



## **MMM OF FLORIDA, INC. Notice of Privacy Practices**

**This notice will be effective on January 1, 2019**

**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.**

**MMM of Florida, Inc. (MMM of Florida) is committed to protect the privacy of your medical records and personal health information. MMM of Florida is required by law to maintain the privacy of your personal health information and provide you with a notice of our legal duties and privacy practices with respect to your personal health information. In case that a breach of unsecured protected health information occurs, you have the right to be notified. This notice describes how MMM of Florida use and disclose your personal health information. It also describes your rights and our legal obligations with respect to your personal health information. MMM of Florida follows the duties and privacy practices notified in this notice and will not use or share your personal health information in other way than described in this notice unless it is authorized by you in writing. A copy of this Notice will be posted in our web site at [www.mmm-fl.com](http://www.mmm-fl.com).**

### **What is “personal health information”?**

- It's the data you gave us when you enrolled in MMM of Florida as well as your medical records and other medical and health information.
- The laws that protect your privacy give you rights related to getting information and controlling how your health information is used. MMM of Florida give you a written notice which is known as a Notice of Privacy Practices which contains information about:
  - how MMM of Florida protect the privacy of your health information
  - how MMM of Florida use or disclose your health Information
  - how you can see the information in your records

### **How MMM of Florida Protect the Privacy of Your Health Information?**

Your health information is in a medical record that is the property of MMM of Florida.

- MMM of Florida make sure that unauthorized people don't see or change your records.
- MMM of Florida has a security protocol in all areas and equipment's where you could find members' health information.
- Generally speaking, MMM of Florida needs from you or your legal representative an authorization in writing before MMM of Florida disclose your health information to anyone who is not providing or paying for your healthcare.
- The law allows certain exceptions that do not require MMM of Florida to get your written permission first.



- For example, MMM of Florida is required to share your health information with government agencies that are monitoring the quality of your care.

MMM of Florida uses health information about you for the purpose of providing you treatment, to obtain payment for treatment provided, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of MMM of Florida.

## **How MMM of Florida May Use or Disclose Your Health Information?**

Your health information can be used or disclosed for one or more of the following purposes **without requiring your authorization**:

**To provide you with medical treatment or other services**, ensuring that all healthcare providers serving your treatment have access to specific and first-hand information that is found in your record, so that your care is properly coordinated.

**To obtain payment** of treatment and services that you have received. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, treatment, drugs, among other data.

**For Healthcare Operations**: For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff
- assess the quality of care and outcomes in your case and similar cases
- learn how to improve our facilities and services
- determine how to continually improve the quality and effectiveness of the healthcare we provide

**To provide appointment reminders** or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

**Required by Law**: MMM of Florida may use and disclose information about you as required by law. For example:

- for judicial and administrative proceedings pursuant to legal authority
- to report information related to victims of abuse, neglect or domestic violence
- to assist law enforcement officials in their law enforcement duties

**Public Health**: MMM of Florida may use or disclose your health information for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities

MMM of Florida may also use or disclose your health information for purposes of:

**Specialized Government Functions** such as protection of public officials or reporting to various branches of the armed services.



To comply with laws and regulations related to **Workers' Compensation**.

**Health and Safety**: MMM of Florida may use or disclose your health information to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**To Family, Friends or Other Persons Involved in Your Health Care**: MMM of Florida may disclose your health information to a family member or a friend, or any other person identified by you that is involved with your care, or who is responsible for the payment of your medical services. Before the disclosure, MMM of Florida will provide you with an opportunity to object the disclosure. In case of an emergency, or if you are not able to agree or object, MMM of Florida will use its professional judgment to determine whether the disclosure is in your best interest and will disclose only the protected health information that is relevant to the person's involvement of your care or payment of care.

**Decedents**: MMM of Florida may use or disclose health information to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ Donation**: MMM of Florida may disclose health information for the purpose of organ donation as necessary to carry out the donation.

**Research**: MMM of Florida may disclose protected health information for research purposes.

**School Immunization Proof**: MMM of Florida may disclose proof of immunization to a school if the school is required by law to have such proof of immunization prior to admission and MMM of Florida documents the agreement to the disclosure from you or the parent, guardian or person acting as a custodian of the minor.

**Disclosures to the Secretary of Health and Human Services (HHS)**: MMM of Florida is required to disclose your protected health information to the Secretary of the U.S. Health and Human Services Department in order to determine if MMM of Florida is in compliance with HIPAA requirements and enforcement purposes.

