



## Notice of Privacy Practices

Effective September 1, 2016

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.**

**Community Care Plan** (“CCP” or “We”) are required by law to:

- Protect the privacy of your health information;
- Send you the privacy notice and inform you of any changes;
- Explain how we may use information about you;
- Explain when we can give out or “disclose” your information to others;
- Abide by the terms of this notice.

If you have any questions about this notice, please contact Enrollee Services Department at number is **1-866-899-4828** TTY/TDD 1-855-655-5303 Monday to Friday from 8:00am to 7:00pm EST.

Si usted necesita esta información en Español llame al **1-866-899-4828** TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST.

Si ou vle resevwa enfomesyon sa en Kreyol rele nimewo telefon sa **1-866-899-4828** TTY / TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00 am a 7:00 pm EST.

### How we may use and disclose health information

Except for the following purposes, we will use and disclose health information only with your written approval. You may cancel a written approval that you have given us at any time. You will need to write a letter to our Compliance (Privacy) Officer. You may also request limitation on your health information being use or give out. (See “Right to Request Restrictions”)

**For Payment.** We may use and disclose health information about you so that the claims for the treatment and services you receive may be paid. The bills may include information that identifies you, as well as your diagnosis, procedures and supplies or equipment used. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill.

**For Business Operations.** We may disclose your health information to other companies (“business associates”) that perform different kinds of activities for CCP. When we contract for these services, we may disclose your health information so that they can perform the job we asked them to do.

**For Health Care Operations.** We may use and disclose information about you to manage your health care coverage. For example, we may review your medical records to make sure that the quality of care you receive meets our standards. We might talk to your doctor to refer to a Disease Management program. We may provide your information to companies who conduct our satisfaction surveys.

**For Reminders.** We may use and disclose information to send you reminders about your benefits or cares. For example: We may call you to remind you of an appointment.

**For Treatment Alternatives and Health-Related Benefits and Services.** We may use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**For Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a legal guardian, a family member or a friend if:

- The person is involved in your medical care or pays for your medical care; and
- You have agreed or fail to object when given an opportunity.

### SPECIAL SITUATIONS

**As Required By Law.** We will disclose health information about you when required to do so by the federal, state or local law.

**For Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. They may need your information to conduct audits, investigations, and inspections. These activities are necessary for the

**For Public Health.** We may disclose health information about you for public health activities. For example, we may report to public health agencies to prevent or control disease outbreaks.

**For Reporting Victims of Abuse, Neglect or Domestic Violence.** We may release health information about you to government authorities if we believe that a person is a victim of abuse or neglect.

**For Workers’ Compensation.** We may disclose health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**For Research Purpose.** We may disclose health information about you for research studies, if the studies meets privacy law requirement.

**For Health and Safety.** We may disclose health information about you to public health agencies or law enforcement authorities to prevent a serious threat, health, or safety issue.

**For Lawsuits and Disputes.** We may disclose health information about you in response to a subpoena, discovery request, or other lawful order from a court.

**For Law Enforcement.** We may disclose health information about you to police in helping find a suspect, or witness of a missing person.

**For Specialized Government Functions.** We may release health information about you to authorized federal officials for special functions, such as natural security activities.

**For Organ Procurement.** We may disclose health information about you to entities that handle procurement, banking or transplantation of organs, eyes, or tissue to facilitate donation and transplantation.

**For Coroner, Medical Examiner, or Funeral Director.** We may disclose information to a coroner or medical examiner to determine the cause of death as authorized

**For Treatment.** We may give health information about you to providers of medical treatment or services. We may disclose medical information about you to doctors, nurses, or other health care professionals who are involved in taking care of you. For example, we may provide information regarding test results to providers of care to assist in your treatment.

government to monitor the health care system, government programs, and compliance with civil rights laws.

by law. We may also disclose information to funeral directors to carry out their duties.

## YOUR RIGHTS

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

**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. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Compliance (Privacy) Officer. The letter 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.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Compliance (Privacy) Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. You also may receive a summary of this health information. You must submit your request in writing to our Compliance (Privacy) Officer. We may charge a reasonable fee for any hard or electronic copies of your health information. We may deny your request to inspect and copy information in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by CCP will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to a Paper Copy of This Notice.** You have the right to a paper 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. To obtain a paper copy of this

**Right to Amend.** If you feel that enrollee / claims information we have about you 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. To request an amendment, your request must be made in writing and the reason that supports your request. The request needs to be submitted to our Privacy Officer. We may deny your request if we did not create the information, do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of health information about you that can be requested by submitting your request in writing to our Compliance (Privacy) Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge a reasonable fee for additional lists. We will notify you of the cost involved at the time of request. You may choose to withdraw or modify your request before any costs are incurred.

### CHANGES TO THIS NOTICE

We reserve the right to change its information practices and terms of this notice at any time. If we do, the new terms and practices will then apply to all health information we keep. If we make any material changes, a new notice will be sent to you by US mail. We will post a copy of the current notice at our website, [www.ccpcares.org](http://www.ccpcares.org). The notice will contain the effective date at the top of the first page.

### COMPLAINTS

You may file a complaint with CCP or with the Agency for Healthcare Administration (AHCA). We will not do anything against you for filing a complaint. Your care will not change in any way.

You can file a complaint with CCP by writing or calling:

CCP

1643 Harrison Parkway, Building H, Suite 200  
Sunrise, Florida 33323

Attention: Compliance (Privacy) Officer

Or

1-866-899-4828 TTY/TDD 1-855-655-5303

To file a complaint with the Secretary of the U.S. Department of Health and Human Services, please complete the online form at [https://ocrportal.hhs.gov/ocr/cp/wizard\\_cp.jsf](https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf).

### OTHER USES OF HEALTH INFORMATION

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

### TO CONTACT CCP

### and/or OUR COMPLIANCE OFFICER

Write to:

CCP

Compliance (Privacy) Officer  
1643 Harrison Parkway, Building H, Suite 200  
Sunrise, Florida 33323

Or 1-866-899-4828 TTY/TDD 1-855-655-5303 Monday to Friday from 8:00am to 7:00pm EST

notice, call our Enrollee Services Department at 1-866-899-4828 TTY/TDD 1-855-655-5303 Monday to Friday from 8:00am to 7:00pm EST. You may also obtain a copy of this notice on our website at: [www.ccpcare.org](http://www.ccpcare.org).

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