

FLORIDA HEALTHY KIDS CORPORATION NOTICE OF PRIVACY PRACTICES

THIS FLORIDA HEALTHY KIDS CORPORATION NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU AND THE CHILD(REN) ON YOUR FLORIDA KIDCARE ACCOUNT MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY (NO RESPONSE IS NEEDED).

Why you are receiving this Notice:

This Notice explains privacy practices of the Florida Healthy Kids Corporation (“we”), describes how we may disclose and use your and your child’s (“your”) health information, and describes how you may access your health information. For purposes of this Notice, “health information” includes information related to medical insurance (including medical, behavioral, and prescriptions) and dental insurance offered under your Florida KidCare account.

We are committed to protecting your private Florida KidCare health information. Federal and state laws require us to protect certain health information (“Protected Health Information”) and to abide by the terms of this Notice.

We process and maintain your Florida KidCare Protected Health Information for three main purposes:

- To help determine eligibility for the Florida KidCare programs—Florida Healthy Kids, children’s Medicaid, MediKids, and the Children’s Medical Services Plan (or CMS Plan);
- To maintain accounts for families who apply for coverage under the Florida Healthy Kids program; and
- To administer the Florida Healthy Kids program.

Who receives this Notice:

At least once every three years, we tell families with a child enrolled in Florida Healthy Kids, MediKids, and the CMS Plan when this Notice is available and where they can find it.

What is Protected Health Information?

In general, Protected Health Information is identifiable information about your child’s past, present, or future eligibility and enrollment into a Florida KidCare program; payment of premiums; medical and dental treatment; and information related to your household. Examples of Protected Health Information include your child’s name, Social Security number, telephone number, address, and date of birth.

How we use and disclose Protected Health Information:

We, our business associates, and the state agencies that help administer Florida KidCare use Protected Health Information for treatment, payment, or health care operations. These activities include enrolling your child into Florida KidCare programs, collecting and paying your child's insurance premiums, administering the Florida Healthy Kids program, ensuring that the Florida Healthy Kids medical and dental plans provide required health care benefits and services, and conducting research on child health insurance programs.

Examples of how we use your Protected Health Information:

- We use your Florida KidCare application answers about your child's medical condition and age to help determine the appropriate Florida KidCare program for your child.
- We may share your application answers with other Florida KidCare programs so they can accurately determine medical eligibility for special health care programs.
- We share your financial information with the Department of Children and Families so it can accurately determine financial eligibility for Florida KidCare programs.
- We may share your information with Florida Healthy Kids medical and dental plans and other Florida KidCare programs for enrollment and disenrollment purposes.
- We may share your child's medical and dental records to review the quality of care provided.
- We may conduct surveys; send you letters, postcards, texts, and emails with notifications, such as payment reminders and well-care check-up reminders; and provide information to a company to call and let you know how to access services.
- We may use your child's medical and dental information to process grievances or complaints.
- We may review your child's medical and dental health care bills to determine if you qualify for a release from premium payments.
- We may review insurance enrollment and coverage information from other Florida KidCare programs or other insurers to confirm your child's eligibility for coverage and to coordinate benefits.
- We may share information to gather statistics and data for use in shaping public policy and improving program functions (such as eligibility determinations and enrollment processing).
- We may share information with our board of directors and associated third parties relative to dispute resolutions, complaints, and actuarial analyses.

We may share information with financial partners who may be responsible for the premium payments for your child under Florida KidCare programs.

- We may share information with organizations that contract with and provide services to the Florida Healthy Kids Corporation.
- We may share information with organizations that are seeking to contract with us.

Each organization and agency that reviews your Protected Health Information is also required by law to keep it private.

We may also use and disclose Protected Health Information as permitted by law, which may include the following disclosures:

- To other Florida KidCare programs, government agencies, or contractors that provide public benefits, determine Florida KidCare eligibility and compliance, or otherwise assist in the administration of the Florida KidCare programs.
- For health oversight, such as inspections, audits, reviews, investigations, and reporting to ensure compliance with federal, state, and local laws.
- To conduct research of services and reporting for the enhancement of Florida Healthy Kids and other Florida KidCare programs.
- To another governmental entity or person in performing official duties and responsibilities.
- To the Department of Revenue for purposes of administering the state Title IV-D (child support) program.
- To any person who has the appropriate written consent.
- To a child's legal guardian to confirm coverage, dates of coverage, the name of the child's health plan, and the amount of premium being paid.
- Where disclosure is required by federal, state, or local law or judicial proceedings. For example:
 - For public health, such as disaster relief or disease control.
 - When a law requires that we report information about suspected abuse, neglect, or domestic violence.
 - To avert a serious threat to the health or safety of an individual or the public.
 - In response to a court order, other legal process, or in relation to a fraud investigation.
 - To the federal government for national security, protective services, military, or veterans' activities.

