



Seminole

**Pwogram pou Detekte Kansè
Byen Bonè nan Tete ak Kòl Matris nan Florida
(Florida Breast and Cervical Cancer
Early Detection Program, FBCCEDP)**

DOSYE APLIKASYON

Kliyan ak Sit Entènèt Sèlman

Si w genyen kesyon, tanpri rele:

Kowòdonatè Rejyonal:

Arlene Cardona

Konte ki Desèvi pou Chak Rejyon:

Seminole, Lake

Telefòn:

407-665-3185

Faks Konfidansyèl:

407-665-3302

**Tanpri sèvi ak lis verifikasyon ki anba a pou asire w ou fin ranpli tout dokiman yo epi
ou voye yo retounen avèk fèy kouvèti sa a bay:**

Biwo Rejyonal FBCCEDP a nan Seminole pa faks konfidansyèl oswa
pa lapòs bay:

Depatman Sante Florida Konte Seminole
Pwogram pou Detekte Kansè Byen Bonè nan Tete ak Kòl Matris nan Florida

400 W. Airport Blvd.

Sanford, FL 32773

LIS VERIFIKASYON KLIYAN AN

☐ Akò Anyèl pou Aplikan an

☐ Fòm Kalifikasyon Finansyèl

☐ Fòm Enskripsyon Kliyan an

☐ Inisyasyon Sèvis (pou Depatman Sante Konte a sèlman)

☐ Otorizasyon pou Pataje Enfòmasyon Konfidansyèl

☐ Preskripsyon Mamogram Founisè w la



Pwogram pou Detekte Kansè Byen Bonè nan Tete ak Kòl Matris ki nan Florida Fòm Enskripsyon Kliyan an

Select CHD

SIYATI:

PRENON:

NON
JÈN FI:

DAT
NESANS:

1. ENFÒMASYON SOU MOUN K AP APLIKE A (Tanpri ranpli chak seksyon nan aplikasyon sa a.)

ENFÒMASYON POU KONTAKTE OU

ADRÈS RI: _____

ADRÈS RI: _____

VIL ak KÒD POSTAL: _____

ADRÈS IMÈL: _____

TELEFÒN PRENSIPAL: _____

TELEFÒN ALTÈNATIF: _____

PI BON LÈ POU JWENN OU:

☐ A.M. ☐ P.M. ☐ Nenpòt lè

☐ Èske gen pwoblèm pou kite yon mesaj?

JOU/LÈ OU PI PITO POU RANDEVOU

KIJAN OU FÈ TANDE DE PWOGRAM SA A?

(Chwazi tout sa ki aplike yo)

☐ Sosyete Ameriken kont Kansè (American Cancer Society) ☐ Kat postal

☐ Bwochi ☐ Televizyon

☐ Depatman Sante Konte a ☐ Radyo

☐ Fwa Kominotè/Sante ☐ Medya Sosyal

☐ Fanmi/Zanmi ☐ Sesyon Edikatif

☐ Entènèt/Sit wèb ☐ Dizay/ban/pano sou yon otobis

☐ Biwo Medikal Prive ☐ Afich oswa pano

☐ Jounal ☐ Non Klinik Sante Kominotè a:

☐ Sant Sante Federal Kalifye _____

☐ Lòt _____

ESTATI TÈS DEPISTAJ LA (Chwazi yon repons sèlman.)

☐ Inisyal (premye fwa w nan pwogram lan) ☐ Refè tès depistaj la (nan pwogram lan deja)

☐ Swivi akoutèm oswa egzamen ou fè plizyè fwa (ou gen mwens pase 300 jou depi ou te fè dènye tès depistaj la)

Èske gen asirans sante? ☐ Wi ☐ Non

Si wi, ki non asirans ou an? _____

ENFÒMASYON DEMOGRAFIK

ESTATI REZIDANS AK SITWAYENTE (Chwazi tout sa ki aplike yo.)

☐ Rezidan Florida ☐ Sitwayen Etazini ☐ Sitwayen ki gen papye legal ☐ Lòt

IDANTIFIKASYON ETNIK AK RAS (Chwazi tout sa ki aplike yo.)

