



## NOTICE OF PRIVACY PRACTICES FOR THE SEMINOLE TRIBE OF FLORIDA HEALTH DEPARTMENT

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

### ***Legal Duty***

We, the Seminole Tribe of Florida Health Department (“Health Department”), are required by law to maintain the privacy of your health information that we use or receive. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We will follow the privacy practices described in this Notice while they are in effect.

This Notice provides you with the following information:

- How we may use and disclose your health information;
- Your privacy rights in your health information; and
- Our obligations concerning the use and disclosure of medical information.

We reserve the right to change our privacy practices and the terms of this Notice at any time. Any revision or amendment will be effective for all information held by us. A copy of this Notice will be posted in the waiting room of all Health Department facilities and you may request a copy of this Notice at any time.

### ***Use and Disclosure of Health Information***

We may receive or maintain health information about you for treatment and payment purposes. We also may hire business associates to help us in providing services to you. Our business associates may use the health information about you for our healthcare operations and payment, if applicable.

**Treatment.** We may use or disclose your protected health information (“PHI”) to provide, coordinate, or manage your health care and any related services, including coordinating or managing your care with other health care providers.

**Uses for Payment.** We may use and disclose your health information to obtain payment for your health care services, if applicable, including a collection agency or credit bureau. For example, obtaining approval for payment of services from your health plan may require that your PHI be shared with your health plan. We may also provide your PHI to our business associates such as billing companies, collection agencies, and vendors who mail billing statements.

**Uses for Healthcare Operations.** We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to appropriate employees in the Health Department to:

- Provide to you appointment reminders or information about treatment alternatives;
- Run the department and improve the care we provide to you;
- Conduct training programs; or
- Arrange for accounting and legal services, business planning, business management and general administrative activities.

**To You or Your Authorized Representative.** We must provide your health information to you upon request, as more fully described in the "Your Rights to Health Information" section of this Notice. We will disclose your health information to your authorized representative, which could be a friend or family member, only if you agree to allow us to do so, or if in our professional judgment it is necessary for us to provide for your continued healthcare.

**Permitted by Law.** Except as described below in “Your Authorization,” we may use or disclose your health information where permitted by law. For example, we may disclose information for the following purposes:

- **Assist with public health and safety issues:** We can share health information about you for certain situations such as:
  - preventing disease;
  - reporting suspected abuse or neglect of a child or vulnerable adult or domestic violence; or
  - preventing or reducing a serious threat to anyone’s health or safety.
  - assisting law enforcement officials in their law enforcement duties.
  
- **Research:** We do not share your identifiable health information for research purposes.
  
- **Comply with the law:** We will share information about you if laws require it, including sharing information with the US Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.
  
- **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; or
  - for special government functions such as military or national security.
  
- **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.
  
- **Organ and Tissue Donation:** We can share information about you for organ, eye or tissue donation purposes; provided we follow applicable laws.
  
- **Coroners, Medical Examiners and Funeral Directors:** We can share information about you to coroners, medical examiners or funeral directors to carry out their duties.
  
- **Inmates:** We can share information about you to a correctional institution having lawful custody of you that is necessary for your and safety of health and the health other individuals.
  
- **Sale of Your Health Information.** We will never sell your health information without your prior authorization.

**Marketing Products or Services.** "Marketing" means to make a communication to you that encourages you to buy or use a product or service. We will not use or disclose your health information for marketing communications without your prior written authorization.

We may also communicate with you about health related products or services (including information about who participates in our provider network), treatment, case management or case coordination (including recommending alternative treatment, providers or settings for care.) We do not receive any payment for making these communications.

**Your Authorization.** Except in the situations described above, we will use and share your PHI only with your written authorization.

In some situations, applicable law may provide special protections for sharing specific kinds of PHI and require authorization from you before we can share that specially protected medical information. For example, information about treatment for alcohol or drug abuse, HIV/AIDS and sexually transmitted diseases, and mental health may be specially protected. In these situations, and for any other purpose, we will contact you for the necessary authorization. If you give us an authorization, you may later revoke it in writing at any time.

If we receive substance use disorder ("SUD") treatment records created by a federally assisted program or health care provider under 42 C.F.R. Part 2 ("Part 2 Records"), we may only use or disclose such records in accordance with the written consent you provided to the program or provider. If Part 2 Records were disclosed to us with your written consent for treatment, payment, and health care operations, we may further disclose the records for these purposes without obtaining an additional written consent.

We will not use or disclose your Part 2 Records, or any testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard. In addition, if we use this information to raise funds for our benefit, we must first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

Once PHI is disclosed, it may no longer be protected by HIPAA and may be subject to re-disclosure.

### ***Your Rights to Your Health Information***

We may maintain records containing your health information. In some cases, our business associates will possess the information that is responsive to any of the individualized requests detailed in this section. You may contact the business associate to review that information. The business associate is obligated to provide you with the same rights as those described in this Notice. You have the following rights regarding health information that we maintain about you:

- **Access.** You have the right to review or obtain copies of your health information.
- **Disclosure Accounting.** You have the right to receive a list of instances in which we, or our business associates, have disclosed your health information for purposes other than treatment, payment, healthcare operations, or where you have provided us with an authorization for disclosure. You may request this list for any disclosures made in the previous 6 years.
- **Request Restrictions.** You have the right to request that we place additional restrictions on our use or disclosure of your health information, including restricting uses and disclosures to family members, relatives, friends, or other persons you have identified who are involved in your care or payment for your care. We are not required to agree to these additional restrictions except where you have paid for medical services out-of-pocket in full and have requested that we not disclose your PHI to a health insurance plan for payment or health care operations purposes.
- **Alternative Communications.** You have the right to request in writing that we communicate with you about your health information by alternative means or at an alternative location. Your request must specify the alternative location. For example, you can ask that we only contact you at work or by mail.
- **Amendments.** You have the right to request that we amend your health information contained in our records. Your written request must explain why the information should be amended. We may deny your request under certain circumstances.
- **Electronic Notice.** If you receive this Notice in electronic form, you have the right to request a copy of this Notice in written form at any time.

- **Privacy Breach Notice.** You have the right to receive a notice if we or a business associate discover a breach of your unsecured PHI and determine through an investigation that notice is required.

### ***Questions and Complaints***

If you want more information about our privacy practices or have questions or concerns, please contact the Privacy Officer at (954) 962-2009. The Privacy Officer is responsible for handling any grievances associated with our uses and disclosures of your health information. The Privacy Officer's address is:

Seminole Tribe of Florida Health Department  
111 West Coral Way  
Hollywood, FL 33021

If you are concerned that we may have violated your privacy rights, or you disagree with a decision made about access to your health information, or in response to a request you made related to the "Your Rights to Health Information" section of this Notice, you should contact the Privacy Officer. You may also submit a complaint to the U.S. Department of Health and Human Services Office for Civil Rights, by sending a letter to the Hubert H. Humphrey Building, 200 Independence Ave. S.W., Washington, D.C., 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We support your right to the privacy of your health information. We will not retaliate in any way if you file a complaint with us or with the Office for Civil Rights of the U.S. Department of Health and Human Services.

Effective Date: February 16, 2026