

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA FEDERAL NOTICES – MEDICAL PLAN

Benefits Department

Below please find the following notices regarding The School Board of Broward County (SBBC), Florida's Medical Plan.

1. HIPAA Special Enrollment
2. Children's Health Insurance Program (CHIP)
3. Women's Health and Cancer Rights Act
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5. Michelle's Law
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CONTACT INFORMATION

If you would like additional information regarding any of these notices or your rights under them or hard copies at no cost, please contact the Benefits Department at 754-321-3100.

1. HIPAA Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan, if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing toward your or your dependents' other coverage), if applicable. However, **you must request enrollment within 30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents; however, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.

2. Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or visit **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in Florida, you may be eligible for assistance paying your employer health plan premiums. The contact information is as follows:

Florida – Medicaid
Website: <http://flmedicaidprecovery.com/hipp/>
Phone: 1-877-357-3268

3. Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

4. Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

5. Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for certain dependents who are covered under SBBC's group health plan as a student, if they lose their student status because they take a medically necessary leave of absence from school. This continuation of coverage is described below.

If your dependent is no longer a student, as defined in the plan, because he/she is on a medically necessary leave of absence, your dependent may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if, immediately before the first day of the leave of absence, your dependent was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions). For purposes of this continued coverage, a "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution, or any change in enrollment of the dependent at the institution, that:

1. Begin while the dependent is suffering from a serious illness or injury,
2. Is medically necessary, and
3. Causes the dependent to lose student status for purposes of coverage under the plan.

The coverage provided to dependents during any period of continued coverage:

1. Is available for up to one year after the first day of the medically necessary leave of absence, but ends earlier if coverage under the plan would otherwise terminate, and
2. Stays the same as if your dependent had continued to be a covered student and had not taken a medically necessary leave of absence.

If the coverage provided by the plan is changed under the plan during this one-year period, the plan will provide the changed coverage for the dependent for the remainder of the medically necessary leave of absence unless, as a result of the change, the plan no longer provides coverage for these dependents.

If you believe your dependent is eligible for this continued coverage, the dependent's treating physician must provide a written certification to the plan stating that your dependent is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

6. Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) General Notice of Continuation Coverage Rights

Introduction

You are receiving this notice because you recently lost coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to obtain it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation

coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when your group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. **This is also called a "qualifying event."** Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary, if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary, if you lose your coverage under the Plan because of the following qualifying event(s):

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries, if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;

- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The School Board of Broward County, Florida and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee’s spouse, surviving spouse, and dependent children will also become qualified beneficiaries, if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator (SBBC) has been notified that a qualifying event has occurred. The employee must notify the Plan Administrator (SBBC) of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee (reported by qualified beneficiary);
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), **you must notify the Plan Administrator within 60 days after the qualifying event occurs. Notice must be provided to:**

**Dr. Dildra Martin-Ogburn, Director
Benefits & Employment Services
754-321-3100**

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may

be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can receive up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children receiving COBRA continuation coverage, if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan, as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa (addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website). For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family’s rights, let the Benefits Department know about any changes in the addresses of you and/or dependents. You should also keep a copy for your records, of any notices you send to the Benefits Department.

Plan contact information:

Dr. Dildra Martin-Ogburn, Director
Benefits & Employment Services
754-321-3100

7. Certificate of Creditable Drug Coverage

Important Notice from The School Board of Broward County, Florida About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the School Board of Broward County, Florida (SBBC) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two (2) important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can obtain this coverage, if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SBBC has determined that the prescription drug coverage offered by the SBBC medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th; however, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current SBBC coverage will not be affected. You can keep this coverage, if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current SBBC coverage, be aware that you and your dependents **will not** be able to re-enroll in this coverage.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with SBBC and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the person listed below for further information. **NOTE:** You will receive this notice each year and if this coverage through SBBC changes. You may also request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” Handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit www.medicare.gov.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 1, 2017
Name of Entity:	The School Board of Broward County, Florida
Contact Position/Office:	Ms. Ronley Alexander, HR Administrator IV, Benefits Department
Address:	7770 W. Oakland Park Blvd., Sunrise, FL 33351
Phone Number:	754-321-3100

8. THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA - NOTICE OF PRIVACY PRACTICES RELATED TO ITS HEALTH PLAN

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.