☐ Panyòl/Latino ☐ Moun ki Pa Panyòl/Latino

IDANTITE RASYAL

☐ Endyen Ameriken oswa Natif Natal Alaska

☐ Azyatik

☐ Nwa oswa Afriken Ameriken

☐ _____

☐ _____

LANG OU PALE

Lang prensipal ou pale: _____

Lòt lang ou pale: _____

Lang ou pi pito pou resevwa bagay nan lapòs: ☐ Anglè ☐ Panyòl ☐ Kreyòl

Baryè

Èske gen nenpòt baryè ki ta anpeche w kenbe randevou w yo?

☐ Transpò ☐ Lang ☐ Andikap

☐ Lòt (lis) _____

FOR OFFICE USE ONLY

Client Assigned ID# or Pseudo SS#: _____

SIYATI:

PRENON:

NON
JÈN FI:

DAT
NESANS:

2. KI JAN SANTE OU TE YE

ESTA SANTE JENERAL (Chwazi tout sa ki aplike yo.)

- ☐ Dyabèt ☐ PreDyabèt
☐ Tansyon Wo ☐ Kolestewòl ki Wo

WOTÈ (pous):

PWA (liv):

EGZAMEN TETE OU TE KONN FÈ (Chwazi tout sa ki aplike yo.)

- ☐ Èske ou gen fo tete?
☐ Èske aktyèlman la a ou gen pwoblèm nan tete ou? Eksplike.

- ☐ Èske yo poko janm fè dyagnostik kansè nan tete pou ou?

Si yo te di w sa, ki tretman ou te resevwa?

Ki lè tretman ou an te fini (Mwa/Ane)?

Ki dènye fwa ou te fè mamogram anvan ou enskri nan pwogram sa a? (Mwa/Ane)

- ☐ Okenn ☐ M pa sonje
(2 ane oswa plis)

Ki kote ou te fè dènye mamogram ou an? (Founisè, Vil, Eta)

ANTESEDAN FAMILIAL

Èske gen moun nan fanmi ou, tankou manman, sè, frè, oswa papa ou, yo te fè dyagnostik kansè nan tete pou yo? Si repons la se wi, ki yès?

ÈSKE OU ITILIZE TABAK

(tankou rale vapè, sigarèt elektwonik, ak pwodwi ki menm jan an)

(Chwazi tout sa ki aplike yo.)

- ☐ Chak jou ☐ Èske yo te refere w nan Quitline?
☐ Kèk jou ☐ Mwen te refize referans la
☐ Jamè/pa ditou ☐ Mwen enterese nan kite fimen.
☐ Mwen refize reponn

EGZAMEN KÒL MATRIS OU TE KONN FÈ (Chwazi tout sa ki aplike yo.)

- ☐ Èske aktyèlman la a ou gen pwoblèm nan kòl matris ou? Eksplike.

- ☐ Eske poko janm gen yon doktè ki di w ou gen kansè nan kòl matris k ap pwogrese?

Si wi, ki tretman ou te resevwa?

Ki lè tretman ou an te fini (Mwa/Ane)?

Ki dènye fwa ou te fè Pap tès anvan ou enskri nan pwogram sa a? (Mwa/Ane)

- ☐ Okenn ☐ M pa sonje
(10 ane oswa plis)

Ki kote ou te fè dènye Pap tès ou a? (Founisè, Vil, Eta)

- ☐ Èske ou poko janm sibi yon operasyon pou retire matris ou (istektomi)? Espesifye si li pasyèl oswa konplè.
☐ Istektomi pasyèl ☐ Istektomi konplè
(Kòl matris mwen toujou la) (m pa gen kòl matris)
Pou ki rezon yo te fè istektomi an?

