



# NOTICE OF PRIVACY PRACTICES

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## 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 REVIEW IT CAREFULLY.**

*If you have any questions or want additional information about the Notice, please contact the Privacy Officer, 101 NE 3rd Ave, Suite 1650, Fort Lauderdale, Florida 33301; Telephone: (954) 828-5160; Email: [healthyliving@fortlauderdale.gov](mailto:healthyliving@fortlauderdale.gov).*

*We reserve the right to change the terms of this Notice of Privacy Practices, and the changes will apply to all protected health information we have about you. The revised Notice of Privacy Practices will be available upon request and on our website: [Employee Benefits | City of Fort Lauderdale, FL](#).*

### **EFFECTIVE DATE**

This Notice of Privacy Practices becomes effective on February 6th, 2026.

### **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Inspect and copy your health information
  - With some exceptions, you have a right of access to inspect and obtain a copy of health information that we have about you.
  - If we grant the request, in whole or in part, we will inform you of our acceptance of your request and provide the access requested, usually within thirty days after our receipt of your request. If we deny your request, in whole or in part, we will provide you with a written denial, usually within thirty days of your request.
  - If you request a copy of the health information or agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee.
2. Ask us to modify health information
  - You can ask us to modify your health information if you think it is inaccurate or incomplete.
  - We will usually notify you within sixty days as to whether we will grant or deny your request. Denials will be provided in writing.
3. Request confidential communications
  - You have the right to receive confidential communications of health information.



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- We will accommodate your reasonable requests to receive communications of health information by alternative means or at alternative locations if you clearly tell us that you would be in danger if we did not accommodate your request.
4. Ask us to limit what we use or share
    - You can ask us not to use or share your health information to carry out treatment, payment, or our health care operations.
    - You can ask us not to share certain health information with a family member, other relative, close personal friend, or any other person, with whom you had allowed us to share your health information.
    - We are not required to agree to your request unless the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the health information pertains solely to a health care item or service for which you have paid us in full.
  5. Get a list of those with whom we've shared information
    - You can ask for a list (accounting) of the times we've shared your health information, with whom we shared it, and why for six years prior to the date of your request.
    - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
    - We must act on your request for an accounting within sixty days after receipt of your request, and if we are unable to provide the accounting within sixty days, we may extend the time to provide the accounting by no more than thirty days.
    - Any of your health information that we share may be reshared by the recipient and may no longer be protected.
  6. Get a copy of this privacy notice
    - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy upon request.
  7. Choose someone to act for you
    - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
    - We will make sure the person has this authority and can act for you before we take any action.



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8. File a complaint if you feel your rights are violated
  - You can complain to us if you believe your privacy rights have been violated by contacting our Privacy Officer using the information on page 1.
  - You can complain to the U.S. Department of Health and Human Services Office for Civil Rights by:
    - submitting a written complaint to 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, D.C. 20201;
    - sending an e-mail to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) (Please note that communication by unencrypted email presents a risk that personally identifiable information contained in such an email, may be intercepted by unauthorized third parties)
    - filing a complaint online: [Complaint Portal](#)
  - Visit the following website for more information about the U.S. Department of Health and Human Services Office for Civil Rights complaint process: [www.hhs.gov/oct/privacy/hipaa/complaints/](http://www.hhs.gov/oct/privacy/hipaa/complaints/).
  - You will not be retaliated against for filing a complaint.

## YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

1. In these cases, you have both the right and choice to tell us to:
  - Share information with your family, close friends, or others involved in payment for your care
  - Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

2. In these cases, we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your health information
  - Psychotherapy notes

You may withdraw your written permission at any time in writing except that your withdrawal will not affect disclosures already made. Any health information disclosed may be redisclosed by the recipient and will no longer be protected under the rules and guidelines outlined in this notice.



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## OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

1. Help manage the health care treatment you receive

- We can use your health information to facilitate the health plan's third-party administrator's authorization of treatment.

*Example: A service request is denied and we request a review of the prior authorization subject to the health plan design.*

2. Run our organization

- We can use and disclose your health information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage (underwriting purposes). This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

3. Pay for your health services

- We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

4. Administer your plan

- We may disclose your health information to your health plan sponsor (City of Fort Lauderdale) for plan administration.

*Example: We provide certain statistics to the City of Fort Lauderdale to set health insurance premiums and employer contributions.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways without your authorization or opportunity to agree or object – usually when it contributes to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

1. Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease



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- Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
2. Do research  
We can use or share your information for health research.
  3. Comply with the law  
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
  4. Respond to organ and tissue donation requests and work with a medical examiner or funeral director
    - We can share health information about you with organ procurement organizations.
    - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
  5. Address workers' compensation, law enforcement, and other government requests  
We can use or share health information about you:
    - For workers' compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services
  6. Respond to lawsuits and legal actions  
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **OUR RESPONSIBILITIES**

1. We are required by law to maintain the privacy of your health information.
2. We must follow the legal duties and privacy practices contained in this Notice of Privacy Practices and give you a copy of it.
3. We will notify you following a breach of your health information.
4. We will not use or disclose substance use disorder treatment records received from certain federally assisted substance use disorder or alcohol use disorder programs or testimony



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relaying the content of such records in civil, criminal, administrative, or legislative proceedings against an individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record.

5. If a use or disclosure of your health information is prohibited or materially limited by other applicable law, we will follow the stricter law.
6. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).