The School Board of Broward County, FL (SBBC) Health Plan, including your medical, dental, vision, and flexible spending account -- in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act) -- will take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- SBBC Health Plan uses and disclosures of Protected Health Information (PHI);
- Your privacy rights with respect to your PHI;
- SBBC Health Plan duties with respect to your PHI;
- Your right to file a complaint with SBBC Health Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about SBBC Health Plan's privacy practices.

The law requires SBBC to give this Notice of Privacy Practices to you and fully comply with the practices outlined in the privacy notice currently in effect. SBBC is required by law to maintain the privacy of PHI, to provide you with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. SBBC reserves the right to change the terms of this notice and to make the new provisions effective for all PHI that it maintains. In the event SBBC changes the terms and practices of this notice, SBBC shall inform all employees of such changes. The most current Notice of Privacy Practices will be posted on the SBBC Website at www.browardschools.com. Click "Privacy Notices" on the main page. This notice is also available at www.broward.k12.fl.us/benefits. Click "Rates & Documents."

HOW WILL THE SBBC HEALTH PLAN USE AND SHARE YOUR PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information, or **PHI**, includes demographic and medical information about the past, present, or future physical or mental health or condition

of an individual. Demographic information could include your name, address, telephone number, social security number and/or any other unique ways of identifying you.

PHI may be information created, received, used, disclosed, and/or maintained by SBBC. As an example, an SBBC employee may provide your enrollment or eligibility information to a Health Care Provider, as well as maintain records within the SBBC Benefits Department.

The Health Plan may disclose PHI to SBBC (the plan sponsor) for purposes related to treatment, payment, and health care operations (Health care operations are activities compatible and directly related to treatment and payment, including day-to-day office business, administrative, and customer service activities).

Except for the purposes listed below, the Health Plan may use and disclose **PHI** only with your written permission. You may revoke such permission at any time or request restricted disclosure of your health information. See "*Individual Rights*" section for the process.

- To a Health Care Provider for purposes of your **treatment**. For example, if information is requested by your doctor, and your doctor needs the information to provide you with medical care;
- To a health care provider or insurance carrier for the Health Plan for purposes of billing and/or receiving **payment** for insurance coverage. For example, the Health Plan may provide payment status to your doctor so that medical treatment is authorized;
- To Business Associates (including insurance carriers), with written assurances they will protect the information;
- To SBBC (the plan sponsor) and other SBBC employees for **health care operations**, including day-to-day health plan business activity. For example, the Health Plan may use information about your claims to project future benefit costs or for the Benefits Department to perform general plan administrative activities. However, we will not use or disclose your genetic information for underwriting purposes.

- When necessary to comply with Workers' Compensation or other similar programs;
- For internal investigations and audits by SBBC;
- For investigations and audits by the State's Inspector General, Department of Education, or Auditor General;
- For public health purposes including vital statistics, mandatory disease reporting, and regulation of health professionals;
- For medical examiner investigations;
- For research approved by SBBC;
- To respond to court orders and/or subpoenas (SBBC will make reasonable efforts to provide notice to you for an opportunity to seek a protective order);
- For judicial and administrative proceedings; and
- When and as required by law. Restrictions by the most protective law (whether state or federal) will be met.

Unless specified above, SBBC's Health Plan will not share your **PHI** unless you provide written authorization for the disclosure. This authorization will have an expiration date; additionally, you may revoke the authorization in writing at any time. Most uses and disclosures of psychotherapy notes require written authorization. Uses and disclosures of PHI for marketing purposes as well as disclosures that constitute a sale of **PHI** require written authorization.

INDIVIDUAL RIGHTS

You have the right to request restrictions.