FOR OFFICE USE ONLY

Client Assigned ID# or Pseudo SS#: _____



Pwogram Florida pou Detekte Kansè Bonè nan Tete ak Kòl Matris

Akò Anyèl pou Kandida

Yo itilize Akò Anyèl pou Aplikan (AAA) pou jwenn otorizasyon ak enfòmasyon nan men fi ki kalifye pou Pwogram Florid pou Deteksyon Bonè Kansè nan Tete ak Kòl Matris (Florida Breast and Cervical Cancer Early Detection Program, FBCC). FBCCEDP pral kolekte Enfòmasyon sou Pwoteksyon Sante patisipan yo (Protected Health Information PHI) ak Enfòmasyon Pèsonèl Idantifyab (Personal Identifiable Information, PII) yo mande pou bay sèvis pasyan yo.

Tanpri, fè lekti chak deklarasyon ki anba a epi aksepte nan siyen nan anba paj la.

Kòm yon kandida FBCC, Mwen deklare:

1. Mwen ap viv nan Florid epi Mwen vle vinn yon kliyan Pwogram Florida pou Deteksyon Bonè pou Kansè nan Tete ak Kòl Matris (Florida Breast and Cervical Cancer Early Detection Program, FBCC) epi mwen ka soti ladann nenpòt lè.
2. Revni fanmi mwen anvan tout dediksyon egal oswa pi ba ke 200% Nivo Povrete Federal la epi mwen pa gen okenn asirans sante ki peye pou egzamen yo pou depistaj kansè nan tete ak nan kòl matris.
3. Mwen p ap kalifye pou FBCC ankò si revni mwen chanje epi li vin anwo 200% Nivo Povrete Federal la.
4. Map rele FBCC kou mwen gen asirans sante epi m ap ba yo non konpayi asirans sante a, nimewo kontra asiransan ak dat li kòmanse. Si asirans sante mwen garanti depistaj yo pou kansè nan tete ak kansè nan kòl matris, FBCC pap peye pou depistaj mwen yo ankò.
5. M ap kominike nenpòt tès oswa sèvis depistaj nan tete ak nan kòl matris ki ka afekte kalifikasyon m pou m enskri nan FBCC.
6. Mwen ka responsab yon pati nan frè yo pou sèten sèvis.
7. M ap itilize yon founisè swen otorize pou egzamen mwen yo pou depistaj nan tete ak/oswa nan kòl matris (egzamen tete, mamogram, ak/oswa tès Pap).
8. **Mwen dakò pou mwen fè nenpòt tès suivi nan 60 jou oplita. Si mwen pa respekte machaswiv sa yo, mwen gendwa responsab tout frè yo ann antye oswa an pati pou tout sèvis yo.**
9. M ap otorize yo fè echanj ak kominikasyon enfòmasyon medikal mwen yo ant founisè swen sante mwen yo, FBCC a, Rejis Done Kansè Depatman Sante Florid an, Sant pou Kontwòl ak Prevansyon Maladi (Centers for Disease Control and Prevention), ak lòt moun ki gen rapò ak swen sante mwen. Enfòmasyon sa yo ka gen ladan istwa medikal, egzamen ak rezilta pwosedri yo, menm si se pa FBCC ki te peye pou yo.
10. Mwen dakò pou mwen resevwa kontak nan telefòn oswa nan kourye lapòs avèk FBCC ak Pwogram Medicaid Depatman Timoun ak Fanmi (Department of Children and Families, DCF) konsènan swen sante mwen.
11. Mwen konprann FBCC se yon pwogram pou detekte kansè nan tete ak kansè nan kòl matris li ye, li pa yon pwogram tretman pou kansè.
12. Si yo fè yon dyagnostik kansè nan tete oswa kansè nan kòl matris pou mwen nan depistaj FBCC a, y ap refere m nan Pwogram Medicaid DCF ki pral detèmine si mwen kalifye pou avantaj Medicaid ki garanti frè pou tretman an. Mwen ka aplike pou depistaj nan FBCC ankò depi tretman an fin fèt.
13. Akò sa a fèt pou **yon** ane, sof si kalifikasyon mwen chanje pou pwogram lan. Si sitiyasyon kalifikasyon mwen chanje oswa si akò sa a ap ekspire, mwen gendwa responsab pou sèvis yo bay pandan peryòd mwen pa kalifye pou FBCC a.
14. **Jan Lalwa Federal Otorize li, Tit 5 U.S. seksyon 552a, kolèk Nimewo Sekirite Sosyal pou Depatman Lasante Florida pou FBCC kapab nesesè pou aplike epi resevwa avantaj Medicaid.**

