



Notice of Privacy Practices

This notice explains the ways your medical information may be used and shared with others. It also shows you how you can get access to this information. **Please review it carefully.**

Our Responsibilities

Florida Community Care, LLC by law must keep safe and maintain the privacy of your protected health information. We must provide you with notice about our legal duties and privacy practices related to your health information. We must follow the terms of this notice.

Here are some examples how we will use your information without your permission:

- For treatment *Example:* to arrange for referrals with a specialist.
- To run our operations *Example:* to develop better services for you.
- For payment *Example:* your doctor may send us a claim to pay.
- If required or allowed by law for these reasons: for help with public health and safety issues. Example: to report suspected abuse, neglect, or domestic violence
- research purposes
- to respond to an organ donation request
- to work with a medical examiner or funeral director. Example: to identify a deceased person, or resolve causes of death.
- to address worker's compensation claims
- law enforcement, and other government requests.
- to respond to lawsuits, court orders and legal actions.
- when a business associate performs certain functions on your behalf, such as payment.

to individuals involved with your care. Example: a family member in an emergency. If you cannot object, we may decide if the disclosure is in your best interests.

We may also use and disclose your health information with your or your representative's written permission when:

- using or disclosing psychotherapy notes as allowed by law, or
- in the sale of information to others, or
- in the release to third parties, or
- for certain marketing communications.

Please note that you may revoke your permission at any time in writing, except if we have already acted.

What are your Rights?

You have the right to:

- **To ask for a copy of your health and claim records.**

Upon a reasonable fee. We may deny your request and you may have the denial reviewed. You can name another party as the recipient.

- **To inspect and correct health and claims records**

If they are incorrect or incomplete. We may deny your request, and will explain in writing.

- **To request confidential communications.**



For example: to receive mail at a different address. We will accept valid requests, tell us if you fear that contacts about your health information at your present location would put you in danger.

• To limit what we use or share for treatment, payment, or our operations or to others.

We may deny your request.

• To a list of those with whom we have shared your information for six years prior to the date you ask except for:

- treatment, payment, and health care operations;
- prior disclosures;
- sharing done with your authorization;
- uses or disclosures authorized or required by law.

We will charge a reasonable fee if you ask for a list more than once in a period of 12 months. You need to make this request in writing.

• To choose someone to act for you to exercise your rights and make choices

By a medical power of attorney or legal guardian. We will verify this authority before we take any action.

• To be notified of any breach of unsecured medical information

Unless we determine that there is a low probability that your medical information has been compromised.

How We Protect Your Substance Use Disorder (SUD) Records

We may maintain certain records that relate to your diagnosis, treatment, or referral for treatment of a Substance Use Disorder (SUD). These records are protected by federal law under 42 C.F.R. Part 2, which provides stricter privacy protections than the standard HIPAA Privacy Rule.

What are your Rights Regarding SUD Records?

You have the right:

- To clear notice of how we may use and disclose your SUD records
- Your individual rights under Part 2, and
- Our legal duties related to maintaining the confidentiality of these records.

Restrictions on Disclosure for Legal Proceedings

Your SUD treatment records cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or there is a court order.

Potential Redisclosure Notice

If we disclose your information to another party consistent with the law, that information may be redisclosed by the recipient and may no longer be protected under HIPAA. However, SUD records remain protected by Part 2.

Exercising your Rights

• Contacting FCC

If you have any questions, or to get a paper copy of this notice, please contact us at:



Florida Community Care, LLC

Compliance Officer

4601 NW 77 Avenue

Miami, FL 33166

Tel: 1 (866) 409-8031

Compliance@fcchealthplan.com

• Filing a Complaint

If you feel we have violated your rights, you may file a complaint by contacting at the address above or with:

Secretary

Department of Health and Human Services

200 Independence Avenue, S.W. Washington, D.C. 20201

Tel: 1-800-368-1019

You will not be retaliated against for filing a complaint

Future Changes to this Notice

We reserve the right to change the terms of this notice. The changes will apply to all information we maintain. If we make any material changes, we will post the revised notice on our website and we will mail a copy to you upon request.

Effective Date: June 18, 2018, Updated February, 13, 2026