Disclosure of your Florida Healthy Kids and other Florida KidCare Protected Health Information to other parties or for other reasons:

As a general rule, disclosure of Protected Health Information other than for treatment, payment, or operational uses described above requires your written consent.

To authorize us to provide this disclosure, call 1-850-701-6100 and ask for an Authorization for Release of Protected Health Information form. The Florida Healthy Kids Corporation's Privacy Office will assist you with the information needed to authorize disclosure. You may revoke any authorization at any time.

You and your child have the following rights with respect to Protected Health Information:

- To inspect or obtain a copy of your Protected Health Information that we maintain. We may not be able to provide Protected Health Information that is part of ongoing litigation, including psychotherapy notes, or that is otherwise excluded from disclosure by law. We may charge a processing fee. You also have the right to obtain a copy of your child's health records from your child's medical and dental providers (primary care doctor, dentist, plan, or pharmacy, etc.).
- To ask us to correct information that is wrong or incomplete.
- To change your address or phone number if contacting you at your present address or phone number would endanger you or your child.
- To request a copy of this Notice, which is also posted on our website at www.healthykids.org.
- To request we limit the use and disclosure of your Protected Health Information. Based on federal law, we may not be required to agree to your request.
- To request a record of where we have disclosed your Protected Health Information. This record may not include disclosures for treatment, payment, and health care operations; disclosures that you authorized; or other disclosures if permitted by law. There is no fee for one such request per year. There may be a charge for more frequent requests. Your request may include disclosures going back as far as eight years.
- To receive confidential communication of Protected Health Information.
- To request an alternative means of receiving communications of Protected Health Information if you clearly state that you could be endangered by the disclosure of all or part of the information.
- Receive notification of any breach of your Protected Health Information.

How to exercise your rights regarding your Protected Health Information disclosures:

If you have questions, wish to make a request regarding the Protected Health Information we currently maintain on your child, or would like another copy of this Notice, please call the Florida Healthy Kids Corporation's Privacy Office at 1-850-701-6100. We may ask you to send your request in writing to the Privacy Office's address below.

How to contact the Florida Healthy Kids Corporation's Privacy Office or file a complaint:

If you would like to contact the Florida Healthy Kids Corporation's Privacy Office, or if you believe your privacy rights have been violated, you may call 1-850-701-6100 or mail your letter to the following address:

Attention: Privacy Office
Florida Healthy Kids Corporation
P.O. Box 980
Tallahassee, FL 32302-0980

No retaliatory conduct will result from any complaint.

You may also file a complaint with the Secretary of the Department of Health and Human Services by calling 1-800-368-1019 or in writing at:

200 Independence Avenue, SW
Room 509F HHH Bldg
Washington, D.C. 20201

Revisions to these privacy policies

Our privacy policies are subject to change. This current Notice is effective on August 1, 2020. We have the right to change the terms of this Notice and our privacy policies and practices at any time. Any changes to our policies and procedures will apply to all Protected Health Information that FHKC, its business associates, or the state agencies that help administer Florida KidCare possess at the time of the change.

We will also post a new Notice on our website at www.healthykids.org.

ATTENTION: Free language assistance services are available. Call 1-888-540-5437 (TTY 1-800-955-8771) from 7:30 a.m. to 7:30 p.m., Eastern Time, weekdays.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-540-5437 (TTY: 1-800-955-8771).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-540-5437 (TTY: 1-800-955-8771).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-540-5437 (TTY: 1-800-955-8771).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-540-5437 (TTY: 1-800-955-8771).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-540-5437 (TTY: 1-800-955-8771)。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-540-5437 (ATS : 1-800-955-8771).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-540-5437 (TTY: 1-800-955-8771).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-540-5437 (телетайп: 1-800-955-8771).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-540-5437 (رقم هاتف الصم والبكم: 1-800-955-8771).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-540-5437 (TTY: 1-800-955-8771).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-540-5437 (TTY: 1-800-955-8771).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-540-5437 (TTY: 1-800-955-8771)번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-540-5437 (TTY: 1-800-955-8771).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-888-540-5437 (TTY: 1-800-955-8771).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-540-5437 (TTY: 1-800-955-8771).