Si ou gen nenpòt kesyon, kontakte Kowòdonatè Rejyonal lokal ou a nan biwo lokal FBCC a nan:

FBCC Rejyonal Lokal la: SEMINOLE Nimewo Telefòn: (407) 665-3185

Siyati Kliyan

Dat

Ekri Non an ak Lèt Detache

Dat Nesans

Adrès Imèl Kliyan an:



Pwogram Florida Deteksyon Bonè Kansè nan Tete ak Kòl Matris

KALIFIKASYON FINANSYÈ

Non Kliyan an: _____ **Dat Nesans:** _____ **ID #:** _____

1. Èske ou gen Medicaid? ☐ WI ☐ NON **OSWA** Èske ou gen Medicare? ☐ WI ☐ NON
2. Èske ou gen yon asirans sante kèlkonk? ☐ WI ☐ NON Non Asirans la _____
3. **Kantite moun ki nan kay la.** _____ (oumenm ladann tou, madanm oubyen patnè ki nan inyon sivil, aktivmoun ki depanndan)
4. **Revnè Kay la (Apre Taks):** \$ _____ Mwa **OUBYEN** \$ _____ Lane

Lajè Fanmi an	2025 DOH Echèl Revni Chak Mwa	2025 DOH Echèl Revni Chak Mwa
1	\$2,608.25	\$31,299.00
2	\$3,524.91	\$42,299.00
3	\$4,441.58	\$53,299.00
4	\$5,358.25	\$64,299.00
5	\$6,274.91	\$75,299.00
6	\$7,191.58	\$86,299.00
7	\$8,108.25	\$97,299.00
8	\$9,024.91	\$108,299.00
9	\$9,941.58	\$119,299.00
10	\$10,858.25	\$130,299.00

Mwen sètifye enfòmasyon mwen bay nan aplikasyon sa a se verite epi yo egzat selon sa mwen konnen. Mwen bay depatman sante konsantman pou fè ankèt epi verifye enfòmasyon an. Mwen konprann si mwen fè espere bay move enfòmasyon, mwen ka responsab pou pouswit jidisyè anba lwa Eta a si mwen bay move enfòmasyon.

REMAK:

Si mwen jwenn pwoteksyon asirans sante, pandan mwen anba FBCC, se responsabilite mwen pou notifiye biwo REJYONAL FBCC pi vit posib.

Siyati: _____

Dat _____

Si ou gen nenpòt kesyon, tanpri rele kowòdonatè rejyonalla nan _____ Arlene 407-665-3185 _____ ant 8:00 a.m. ak 5:00 p.m., lendi pou rive vendredi. Nou pral fè tout efò pou retounen ou apèl la nan yon lè ki apwopriye.

Mwen konprann pi lwen tout depistaj ak pwosedi dyagnostik sipoze fini nan 60 jou oubyen pèman pou tout sèvis sa yo PA KA garanti.



KÒMANSMAN SÈVIS

PATI I

KONSANTMAN RELASYON ANT KLIYAN AK PWOFESEYONÈL SWEN SANTE A

Non Kliyan an: _____

Non Ajans lan: _____

Adrès Ajans lan: _____

Mwen bay konsantman m pou antre nan yon relasyon ant kliyan ak founisè. Mwen otorize pèsonèl Depatman Sante a ak reprezantan l yo pou yo bay swen sante woutin. Mwen konprann swen sante woutin nan konfidansyèl epi se si mwen vle m ap resevwa l, epi li ka gen vizit medikal tankou pou jwenn dosye medikal, evalyasyon, egzamen, bay medikaman, tès laboratwa ak/oswa ti pwosedi piti. Mwen ka sispann relasyon sa a nenpòt lè.

