

CAC-Florida Medical Centers Notice of Privacy Practices

protecting your *personal* and health information

INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

Your CAC-Florida Medical Centers understand the importance of keeping your personal and health information private. Personal health information includes both medical information and individually identifiable information such as your name, address, telephone number or social security number. We are required by applicable federal and state laws to maintain the privacy of your personal and health information. Both under law and our policy, CAC-Florida Medical Centers have a responsibility to protect the privacy of your personal and health information (PHI). We:

- Protect your privacy by limiting who may see your PHI;
- Limit how we may use or disclose your PHI;
- Inform you of our legal duties with respect to your PHI;
- Explain our privacy policies; and
- Strictly adhere to the policies currently in effect.

This is a notice of CAC-Florida Medical Centers' privacy practices, our legal duties, and your rights concerning your personal and health information. We follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 01/02/2006 and will remain in effect until we replace it and provide you notice of such changes.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by applicable law, rules, and regulations. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all personal and health information that we maintain, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to you. For more information about our privacy practices, or for additional copies of this notice, please contact us at the number listed at the end of this notice.

Uses and Disclosures of Your Personal and Health Information

As a patient of CAC-Florida Medical Centers, we may use and disclose your personal and health information, without your consent/authorization, in the following ways:

Treatment - We may use and disclose your personal and health information to provide and coordinate the treatment, medications, and services you receive. For example, we may disclose health information about you to doctors, hospitals or other health care professional, including those who will assist with coordination of your care.

Payment - We may use and disclose your personal and health information for payment related functions. We may use and disclose health information about you to obtain premiums or to determine and fulfill our responsibility for coverage and benefits. For example, we may contact your health insurer, pharmacy benefit manager, or other health care payer for payment and or copayment determination.

Health Care Operations - We may use and disclose your personal and health information for operational administrative and quality assurance activities. For example:

- Conduct health reviews
- Conduct quality assessments and improvement activities
- Review the competence of qualifications of health providers, monitor the performance of the pharmacists or providers providing treatment to you
- business planning and development
- assess the use or effectiveness of certain drugs
- develop and monitor medical protocols and
- continually improve the quality of the health care service we provide.

We are permitted to use and disclose your protected health information for the following reasons:

Health and Wellness Information - We may use and disclose your personal and health information to contact you with information about health-related

benefits and services, appointment and prescription refill reminders, or about treatment options or alternatives that may be of interest to you.

Family and Friends - We may disclose your personal and health information to a family member, friend, or other person you identify to the extent necessary to help with your health care or with payment for your health care. We may also give information to someone who has the authority to make payments for your care.

Research - We may use and disclose your personal and health information for research purposes when research has been approved by an institutional review board or privacy board that has reviewed the proposed research and established protocol to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors - We may disclose your personal and health information to a coroner, medical examiner, or funeral director as necessary to carry out their duties.

Avert Serious Threat to Health or Safety - We may disclose your personal and health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

Abuse, Neglect, or Domestic Violence - We may disclose your personal and health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Public Health - We may disclose your personal health information to public health or legal authorities charged with preventing or controlling diseases, injury, or disability.

Food and Drug Administration (FDA) - We may use and disclose to the Food and Drug Administration (FDA), or person under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Required by Law - We must use or disclose your personal and health information when we are required to do so by Federal, State, or Local law.

Law Enforcement - We must disclose limited information to law enforcement officials concerning the personal and health information of a suspect, fugitive, material witness, crime victim, or missing person.

Judicial Proceedings - We may disclose your personal and health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Correctional Institution - We may disclose the personal and health information of an inmate or other person in lawful custody to law enforcement official or correctional institution.

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

Health Oversight Activities - We may disclose your protected health information to an oversight agency for activities authorized by law. Examples of oversight activities include audits, investigations, inspections, and credentialing as subject to government programs and compliance with civil rights laws.

Workers' Compensation - We may disclose your personal and health information to comply with Worker's Compensation laws and other similar programs established by law.

Business Associates - We may disclose your personal and health information to contracted Business Associates if they need to receive this information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of health information.

Military and Veterans - We may disclose to military authorities the personal and health information of armed forces personnel under certain circumstances.

National Security - We may disclose to authorized federal officials personal and health information required for lawful intelligence, counterintelligence, and other national security activities.

Other Uses and Disclosures

We will request written authorization from you to use your personal and health information or to disclose it to anyone for any purpose or situation not included in this document.

You may revoke this authorization in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Individual Rights

Access - You have the right to access, inspect and copy personal and health information about you contained in a designated record set for as long as the CAC-Florida Medical Centers maintain the personal and health information.

This does not include psychotherapy notes. You may request that we provide copies in a format other than photocopies. If you request copies, we may charge you a fee for each page, and per hour for staff time to locate and copy your personal and health information, and postage.

Accounting of Disclosure - You have the right to receive a list of instances in which we or our subcontractors disclosed your personal and health information after 4/13/2003 for purposes other than treatment, payment, health care operations, and certain other activities. If you request this list more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to these additional requests.

Restriction Requests - You have the right to request that we place additional restrictions on our use or disclosure of your personal and health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in a need for your emergency treatment). You also have the right to agree to or terminate a previous submitted restriction.

You have the right to restrict disclosure of your protected information to a health plan for payment or healthcare operations purposes if you have paid out of pocket in full for the prescription, health care item or service to which the protected health information relates. Request form at time of service/treatment.

Alternate Communication - You have the right to request that we communicate with you in confidence about your personal and health information by alternative means or to an alternative location to avoid a life threatening situation. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence. We will accommodate all reasonable requests.

Amendment - If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be in writing, and it must explain why the information should be amended. In certain cases, we may deny your request.

Right to Notice - You have the right to receive this notice in written form upon request at any time. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Right to File a Complaint - If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your personal and health information, you may file a complaint with us using the contact information listed at the end of this notice.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Rights

If you would like to request a privacy rights form or file a complaint regarding your privacy rights, you may telephone us at 1-866-861-2762 at any time. You will be asked to provide information including your member identification number located on your membership identification card and other elements to authenticate your identity. This information is necessary to process your request.

If you want more information regarding our privacy practices, have questions or concerns regarding your privacy rights, or would like to request a member's rights form, you may contact us in the following ways:

- Email us at: privacyoffice@humana.com
- Mail us at:
Humana Inc.
101 E Main Street
Privacy Office 003/10911
Louisville, KY 40202
- For general questions, you can telephone us at 1-866-861-2762 at any time.

* CAC-Florida Medical Centers are a subsidiary of Humana. Humana will respond to all privacy requests and complaints.

It has always been our goal to ensure the protection and integrity of your personal and health information. Therefore, we will notify you of any potential situation where your information would be used for reasons other than payment and health plan operations.