SUPPORTIVE SERVICES FOR FAMILIES & PHYSICIANS

Florida Birth-Related Neurological Injury Compensation Association

# Notice of Privacy Practices

Effective Date: 07/01/2025

SUPPORTIVE SERVICES FOR FAMILIES & PHYSICIANS

Florida Birth-Related Neurological Injury Compensation Association

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

**Why are you receiving this notice?**

The Florida Birth Related Neurological Injury Compensation Association (NICA) is committed to protecting your and your family's (hereinafter collectively referred to as "you"), Protected Health Information (PHI). NICA must give you a notice that tells you how NICA may use and share your health information. This notice must also include your health privacy rights. You can also ask for a copy at any time or visit https://www.nica.com and select the link to the HIPAA Privacy Notice. Federal and State Law require NICA to protect the privacy of certain PHI. NICA processes and maintains your PHI for two main purposes:

- To determine potential eligibility for NICA.
- To administer the NICA Plan.

**Why do I have to sign a form?**

- The law requires NICA to ask you to state in writing that you received the notice.
- The law does not require you to sign the "acknowledgement of receipt of the notice."
- Signing does not mean that you have agreed to any special uses or disclosures (sharing) of your health records.
- Refusing to sign the acknowledgement does not prevent a provider or plan from using or disclosing health information as HIPAA permits.
- If you refuse to sign the acknowledgement, the provider must keep a record of this fact.

**Who receives this notice?**

At least once every three years, NICA will provide this notice to you.

This notice is available online on NICA's website - https://nica.com/privacy-notice/. If any changes are made outside of the three-year period noted above, the notice will be updated on the website.

**What is PHI?**

In general, PHI is identifiable information about you which concerns your child's past, present or future eligibility for benefits under the NICA Plan and information related to any medical treatment or payment.

**How does NICA disclose PHI?**

NICA and its business associates use your PHI for treatment, payment, and/or health care operations. These activities include reviewing Petitions and records to determine eligibility for compensation under the Plan, for determining eligibility for reimbursement for qualifying medical services, equipment and other items, including processing payments for same, administering the NICA Plan, paying for required health care, and conducting research on child health issues. Our Uses and Disclosures are found below.

**We may use and share your information as described below:**

- Help manage the health care treatment you receive
- Manage NICA Plan
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research

- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address law enforcement and other government requests
- Respond to lawsuits and legal actions
- We use your Petition and records to determine medical eligibility.
- We may share your PHI with the Division of Administrative Hearings (DOAH), your insurers, Medicaid or Children's Medical Services Network (CMS) so that we may accurately determine what services or equipment may be eligible for payment.
- We may share your PHI to review the quality of care provided.
- We may send you reminders and provide information to a company or provider to call and let you know how to access equipment or services.
- We may use your PHI to process grievances or complaints.
- We may review health insurance enrollment and coverage information from other sources, providers, or other insurers to confirm your child's eligibility for a specific benefit, and for coordination purposes.
- We may share your PHI to gather statistics and data for use in shaping public policy and improving program functions (such as benefit determinations).
- We may share PHI with our Board of Directors, the Department of Financial Services, the Health Department and associated third parties relative to auditing, governmental oversight, dispute resolutions, complaints, and actuarial analysis.
- We may share PHI with partners or providers to determine "medical necessity" and reasonableness of a specific benefit request.
- Each company and agency that reviews PHI is also required by law to keep it private.

**NICA may also use and disclose PHI as permitted by law, which may include the following disclosures:**

- To Medicaid, Children's Medical Services, the Department of Health, the Department of Financial Services, the Division of Administrative Hearings, or other government agencies that provide public benefits or may help determine eligibility and compliance.
- For healthcare oversight such as inspections, audits, reviews, investigations and reporting to ensure compliance with federal, state, and local law.
- For public health, such as medical safety, disease control, or disaster relief.
- When a law requires that we report information about suspected abuse, neglect, or domestic violence.
- To avert a serious threat to the health or safety of an individual or the public.
- Where disclosure is required by federal, state, or local law, or judicial proceedings. For example, in response to a court order, subpoena, or other legal process, or in relation to a fraud investigation.
- To conduct research of services and reporting for the enhancement of the NICA Plan.
- To the federal government for national security, protective services, military, or veteran's activities.
- To coroners, medical examiners, and funeral directors; and for organ donations.
- To your family or other persons who are involved in your child's medical care. (You have the right to object to disclosing this information.)
- Disclosure of NICA PHI to other parties or for other reasons.

- As a rule, disclosure of PHI other than for treatment, payment, or operational uses described above require your written consent.