Lè mwen mete inisyal mwen sou liy sa a, mwen rekonèt yo te ban mwen yon Fich Enfòmasyon sou Konsantman Eklere Telesante mwen bay konsantman mwen pou yo banm kèk sèvis pa mwayen telesante. Mwen kapab anile konsantman mwen an nenpòt moman pou yo sispann sèvis telesante yo san sa pa afekte dwa genyen pou benefisye swen oswa tretman alavni.

PATI II

KONSANTMAN POU PATAJE ENFÒMASYON (tretman, peman oswa operasyon swen sante sèlman)

Mwen dakò pou yo itilize ak pataje enfòmasyon sou sante mwen; ki gen ladan swen medikal, swen pou dan, VIH / SIDA, MST, TB, prevansyon konsomasyon sibstans, sikyatrik / sikolojik, ak jesyon dosye; pou tretman, peman ak operasyon swen sante. Anplis, mwen bay konsantman mwen pou yo pataje enfòmasyon sou sante mwen nan Echanj Enfòmasyon sou Sante (Health Information Exchange, HIE) lan, ki bay biwo doktè k ap fè tretman, lopital, kowòdonatè swen yo, laboratwa, sant radyografi yo, ansanm ak lò pwofesyonèl swen sante yo aksè pa mwayen ki gen sekirite epi anliy. Si ou pa chwazi pataje enfòmasyon ou yo nan HIE an, ou kapab dezenskrì lè w fè demann epi siyen yon fòm Dezenskrisyon HIE an.

PATI III

SÈTIFIKA PASYAN MEDICARE, OTORIZASYON POU PATAJE ENFÒMASYON, AK DEMANN POU PEMAN (Aplike sèlman pou Kliyan Medicare yo)

Kòm Kliyan/ Reprezantan ki siyen anba a, mwen sètifye enfòmasyon mwen bay nan aplikasyon pou peman dapre Tit XVIII Lwa Sekirite Sosyal la kòrèk. Mwen otorize ajans ki endike anwo a pou pataje enfòmasyon sou sante mwen bay Administrasyon Sekirite Sosyal la oswa entèmedyè/founisè sèvis li yo pou reklamasyon Medicare sa a oswa yon lòt ki gen rapò ak li. Mwen mande pou peye avantaj otorize yo pou mwen. Mwen transfere avantaj pou peye sèvis doktè bay ajans ki site pi wo a epi otorize li soumèt yon demann pou peye bay Medicare.

PATI IV

TRANSFÈ AVANTAJ (Aplike sèlman pou Antite Peman Endepandan)

Kòm Kliyan/ Reprezantan ki siyen anba a, mwen bay ajans ki endike anwo a tout avantaj yo bay nan nenpòt plan swen sante oswa politik depans medikal. Montan avantaj sa yo pa dwe depase chaj depans medikal ki etabli nan tablo frè ki apwouve a. Tout peman dapre paragaf sa a dwe fèt pou ajans ki pi wo a. Mwen pèsonèlman responsab pou depans ki pa fè pati otorizasyon sa a.

PATI V

REKOUVREMAN, ITILIZE, OSWA BAY NIMEWO SEKIRITE SOSYAL

(Nou bay avi sa a dapre Seksyon 119.071 (5) (a), Lwa Florida yo.)

Pou pwogram swen sante yo, Depatman Sante Florida a ka pran nimewo sekirite sosyal ou pou idantifikasyon ak pou faktirasyon, jan sa otorize nan souseksyon 119.071 (5) (a) 2.a. ak 119.071 (5) (a) 6, Lwa Florida yo. Depi mwen siyen anba a, mwen dakò pou yo kolekte, itilize oswa bay nimewo sekirite sosyal mwen pou rezon idantifikasyon ak faktirasyon sèlman. Yo pa pral itilize l pou okenn lòt rezon. Mwen konprann se yon obligasyon pou Depatman Sante Florida a kolekte nimewo sekirite sosyal yo pou li akonpli tach ak asime responsabilite lalwa ba li.

