

Department of Corrections' Notice of Privacy Practices Acknowledgement of Receipt

FOR OFFENDERS ON COMMUNITY SUPERVISION

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.

The Department of Corrections (DOC) is required by law to maintain the privacy of protected health information (PHI) maintained in DOC offender files and to notify you of any breaches of your PHI. Federal law requires that this Notice be provided to you and that DOC abide by the terms of the Notice.

DOC Uses and Disclosures of Protected Health Information

In performing supervision activities, DOC uses and discloses (shares) PHI maintained in offender files for several purposes and is authorized to do so without first getting your written approval. These purposes include:

- For treatment activities required as a condition of probation/supervised release. For example, DOC may refer you to a health care provider so that you can participate in treatment as a condition of probation/supervised release.
- For DOC payment activities. Appropriate DOC staff must confirm treatment provided to you pursuant to a contract in order to authorize payment.
- For DOC operations. For example, DOC staff may discuss your participation in treatment with a treatment provider in order to supervise your compliance with your probation order.
- DOC will disclose PHI when required by law.
- DOC may provide information to government officials who oversee public health or who are dealing with threats to public safety from unsafe products, diseases, abuse, neglect, domestic violence and other crimes when required by law.
- DOC will provide information in the form of substance abuse test results, participation in court-ordered treatment programs, and other similar types of information to the sentencing court during the course of supervision and in the case of a violation of a condition of probation.
- DOC will disclose PHI in response to a subpoena, or court or administrative order.
- DOC may disclose PHI for certain law enforcement purposes.
- DOC may disclose PHI to correctional facilities or in other law enforcement custodial situations in the event that you are taken into custody or incarcerated.
- DOC may provide information to researchers who are under strict rules regarding how they use and disclose PHI.

No other uses and disclosures of your PHI will occur without your written authorization. For example, requests for your protected health information made by the media or the general public cannot be honored without your written authorization. If you sign such an authorization you have the right to revoke it any time provided you submit a written revocation of the authorization. (45 CFR § 164.508(b)(5))

Your Rights Regarding Your Protected Health Information

Under the law, you have the right to:

- Request restrictions on some of the ways DOC or its contract health care providers use and disclose your PHI. These restrictions can go beyond the restrictions already in the law. However, DOC or the contract provider may not always agree and is not required to implement these additional restrictions.
- Receive confidential PHI communications. While DOC or a DOC contract provider cannot promise to communicate health information in every possible way that an offender might request, we will work with you to find a practical way of communicating PHI to you in strict confidence if you wish.
- Inspect and get copies of your PHI in records maintained by health care providers who provide you treatment pursuant to a contract with DOC by making a request in writing. The provider may charge a reasonable fee to cover only the cost of providing this information. Note that DOC does not maintain any medical records or medical files on offenders.
- Request that DOC contract health care providers amend or correct your PHI in files maintained by the provider. To make such a change, DOC contract health care provider may ask you to make the request in writing with a description of the reason you want your record changed. The provider may not always agree and is not required to agree to such requests.
- A list of DOC or DOC contract provider disclosures of your PHI for a certain period of time (not to exceed a 6 year period since 4/14/03) that were not authorized by you and that were not related to treatment, payment and operations.

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Questions about DOC privacy procedures should be directed to the DOC Privacy Officer at (850) 717-3277. Complaints to DOC about the way DOC handles your PHI, compliance with HIPAA (see footnote, p.1 of this Notice), or if you believe your privacy rights have been violated must be filed as Offender Grievances pursuant to Rule 33-302.101, Florida Administrative Code. A copy of the Offender Grievance Procedure may be obtained from your Correctional Probation Officer. You may also contact the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint or for making requests regarding your health care information.

DOC reserves the right to change the terms of this Notice and to make new notice provisions for all PHI that DOC maintains. If the terms of this notice are revised, DOC will provide you a copy of the revised Notice on your next visit to the Probation Office. At any time, anyone has a right to get a paper copy of the latest version of this Notice by asking your Correctional Probation Officer.

I received a copy of DOC Notice of Privacy Practices for Offenders on Community Supervision. I understand that if DOC uses my personal health information in a manner that is different than described by the Notice, DOC must first get my permission in writing.

Print Offender's Name

DC Number

Signature of Offender

Date

Officer's Signature

Date

Date Supervision Ended (Due to termination, revocation, etc.): _____