**Your Rights Regarding Your Health Information**

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

- Get a copy of health and claims records
    - You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
    - We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct health and claims records
    - You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
    - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communications
    - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
    - We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
- Ask us to limit what we use or share
    - You can ask us to limit the use and disclosure of your PHI.
    - Based on statutory guidelines, we may not be required to agree with your request.

- 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 for six years prior to the date you ask, who we shared it with, and why.
    - 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.
- 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 promptly. The notice is also available on NICA's website - https://nica.com/privacy-notice/.
- 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.
- File a complaint if you feel your rights are violated
    - If you feel your privacy rights have been violated, you may send your written complaint to the NICA Privacy Officer located at: NICA, Attention Privacy Officer, P.O. Box 14567, Tallahassee, FL 32317; telephone toll-free 1-800-398-2129.
    - You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to

200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

- NICA will not retaliate against you for filing a complaint

**How to exercise your rights regarding your PHI disclosures**

If you have questions or wish to make a request regarding the PHI that NICA currently maintains on your child, or would like another copy of this notice, please call the NICA Privacy Officer by email at privacy@nica.com or by phone at 1-850-488-8191 or toll free at 1-800-398-2129. NICA may ask you to send your request in writing to the address below.

**Your Choices Regarding Your Health Information**

If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

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 health or safety.*

The selling of PHI is prohibited without consent under HIPAA. **NICA does not sell your information**, nor provide it for marketing purposes, unless you give us written permission.

**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:

- Help manage the health care treatment you receive
- We can use your health information and share it with professionals who are treating you.
- Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
- Administer the NICA Plan.
- We can use and disclose your information to administer our NICA organization and contact you when necessary.
    - For example, we use health information about you to develop better services for you.
- 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 providers, therapists, or other related providers or vendors to coordinate payment for your benefits.
- Administer your plan.
- We may disclose your health information for plan administration.

- For example, we may be required to disclose specific information to government oversight entities for plan compliance with federal and state law.

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

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must 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.

- Help with public health and safety issues
- We can share health information about you for certain situations such as:
- Preventing disease
- 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
- Do research.
- We can use or share your information for health research.
- 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.
- 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.
- Address workers' compensation, law enforcement, and other government requests We can use or share health information about you.
- 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.
- 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**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- 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.

For more information, please contact the Florida Birth Related Neurological Injury Compensation Association (NICA) at:

**Mail:** Post Office Box 14567 • Tallahassee • FL 32317-4567

**Toll Free:** 1-800-398-2129

**Telephone:** (850) 488-8191

**Facsimile:** (850) 922-5369

**Website:** www.nica.com

### Changes to the Terms of this Notice

Our privacy policies are subject to change. NICA has the right to change the terms of this notice and our privacy policies and practices at any time. Any changes to our policies and procedures will apply to all PHI that NICA possesses at the time of the change. The new notice will be available upon request, and on our website (https://nica.com/privacy-notice/), and will also be made available to you at regular intervals..

### Other Instructions for Notice

To authorize NICA to provide this disclosure, ask for an authorization form to release PHI. We will assist you with the information needed to authorize disclosure. If you cannot give your authorization due to an emergency, we may release your PHI if it appears to be in your best interest. You may cancel your authorization at any time, in writing or by email, to our Privacy Officer at the address listed below.

**NICA Privacy Officer**

**Email:** privacy@nica.com

**Mail:** Post Office Box 14567 • Tallahassee • FL 32317-4567

**Phone:** 1-850-488-8191

**Toll Free:** 1-800-398-2129

The technology security officials who are responsible for the development and implementation of the compliance and Security policies and procedures for NICA are listed below.

**Matthew Dufek, Chief Information Security Officer**

**Email**: security@nica.com

**Phone:** 1-850-807-9722

**Tim Daughtry, Deputy Director/Back-up Chief Information Security Officer**

**Email**: privacy@nica.com

**Phone:** 1-850-488-8191

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**Additional Privacy Policies**

This additional privacy policy is related to NICA's mobile application for participants and families, in compliance with the Apple Store and Google Play Store.

**Participant Portal (NICA Florida application) Account Deletion:**

We collect the following information in the NICA Florida application -

- Personal information
- Health and fitness information
- Internal app message data (for account purposes)
- Photos, videos, audio files, text files, and PDF documents (submitted by the user)
- App activity (collected automatically)
- App information and performance (collected automatically)

All of above information is required in order for the application to function properly. By downloading and utilizing the NICA Florida app, you are agreeing to have your information collected.

If you would like to delete your NICA Florida app account, please use the Contact Us form (https://nica.com/contact/) to submit the request or contact your case manager directly.

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