PATI VI

SIYATI MWEN ANBA LA A KONFIME ENFÒMASYON KI ANWO YO EPI LI DI MWEN TE RESEVWA AVI KONSÈNAN DWA KONFIDANSYALITE YO

Siyati Kliyan/Reprezantan an

Relasyon Mwen oswa Reprezantan an genyen ak Kliyan an

Dat

Temwen (fakiltatif)

Dat

PATI VII

ANILASYON KONSANTMAN AN

Mwen, _____ ANILE KONSANTMAN SA A, apati _____

Siyati Kliyan/Reprezantan an

Dat



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Protected health information includes demographic, social and behavioral determinants of health (SBDOH), and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, Social Security number and any other means of identifying you as a specific person. SBDOH may include, but not be limited to, income, food insecurity, socioeconomic status, education level, homeless. Protected health information contains specific information that identifies a person or can be used to identify a person.

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. The Department of Health (Department) can act as each of the above business types. This medical information is used by the Department in many ways while performing normal business activities.

Your protected health information may be used or disclosed by the Department for purposes of treatment, payment, and health care operations. Health care professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. The Department may use or disclose your health information for case management and services. The Department clinic or hospital may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided to you.

Your information may be used by certain Department personnel to improve the Department's health care operations. The Department also may send you appointment reminders, information about treatment options or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by the Department's divisions, bureaus, and offices.
- Investigations and audits by the state's Inspector General and Auditor General, and the Florida Legislature's Office of Program Policy Analysis and Government Accountability.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals*.
- District medical examiner investigations*.
- Research approved by the Department.
- Court orders, warrants, or subpoenas.*
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings*.

*A disclosure of reproductive health records by the Department to law enforcement, a judicial or administrative tribunal, medical examiner, or health oversight entity will require an attestation by

the requesting individual or entity before such records are released by the Department. The attestation requires acknowledgment of one of the following provisions:

- The purpose of the use or disclosure of protected health information is not to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes; or alternatively,
- The purpose of the use or disclosure of protected health information is to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, but the reproductive health care at issue was not lawful under the circumstances in which it was provided.

Other uses and disclosures of your protected health information by the Department will require your written authorization. These uses and disclosures may be for marketing or research purposes, certain uses and disclosure of psychotherapist notes, and the sale of protected health information resulting in compensation to the Department,

This authorization will have an expiration date that can be revoked by you in writing.

INDIVIDUAL RIGHTS

You have the right to request that the Department restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The Department is not required to agree to any restriction.

You have the right to be assured that your information will be kept confidential. The Department will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where the Department may contact you.

You have the right to inspect and receive a copy of your protected health information that is maintained by the Department within 30 days of the Department's receipt of your request to obtain a copy of your protected health information. You must complete the Department's Authorization to Disclose Confidential Information form and submit the request to the local county health department or Children's Medical Services office. If there are delays in the Department's ability to provide the information to you within 30 days, you will be told the reason for the delay and the anticipated date your request can be fulfilled.

Your inspection of the information will be supervised at an appointed time and place. You may be denied access to some records as specified by federal or state law.

If you choose to receive a copy of your protected health information, you have the right to receive the information in the form or format you request. If the Department cannot produce it in that form or format, you will be given the information in a readable hard copy form or another form or format that you and the Department agree to.

The Department cannot give you access to psychotherapy notes or certain information being used in a legal proceeding. Records are maintained for specified periods of time in accordance with the law. If your request covers information beyond that time, the Department is not required to keep the record and the information may no longer be available.

If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the Department.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. The Department of Health may deny your request, in whole or part, if it finds the protected health information:

- Was not created by the Department.
- Is not protected health information.
- Is, by law, not available for your inspection.
- Is accurate and complete.

If your correction is accepted, the Department will make the correction and inform you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The Department may respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures the Department may have made of your protected health information. This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures to health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled persons.
- Disclosures prior to April 14, 2003.

This summary does include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6 year period from the date of your request.

If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

The Department of Health may mail, text, or call you with health care appointment reminders.

