



STATE GROUP INSURANCE PROGRAM PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information.

This information, known as protected health information (PHI), includes virtually all individually identifiable PHI held by employer health plans — whether received in writing, in an electronic medium, or oral communication. This notice describes the State of Florida's privacy practices for its flexible spending accounts, health savings accounts, health reimbursement accounts, the State Group Insurance Program health plan(s), health maintenance organization(s) (HMO), preferred provider organization (PPO), State Employees' Prescription Drug Program, and other plans of the State Group Insurance Program (collectively "Plans").

Because they are all sponsored by the State of Florida, the plans covered by this notice participate in an "organized healthcare arrangement." The Plans may share PHI with each other, their agents, and the State to carry out healthcare treatment, payment, or healthcare operations.

The Plans' duties with respect to PHI about you

The Plans are required by law to maintain the privacy of your PHI, to provide you with a notice of their legal duties and privacy practices with respect to your PHI, and to notify you following a breach of unsecured PHI.

Members of a State Group Insurance Program health plan, health maintenance organization (HMO), preferred provider organization (PPO), or another plan will receive notices and other correspondence directly from the third-party administrator or insurance carrier that administers the plan (e.g., Florida Blue, Aetna, AvMed, United Healthcare, Capital Health Plan, Humana, SurgeryPlus, Healthcare Bluebook, CVS Caremark, etc.). Members will also receive notices directly from other agents of the State Group Insurance Program.

It's important to note that these rules apply only with respect to the Plans identified above, not to the State as your employer. Different policies may apply to other state programs and records unrelated to the Plans.

How the Plans may use or disclose your PHI

The privacy rules generally allow the use and disclosure of your PHI without your permission (known as an authorization) for purposes of healthcare treatment, payment, and operations. Here are some examples of what that might entail:

- Treatment includes providing, coordinating, or managing healthcare by one or more healthcare providers, or Plans. Treatment can also include coordination or management of care between a provider and a third party and consultation and referrals between providers. For example, the Plans may share PHI about you with physicians who are treating you.
- Payment includes activities by these Plans or providers to obtain premiums, make coverage determinations, and provide healthcare reimbursement. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing, as well as “behind the scenes” plan functions such as risk adjustment, collection, or reinsurance. For example, the Plans may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- Healthcare Operations include activities by these Plans (and in limited circumstances other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Healthcare operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. For example, the Plans may use information about your claims to review the effectiveness of wellness programs.

The amount of PHI used or disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under HIPAA.

How the Plans may share your PHI

The Plans will disclose your PHI (without your written authorization) to the State for plan administration purposes. However, the State agrees not to use or disclose your PHI other than as permitted or required by plan documents and by law.

The Plans may also disclose “summary health information” to the State for purposes of obtaining premium bids to provide coverage under the Plans or for modifying, amending, or terminating the Plans. Summary health information summarizes participants’ claims information, but from which names and other identifying information have been removed.

In addition, the Plans may disclose to the State information on whether an individual is participating in the Plans or has enrolled or disenrolled in any available option offered by the Plans.

The State cannot, and will not, use PHI obtained from the Plans for any employment-related actions. However, PHI collected by the State from other sources is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your PHI

The Plans are also allowed to use or disclose your PHI, without your written authorization, as follows:

- To Business Associates: The Plans may use and disclose PHI to certain other individuals, entities, or agents (Business Associates) we have contracted with to perform or provide certain services on behalf of the Plans. To perform or provide these services,

the Business Associate may create, receive, maintain, or transmit your PHI. The Business Associates may re-disclose your PHI to subcontractors for these subcontractors to provide services to the Business Associate. When the arrangement with a Business Associate involves the use or disclosure of PHI, a written contract protecting the privacy of your PHI will be implemented. Subcontractors are subject to the same restrictions and conditions that apply to Business Associates.

- To a Family Member, Close Friend, or Other Person Involved in Your Care: In certain cases, your PHI may be disclosed without authorization to a family member, close friend, or another person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given a chance to agree or object to these disclosures (although exceptions may be made, for example, if you're not present or if you're incapacitated). In addition, your PHI may be disclosed without authorization to your legal representative.
- As Permitted by Law: Your PHI may be used or disclosed to the extent that such use or disclosure is permitted by law.
- For Public Health and Safety: Your PHI may be used or disclosed to the extent necessary to avert a serious and imminent threat to the health or safety of you or others, for public healthcare oversight activities, and to report suspected abuse, neglect, or domestic violence to government authorities.
- For Worker's Compensation: Your PHI may be disclosed as permitted by worker's compensation and similar laws.
- For Judicial and Administrative Proceedings: Your PHI may be disclosed in response to a court or administrative order, subpoena, discovery request, or another lawful process.
- For Law Enforcement Purposes: Your PHI may be disclosed to a law enforcement official for a law enforcement purpose. For example, PHI may be disclosed to identify or locate an individual.
- To a Coroner, Funeral Director, or for Organ Donation purposes: Your PHI may be disclosed to a coroner or medical examiner for identification purposes, to determine a cause of death or to allow them to perform their authorized duties. PHI may also be disclosed for cadaveric organ, eye, or tissue donation purposes.
- For Research Purposes: Your PHI may be disclosed to researchers when an institutional review board has approved their research or a privacy board, and measures have been taken to ensure the privacy of your PHI.
- For Specialized Government Functions: Your PHI may be disclosed for special government functions such as military, national security, and presidential protective services.
- Inmate: If you are an inmate, your PHI may be disclosed to the correctional institution or a law enforcement official for: (i) the provision of healthcare to you; (ii) your health and

safety and the health and safety of others; or (iii) the safety and security of the correctional institution.

