

NOTICE OF PRIVACY PRACTICES HEALTHY START COALITION OF PINELLAS MOMCARE PROGRAM

This notice describes how medical information about you may be used and disclosed by the MomCare Program and how you can get access to this information.

Privacy Promise

MomCare understands that your medical and health information is personal. Protecting your health information is important to us. We follow strict federal and state laws that require us to maintain the privacy of your information.

How we use your health information:

When you enroll with MomCare, we may use your health information in three ways:

1. To provide service to you (treatment).
2. To get payment from Medicaid for services we provide to you (billing).
3. To improve the quality of services we provide (health care operations).

Examples of each of these are described here:

1. Treatment – We keep records of the services we provide to you. For example, if we help you select a provider, we record that physician or midwives' name in our records, the times we speak to you by phone and the information we send to you in the mail. We also may have a conversation with your doctor, or try to help you find a specialist for medical conditions you may need treatment for. We may also try to get assistance for you for things you ask for from other programs, such as child care, a car seat, or child birth education classes. Other services we provide are: informing you about health and social services you may benefit from, remind you of an appointment, verifying that you attended an appointment, share information with other programs to assist you in getting needed services.
2. Payment – We keep billing records that include payment information for the MomCare program.
3. We use health information to improve the quality of care, train staff, provide customer service, conduct surveys of customer satisfaction, and to see if we are helping moms have healthier babies.

Sharing your Health Information

There are limited situations when we are permitted or required to share your health information without your signed permission. These situations include:

- For public health purposes such as reporting communicable diseases, work related illness, or other disease and injuries permitted by law: and reporting births and deaths.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.
- When medical records are subpoenaed by a court of law.
- Other times when required by law.
- Other times when required by law.
- To coroners, medical examiners and funeral directors.

- For research approved under strict federal guidelines.
- To reduce or prevent a serious threat to public health or safety or national security.
- For workers compensation if you are injured at work.

All other uses and disclosures not described in this notice require your signed permission. You may revoke your authorization at any time by sending us a written letter.

Your Rights

You have several rights to control and manage your personal health information. Some of these are:

1. You can request special restrictions on how we use and share your health information. For example: if you do not want us to speak with your family members about your medical condition, you can restrict us from speaking to them. We will only share your information with the people you tell us we can.
2. You can request we use a specific telephone number or address to communicate with you.
3. You can see your records by asking for an appointment at our offices. We will review your records with you.
4. You can ask for any mistakes in your records to be “amended”. This means we make a note in the record that you disagree with something that is in your record.
5. You can get a paper copy of this statement by asking us. Contact our privacy officer, Cindy McNulty, at 727-507-6330 ext. 229. Or write to us at 2600 East Bay Drive, Suite 205, Largo, FL 33771.
6. If you have a question or complaint, you may contact Cindy McNulty.

Our Privacy Responsibilities

- Maintain the privacy of your health information.
- Provide this notice that describes how we use and share your health information.
- Follow the terms of this agreement.

We reserve the right to make changes to this notice at any time and apply the new privacy practice to all information we maintain. If we change the notice, we will post the changes to the Healthy Start Coalition of Pinellas, Inc. website (www.healthystartpinellas.org).