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## NOTICE OF PRIVACY PRACTICES

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**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 your Benefits Administrator.

### **Who Will Follow This Notice**

This notice describes the medical information practices of Broward College's group health plan (the "Plan") and that of any third party that assists in the administration of Plan claims.

### **Our Pledge Regarding Medical Information**

We understand that your medical health information is personal. We are committed to protecting your medical information. This notice applies to all of the medical records we maintain.

This notice will tell you about the ways we may use and disclose your medical information. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- . make sure that medical information that identifies you is kept private;
- . give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- . follow the terms of the notice that is currently in effect.

### **How We May Use and Disclosure Medical Information About You**

The following categories describe different ways that we use and disclose medical information.

**For Treatment.** We may use or disclosure your medical information to facilitate medical treatment by providers. We may disclose medical information to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

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## NOTICE OF PRIVACY PRACTICES

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**For Payment.** We may use and disclose your medical information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. We may also share medical information with a utilization review or pre-certification service provider.

**For Health Care Operations.** We may use and disclose your medical information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when ordered in a medical malpractice action.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### Special Situations

**Disclosure to Health Plan Sponsor.** Information may be disclosed to another health plan maintained by Broward College for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to Broward College personnel solely for purposes of administering benefits under the Plan.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

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## NOTICE OF PRIVACY PRACTICES

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**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- . to prevent or control disease, injury or disability;
- . to report births or deaths;
- . to report child abuse or neglect;
- . to report reactions to medications or problems with products;
- . to notify people of recalls of products they may be using;
- . to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- . to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- . in response to a court order, subpoena, warrant, summons or similar process;
- . to identify or locate a suspect, fugitive, material witness, or missing person;
- . about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- . about a death we believe may be the result of criminal conduct;
- . about criminal conduct at the hospital; and
- . in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

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## NOTICE OF PRIVACY PRACTICES

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**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Your Rights Regarding Medical Information About You**

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

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to your Benefits Administrator. If you request a copy of the 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 inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that medical information we have about is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to your benefits Administrator. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend the information that:

. is not part of the medical information kept by or for the Plan;

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## NOTICE OF PRIVACY PRACTICES

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- . was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- . is not part of the information which you would be permitted to inspect and copy; or
- . is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to your Benefits Administrator. Your request must state a time period which may not be longer than six (6) years and may not include dates before April, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request.

To request restrictions, you must make your request in writing to your Benefits Administrator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, [www.broward.edu](http://www.broward.edu)

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## NOTICE OF PRIVACY PRACTICES

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### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical 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 on the Plan website. The notice will contain on the first page, in the top right-hand corner, the effective date.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact your Benefits Administrator. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

### **Other uses of Medical Information**

Other uses and disclosures of medical information that are not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. 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.