The Plans may also use or disclose PHI in providing you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses and disclosures of PHI that require authorization

The Plans will obtain your written authorization for:

- Most disclosures of psychotherapy notes.
- Uses and disclosures of your PHI for marketing purposes.
- Disclosures of PHI that constitute a sale.
- Other uses and disclosures that are not described in this notice.

If you have given the Plans an authorization, you may revoke your authorization at any time. Your request must be submitted in writing to the Plans. However, you can't revoke your authorization for a Plan that has already utilized it. In other words, you can't revoke your authorization with respect to disclosures the Plans have already made.

Your individual rights

You have the following rights with respect to your PHI the Plans maintain. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right for the Plans. Contact the Division of State Group Insurance, P.O. Box 5450, Tallahassee, FL, 32314-5450, to obtain any necessary forms for exercising your rights. The notices you receive from your insurance third-party administrator, CVS Caremark, HMO, or another plan (as applicable) will describe how you exercise these rights for the activities they perform.

Right to request restrictions on certain uses and disclosures of your PHI and the Plans' right to refuse

You have the right to ask the Plans to restrict the use and disclosure of your PHI for treatment, payment, or healthcare operations, except for uses or disclosures required by law. You have the right to ask the Plans to restrict the use and disclosure of your PHI to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plans to restrict the use and disclosure of PHI to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request must be in writing.

The Plans are not required to agree to a requested restriction. If the Plans do agree, a restriction may later be terminated by your written request, by agreement between you and the Plans (including an oral agreement), or unilaterally by the Plans for PHI created or received after you're notified that the Plans have removed the restrictions. The Plans may also disclose PHI about you if you need emergency treatment, even if the Plans had agreed to a restriction.

Right to receive confidential communications of your PHI

If you think that disclosure of your PHI by the usual means could endanger you in some way, the Plans will accommodate reasonable requests to receive communications of PHI from the Plans by alternative means or at alternative locations.

If you want to exercise this right, your request must be in writing, and you must include a statement that disclosure of all or part of the information could endanger you. This right may be conditioned on you providing an alternative address or another method of contact and, when appropriate, on you providing information on how payment, if any, will be handled.

Right to inspect and copy your PHI

With certain exceptions, you have the right to inspect or obtain a copy of your PHI in a "Designated Record Set." This may include medical and billing records maintained for a healthcare provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plans use to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plans may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request must be in writing. Within 30 days of receipt of your request (60 days if the PHI is not accessible onsite), the Plans will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time for reviewing your request will be extended for no more than 30 additional days, along with the reasons for the delay and the date by which the Plans expect to address your request.

The Plans may provide you with a summary or explanation of the information instead of access to or copies of your PHI if you agree in advance and pay any applicable fees. The Plans also may charge reasonable fees for copies or postage. If the Plans do not maintain the PHI but know where it is maintained, you will be informed of where to direct your request.

Right to amend PHI that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plans amend your PHI in a Designated Record Set. The Plans may deny your request for several reasons. For example, your request may be denied if the PHI is accurate and complete but was not created by the Plans (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the

Plans will:

- Make the amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time for reviewing your request will be extended for no more than 30 additional days, along with the reasons for the delay and the date by which the plans expect to address your request.

Right to receive an accounting of disclosures of your PHI

You have the right to a list of certain disclosures the Plans have made of your PHI. This is often referred to as an “accounting of disclosures.” You generally may receive an accounting of disclosures if the disclosure is required by law in connection with public health activities unless otherwise indicated below.

You may receive information on disclosures of your PHI dating back six years from the date of your request. However, you do not have a right to receive an accounting of any disclosures made:

- For treatment, payment, or healthcare operations;
- To you about your own PHI;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a “limited data set” (PHI that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request must be in writing. Within 60 days of the request, the Plans will provide you with the list of disclosures or a written statement that the period for providing this list will be extended for no more than 30 additional days, along with the reasons for the delay and the date by which the Plans expect to address your request. You may make one request in any 12- month period at no cost to you, but the Plans may charge a fee for subsequent requests. You’ll be notified of the fee in advance and will have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the plan upon request

You have the right to obtain a paper copy of this Privacy Notice upon request.

Changes to the information in this notice

The Plans must abide by the terms of the Privacy Notice currently in effect. This notice originally took effect on April 14, 2003. However, it has been subsequently amended. The effective date of this notice is Jan. 1, 2022. The Plans reserve the right to change the terms of their privacy policies as described in this notice at any time and to make new provisions effective for all PHI that the Plans maintain. This includes PHI that was previously created or received, not just PHI created or received after the policy is changed. If a material change is made to a Plans' privacy policies as described in this notice, you will be provided with a revised Privacy Notice through posting on the Division of State Group Insurance (DSGI) website, <https://www.mybenefits.myflorida.com/health>, and provided the revised notice, or information about the material change and how to obtain the revised notice, in the next annual mailing.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plans and to the U.S. Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. Complaints about activities by your insurer, HMO, or third-party administrator can be filed by following the procedures in the notices they provide. To file complaints with the Plans, contact the DSGI for a complaint form. It should be completed, including a description of the nature of the particular complaint, and mailed to the Division of State Group Insurance, P.O. Box 5450, Tallahassee, FL, 32314-5450.

Contact

For more information on the privacy practices addressed in this Privacy Notice and your rights under HIPAA, contact the Division of State Group Insurance at P.O. Box 5450, Tallahassee, FL, 32314-5450.