

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO EXPLAINS HOW TO ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Lee County Sheriff's Office Pledge to You

This notice is intended to inform you of the privacy practices followed by the Lee County Sheriff's Office Group Health Plan. It also explains the federal privacy rights afforded to you, and the members of your family as plan participants covered under a group health plan.

As a plan sponsor, the Lee County Sheriff's Office often needs access to health information in order to perform plan administrative functions. We want to assure the plan participants covered under our group health plan that we comply with federal privacy laws and respect your right to privacy. We require all members of our workforce and third parties that are provided access to health information to comply with the privacy practices outlined below.

Uses and Disclosures of Health Information

Health Care Operations: We use and disclose health information about you in order to perform plan administration functions such as: quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims history in order to understand participant utilization and to make plan design changes that are intended to control health care cost.

Payment: We may also use or disclose identifiable health information about you with or without your written authorization. This is used to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Treatment: Although the law allows use and disclosure of your health information for purposes of treatment; as a plan sponsor we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or requested by law: We may also use or disclose your health information with or without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health related benefits or services that may be: of interest to you, respond to a court order, or provide information to further public health activities (e.g. preventing the spread of disease) without your written authorization. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization: When required by law, we will ask for your written authorization before using or disclosing your identifiable health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to cease any future uses or disclosures.