PARTICIPATION IN THE HEALTH INFORMATION EXCHANGE NETWORK

Access to information about your health history, societal and behavioral factors, and medical care is critical to help ensure that you receive high-quality care and gives your health care provider a more complete picture of your overall health. This can help your provider make informed decisions about your care. The information may also prevent you from having repeat tests, saving you time, money, and worry. Recent advancements in technology now support the safe and secure electronic exchange of important clinical information from one health care provider to another through Health Information Exchange (HIE) networks. The Department and its county health departments participate in an HIE network and also participate in several HIE

networks with trusted outside health care providers to quickly and securely share your health information electronically among a network of health care providers, including physicians, hospitals, laboratories and pharmacies. Your health information is transmitted securely and only authorized health care providers with a valid reason may access your information. By sharing information electronically through a secure system, the risk that your paper or faxed records may be misused or misplaced is reduced.

Participation in HIE is completely your choice.

Choice 1. YES to HIE participation. If you agree to have your medical information shared through HIE and you have a current Initiation of Services form on file, you need not do anything. By signing that form, you have granted the Department permission to share your health information through the HIE.

Choice 2. NO to HIE participation. You can choose to not have your information shared electronically through the HIE network (opt out) at any time, by completing the Health Information Exchange Opt-Out Form available at the county health department. If you decide to opt out of HIE, health care providers will not be able to access your health information through HIE. You should understand that if you opt out, the health care providers treating you are still permitted to contact the Department to ask that your health information be shared with them as stated in this Notice of Privacy Practices. Opting out does not prevent information from being shared between members of your care team. Please note, opting out does not affect health information that was disclosed through HIE prior to the time you opted out.

Choice 3. You may change your mind at any time. You may consent today to the sharing of your information via HIE and change your mind later by following the instructions on the opt out form described under Choice 2.

Alternatively, you may opt out of HIE today and change your mind later by submitting the Department's Revocation of HIE Opt Out Request Form.

PERSONAL HEALTH RECORDS (PHR) MOBILE APPLICATION SYNCHRONIZATION WITH
USER DATA

As part of the services provided by the Department, you can download the companion PHR mobile application to access your personal health records. This application is the mobile version of the Florida Health Connect portal.

The purpose of the PHR mobile application is to provide you with access to your health information through your mobile device. You can synchronize your Florida Health Connect account through the mobile application with your personal health information captured on your mobile device (Google Fit or Apple Health) to provide you with a 360 degree view of your health history and current health status. Your Google Fit or Apple Health information will not be disclosed to any third parties without your express written permission.

DEPARTMENT OF HEALTH DUTIES

The Department is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how the Department keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. The Department has

the responsibility to notify you following a breach of your unsecured protected health information.

As part of the Department's legal duties, this Notice of Privacy Practices must be given to you. The Department is required to follow the terms of the Notice of Privacy Practices currently in effect.

The Department may change the terms of its notice. The change, if made, will be effective for all protected health information maintained by the Department. New or revised Notices of Privacy Practices and all forms referenced in this Notice of Privacy Practices may be accessed on the Department's website at <https://www.floridahealth.gov/about/patient-rights-and-safety/hipaa/index.html> and will be available by email and at all Department of Health locations. Also available are additional documents that further explain your rights to inspect, copy, or amend your protected health information.

COMPLAINTS

If you believe your privacy health rights have been violated, you may file a complaint with the: Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775.

The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The Department will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice, to the director or administrator of the Department of Health facility where you received the notice, or to the Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141.

EFFECTIVE DATE

This Notice of Privacy Practices is effective beginning February 25, 2025, and shall remain in effect until a new Notice of Privacy Practices is approved and posted.

REFERENCES

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule." 45 CFR Parts 160 through 164. *Federal Register* 65, no. 250 (December 28, 2000).

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule" 45 CFR Part 160 through 164. *Federal Register*, Volume 67 (August 14, 2002).

HHS, Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information and Nondiscrimination Act; Other Modifications to the HIPAA Rules, 78 Fed. Reg. 5566 (Jan. 25, 2013).

45 CFR Parts 160 and 164 RIN 0945-AA20, April 26, 2024.