## **Other Uses**

**Psychotherapy Notes**: MMM of Florida can only share information regarding psychotherapy notes with your written authorization except if the use is for treatment, payment or healthcare operations purposes; by the originator notes for your treatment; when disclosed as part of a training program in which students, trainees or practitioners learn under supervision to improve their counseling skills and; as part of a defense against a legal action. It can also be disclosed when required by law.

**Genetic Information**: MMM of Florida cannot use or disclose genetic information for underwriting purposes. However, MMM of Florida could use genetic information, for example, to determine medical appropriateness if you seek a benefit under the plan or coverage.

**Fundraising**: Only with your permission, MMM of Florida may disclose your health information for fundraising activities. You can request us to opt out to receive such notifications.



**Marketing:** MMM of Florida may contact you without your authorization to 1) give you information about products or services relating to your treatment or our healthcare operations; 2) provide you with nominal gifts; 3) face to face communications; 4) to inform you about government programs that may be of your interest and 5) send you refill reminders or other communications about a drug or biologic that is currently prescribed to you. If MMM of Florida receives financial remuneration for doing a marketing communication to you, MMM of Florida needs your prior authorization before sending such communication.

**Sale of Protected Health Information:** MMM of Florida cannot sell your protected health information unless MMM of Florida receives a written authorization from you. Research purposes are an example of sale of protected health information.

**Other uses and disclosures** will be made only with your written authorization and you may revoke the authorization at any time, in writing, except to the extent MMM of Florida has taken action in reliance on such uses and disclosures.

**You have the right to:**

- Inspect your medical records held at the plan.
- Know how MMM of Florida have shared your information with others.
- Get a copy of your records, usually within (30) days of your request. MMM of Florida is allowed to charge you a fee for making copies.
- Ask MMM of Florida to make additions or corrections to your medical records submitting a request to amend your PHI by completing a request form, available at MMM of Florida member services centers. If you ask us to do this, MMM of Florida will consider your request and decide whether the changes should be made.
- Know how your health information has been shared with others for any purposes that are not routine. For example, you may ask to whom your protected health information has been shared during a specific period of time. You may request an accounting of disclosure of your health information by completing a request form available at MMM of Florida member services centers.
- Request a restriction of your health information, although MMM of Florida is not required to agree to such restriction. If MMM of Florida agrees the restriction, it will comply with the same, except, to provide you an emergency treatment when the restricted PHI is needed to provide such treatment. You may request a restriction of your PHI by completing a request form, available at MMM of Florida member services centers.
- Receive confidential communication of protected health information by a specific way or at specific location. For example, you may ask MMM of Florida to send information to a particular e-mail account or to your work address. MMM of Florida will comply with reasonable request submitted in writing with specifications of how to receive these communications. You may request confidential communications by completing a request form, available at MMM of Florida member services centers.
- Receive a copy in paper, if requested, of the Notice of Privacy Practices, even if you previously agreed to receive it electronically.



MMM of Florida is required to abide by the terms of this notice. If MMM of Florida implements a change in a privacy practice described in this notice prior to issuing a revised notice, MMM of Florida reserves the right to change the terms of this notice and make the new notice provisions effective for all the protected health information that MMM of Florida maintain. MMM of Florida will post any changes of the notice on the website of the company and will provide the notice to you in the next annual mailing.

## **Complaints**

You have the right to file a complaint with MMM of Florida and with the Department of Health and Human Services' Office for Civil Rights if you believe your privacy rights have been violated by calling 1-800-368-1019 (TTY 1-800-537-7697) or your local Office for Civil Rights. MMM of Florida will not penalize nor retaliate against you for filing a complaint with us or before the Department of Health and Human Services.

If you believe that your privacy rights have been violated, calling Member Services is the first step. If you do not wish to call (or you called and were not satisfied), you can put your complaint in writing and send it to us at:

**Compliance Department**  
**Privacy Officer**  
**Phone: 855-340-4235**  
**Fax: 1-833-523-2631**  
P.O. Box 260370  
Miami, FL 33126

If you have questions or concerns about the privacy of your protected health information or wish to file a complaint please call us at:

**For members of MMM of Florida:** 1-844-212-9858 (Toll Free), 1-833-523-2620 (TTY), Monday through Sunday, from 8:00 a.m. to 8:00 p.m.