

AGENCY FOR PERSONS WITH DISABILITIES (APD)
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.*

Your Information. Your Rights. Our Responsibilities. This notice applies to the information that we have about your health care and services that you receive through APD. APD is required by law to notify you of our legal duties and privacy practices, your rights, and describe the ways we may access, use, and disclose your protected health information. We must maintain the privacy of your health information and follow the terms of this notice.

Your Rights. When it comes to your health information, you have certain rights. You have the right to:

- ***Get a copy of your health records.*** You may review or get a copy of your health records except for psychotherapy notes, information compiled as part of a legal case, or as otherwise excluded by law. APD may impose a reasonable fee for copying, supplying, preparing, and mailing the requested records.
- ***Ask us to correct or change your health information if you believe it is incorrect or incomplete.*** Ask us how to do this. We may say no to your request but we will tell you in writing within 60 days.
- ***Confidential communications.*** If you ask us to contact you in a confidential way (for example, at a certain phone number, email address, or designated mailing address) we may grant reasonable requests.
- ***Ask APD to limit what health information we use or share.*** We do not have to agree if it would affect your care. If we do agree, we will limit the information unless it needs to be shared in an emergency.
- ***Get a list of those with whom APD has shared your health information.*** You can ask, in writing, for a list of the times we have shared your information (“accounting”), who we shared it with, and why it was shared, within the past 6 years, except for when it is used to carry out your treatment, pay for your care, for health care operations, disclosures you asked for, or prohibited by law. You are entitled to one free accounting a year.
- ***Receive a paper copy of this notice.*** You are entitled to a paper copy of this notice.
- ***Choose someone to act for you.*** Your legal guardian or someone with a medical power of attorney for you may exercise make choices about your health information.
- ***You have a right to file a complaint.*** If you feel APD has violated your rights, you may file a complaint with our office or the Secretary of the US Department of Health and Human Services. You will not be retaliated against for filing a complaint.

HIPAA Privacy Official
Office of the General Counsel
Agency for Persons with Disabilities
4030 Esplanade Way, Suite 380
Tallahassee, Florida 32399
Telephone: (850) 922-9512

Centralized Case Management Operation
US Department of Health and Human Services
200 Independence Avenue, SW—Room 509F HHH Building
Washington, DC 20201
Telephone: (800) 368-1019
TDD toll-free: (800) 537-7697 | Fax: (202) 619-3818
OCRComplaint@hhs.gov

Your Choices. For certain health information, you can tell us your choice about what we share.

- ***In these cases, you have both the right and the choice to tell us to:*** Share information with your family, close friends, or others involved in the payment for your care. Share information in a disaster relief situation. *If you are unable to tell us your preference—such as if you are unconscious or during an emergency—we may share your information if we believe it is in your best interest. We may also share your information when it is needed to lessen a serious and imminent threat to health or safety.*
- ***In these cases, we will never share your information unless you give us written permission for:*** Marketing purposes or the sale of your information.

Our Uses and Disclosures of Your Protected Health Information. APD is permitted to use or disclose your health information for treatment, payment, and health care operations. If you are an APD Medicaid Waiver applicant or recipient, APD uses your health information to determine your eligibility for the Developmental Disabilities Individual Budgeting Medicaid Waiver program and to determine the amount of assistance that you need for your care. We also use it to manage the Developmental Disabilities Individual Budgeting Medicaid Waiver program. Here are some examples of how we typically access, use, and/or disclose your health information: We share information about your

diagnosis and care needs to determine your initial or ongoing eligibility for the program, as well as to coordinate supported living services and placement in a care facility. We share information to pay for your health care products and services, including federal and state funding programs such as Medicaid. It is used and disclosed to appropriate APD staff members, business associates, volunteers, as well as other government agencies who are involved in your treatment, payment for your care, health care operations and oversight, including those who evaluate the performance of people involved in your care.

How else can we use or share your health information? APD is allowed or required to share your information in other ways without your written authorization—usually in ways that help public health, safety, and research. We have to meet many conditions in the law before we can share your information for these purposes. Examples of other times when we can share your information include:

- We may disclose information to a family member or another person, if necessary, to assist you in an emergency.
- Reporting suspected abuse, neglect, or domestic violence, and preventing or reducing threats to you or another person's health or safety.
- With other state or federal agencies. For example, the US Department of Health and Human Services (HHS), Federal Emergency Management Agency (FEMA), the Centers for Disease Control (CDC), the Florida Agency for Health Care Administration (AHCA), the Florida Department of Children and Families (DCF), the Florida Department of Health (DOH), and other similar agencies.
- To conduct research that benefits persons with developmental disabilities and/or the Medicaid program.
- With organ procurement organizations, a coroner, medical examiner, vital statistics, or funeral director.
- For workers' compensation claims, law enforcement purposes, with health oversight agencies as authorized by law, and for functions such as military, national security, and presidential protection services.
- In response to a court order or administrative order, or in response to a subpoena.
- As required by federal or state law, we must use or disclose your information to the extent it is required by law.

Other Uses and Disclosures. Other uses and disclosures not described in this notice will be made only with your written authorization. If you give us written authorization, you may revoke it at any time.

Our Responsibilities. We are required by law to maintain the privacy and security of your protected health information. We are required to follow the duties and privacy practices described in this notice and give you a copy of it. We are required to let you know promptly if a breach occurs that may have compromised the privacy or security of your health information. We will not use or share your information other than described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

Changes to this notice. APD reserves the right to change the terms of this notice; and, the changes apply to all information that we have about you. The new notice will be on our web site and we will mail a copy to you.

Contact Information. If you have any questions, requests, or would like a printed copy of this notice, please contact your APD office in your area at the telephone number listed below. We may ask that you make a request in writing. **Northwest Region** (for Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington counties) call (850) 487-1992; **Northeast Region** (for Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, and Volusia counties) call (904) 992-2440; **Central Region** (for Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, and Sumter counties) call (407) 245-0440; **Suncoast Region** (for Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota counties) call (813) 233-4300; **Southeast Region** (for Broward, Indian River, Martin, Okeechobee, Palm Beach, and Saint Lucie counties) call (561) 837-5564; **Southern Region** (for Dade and Monroe counties) call (305) 349-1478; **Sunland Center** call (850) 482-9210; and **Tacachale Center** call (352) 955-5580

Who receives this Notice of Privacy Practices. APD sends this notice to every recipient household. This notice applies to all consumers served by the Agency. To comply with Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990, please contact the HIPAA Privacy Official at the address shown on this Notice if you would like to receive this Notice in an alternate format such as Braille, large print, or audio.