You have the right to request restrictions or limitations on the **PHI** the SBBC Health Plan may use and disclose for treatment, payment or health care operations. You also have the right to request a limit on the PHI the SBBC Health Plan discloses to someone involved in your care or the payment of your care, like a family member or friend. For example, you could ask that the SBBC Health Plan does not share information about your premium or enrollment status with a spouse. To request a restriction, you must make your request in writing, to the Benefits Department at 7770 W. Oakland Park Blvd., Sunrise, FL 33351. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, disclosures to your spouse. *SBBC will consider all your requests, but is not required to agree to them except as follows: SBBC is required to agree to your restriction request: (1) if, except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and/or (2) if the protected health information pertains solely to a health care item or service for which the health care provider has been paid in full by you or another person.*

You have the right to request confidential communications. You have the right to request that SBBC communicate with you about medical matters in a certain way or at a certain location. For example, you can ask SBBC only to contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Benefits Department. SBBC will accommodate reasonable requests.

You have the right to review and receive a copy of your PHI. With limited exceptions (including psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding), you have the right to inspect and receive a copy of the PHI that may be used to make decisions about your care or payment for your care. Your review of the PHI will be supervised and will be at a time and place that is convenient to you and a representative of SBBC. To inspect and receive a copy of your Health Information, you must make your request, in writing, to the Benefits Department. If you request a copy, you may be charged a reasonable fee for the costs of copying and/or mailing. For PHI not maintained in one or more designated record sets (defined as a group of records maintained by or for a covered entity that is the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan), we will provide you access to the PHI in the form and format requested by you if it is readily producible in such form and format; or, if not, in a readable hard copy form or such other form and format as mutually agreed to. For PHI maintained in one or more designated record sets, we will provide you access to the PHI in the electronic form and format requested by you, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as mutually agreed to. We will provide the access (review and/or copy) requested within 30 days; however, within that 30-day period, we may notify you of a one-time 30-day extension if necessary. If we request the 30-day extension, we will include the reason for the extension and the date by which the information will be provided.

You have the right to correct or amend your PHI. If you feel PHI maintained by the SBBC Health Plan is incorrect or incomplete, you may request to amend the information. You have the right to request an amendment for as long as the information is maintained by SBBC. Your request to correct your PHI must be in writing and provide a reason to support your requested correction. SBBC may deny your request, in whole or part, if it finds the PHI:

- Is not maintained by SBBC;
- Is not PHI;
- Is by law not available for your review; or,
- Is accurate and complete.

If your correction is accepted, SBBC will make the correction and advise you and other appropriate parties about the correction. If your request is denied, SBBC will place your statement regarding the corrections with your **PHI**. You may also send a letter detailing the reason you disagree with the decision. SBBC will respond to your letter in writing. Another recourse is to file a complaint, as described below in the section titled Complaints.

You have the right to receive a list of the individuals and/or agencies with whom the SBBC Health Plan has shared your **PHI**. All requests for this list (also known as an accounting of disclosures) must state a time period that may not include a date earlier than six (6) years prior to the date of the request. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. The list will **not** include:

- Information disclosed to carry out treatment, payment and/or health care operations;
- Information shared with you;
- Information incidental to otherwise permitted or required disclosures, pursuant to applicable regulations;
- Information you authorized to be disclosed;
- Information disclosed to individuals involved with your care;
- Information disclosed for national security or intelligence purposes;
- Information disclosed to correctional institutions or law enforcement officials when the disclosure was permitted without authorization;
- Information in a limited data set (which is PHI that excludes certain direct identifiers, such as name, address, social security number, etc.).

You have the right to be notified of a breach. If a breach of your unsecured PHI occurs, meaning your private

information was disclosed without the required authorization, you have a right to be notified.

You have the right to receive a paper copy of this notice upon request. To obtain a paper copy of this notice, contact the SBBC Benefits Department or SBBC Privacy Officer.

FOR FURTHER INFORMATION

Requests for further information about the matters covered in this notice may be directed to the person who gave you this notice or the SBBC Privacy Officer, Risk Management Department, who can be reached at 754- 321-1914.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the SBBC Privacy Officer at 600 S.E. 3rd Avenue, 11th Floor; Ft. Lauderdale, FL 33301 / Telephone 754-321-1914 or Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909/ HIPAA Privacy Hotline: Voice Phone 800-368-1019, Fax 404-562- 7881,TDD 800-537-7697. Please be advised the SBBC will not retaliate against you for filing a complaint.

EFFECTIVE DATE

This Notice of Privacy Practices is effective **August 28, 2013**, and shall be in effect until a new Notice of Privacy Practices is approved and posted.