

Notice of Privacy Practices

For members who receive services from Capital Health Plan facilities and providers located at Centerville Place or Governor's Square Boulevard. The practices described in this notice also apply to all health information received by Capital Health Plan at any of our business locations, from independent health care providers, insurers, or other entities that may send us information about you.

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU THAT IS KEPT AT CAPITAL HEALTH PLAN'S LOCATIONS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you receive care from a physician or other health care provider that is not at a Capital Health Plan location, you should contact the provider's office directly to obtain specific information about their Notice of Privacy Practices.



Capital Health
P L A N

www.capitalhealth.com



P.O. Box 15349 • TALLAHASSEE, FLORIDA 32317-5349 • 850-383-3311
AN AFFILIATE OF BLUE CROSS AND BLUE SHIELD OF FLORIDA SINCE 1982
(INDEPENDENT LICENSEES OF THE BLUE CROSS AND BLUE SHIELD ASSOCIATION)

Understanding Your Health Record/Information

Whenever you visit a Capital Health Plan facility to see a physician or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. Similar information may be received by Capital Health Plan from independent health care providers, insurers, and other entities that are not at Capital Health Plan locations. All this information, often referred to as your health or medical record, may serve as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- tool in educating health professionals
- source of data for medical research
- source of information for public health officials charged with improving the health of the nation
- source of data for facility planning and marketing
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing nonroutine disclosure to others

Your Health Information Rights

Although your health record of visits to our facilities is the physical property of Capital Health Plan, the information belongs to you. As provided by Federal regulations (45CFR parts 160-164*), you have the right to:

- request a restriction on certain uses and disclosures of your information (45 CFR 164.522*)
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health

- record (45 CFR 164.524*)
- amend your health record (45 CFR 164.528*)
- obtain an accounting of nonroutine disclosures of your health information (45 CFR 164.528*)
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

Capital Health Plan is required to:

- maintain the privacy of your health information at our facilities
- provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address supplied to Capital Health Plan.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Member Services at (850) 383-3311 Monday through Friday, 8 a.m. – 5 p.m., TDD (850) 383-3534.

If you believe your privacy rights have been violated, you can file a complaint with Member Services at (850) 383-3311 for Capital Health Plan's Privacy Officer to investigate. You may also contact the Secretary of the Department of Health and Human Services, Office of Civil Rights. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

(These examples are not intended to be all inclusive.)

We will use your health information for treatment.

FOR EXAMPLE: Information obtained by a nurse, physician, or other member of your health care team at our CHP facilities will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will use your health information for payment.

FOR EXAMPLE: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

FOR EXAMPLE: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. For these purposes, we may disclose your health information to government agencies, although such reporting may not in every case be required by law. We may also disclose your health information to one or more nonprofit organizations that accredit health maintenance organizations, as part of the process by which we maintain our legally-required accreditation.

BUSINESS ASSOCIATES: There are some services provided in our organization through contracts with business associates. Examples include some physician services, radiology services, laboratory services, and transcription services we use to record medical notes of visits. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill your third-party payer if appropriate for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

NOTIFICATION: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition when medically necessary.

COMMUNICATION WITH FAMILY:

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care when medically necessary.

MARKETING: We may contact you to provide appointment reminders or other health-related benefits and services that may be of interest to you.

FOOD AND DRUG ADMINISTRATION (FDA):

We may disclose to the FDA health information relative to adverse events with respect to product and product defects or post-marketing surveillance information to enable product recalls, repairs, or replacement.

WORKERS COMPENSATION: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

PUBLIC HEALTH: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

CORRECTIONAL INSTITUTION: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

LAW ENFORCEMENT: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Original 9/3/02 Updated 10/18/02 12/18/02 **Notice of: Privacy Practices**
Revised 8/04, 4/05

Additional copies of this notice are available upon request

REFERENCES

Reviewed/Revised:

Public Health Service, Department of Health and Human Services. "Confidentiality of Alcohol and Drug Abuse Patient Records." *Code of Federal Regulations*, 2000. 42 CFR, Chapter I, Part 2.

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule." 45 CFR Parts 160 through 164. *Federal Register* 65, no. 250 (December 28, 2000).

Standards for the Privacy of Individually Identifiable Health Information; Final Rule 45CFR Parts 160 and 164. *Federal Register*, Volume 67 (August 14, 2002).

Available at <http://www.hhs.gov/ocr/hipaa>