\*The University of Florida Health Science Centers include the UF Health Science Center clinics and physicians' offices; the Florida Clinical Practice Association; the University of Florida Jacksonville Physicians, Inc., the University of Florida Jacksonville Healthcare, Inc.; the University of Florida Colleges of Medicine, Nursing, Health Professions, Dentistry and Pharmacy; and other affiliated health care providers, including all employees, volunteers, staff and other University of Florida health services staff.