

HIPAA Privacy Notice

About Confidentiality

The City of Jacksonville respects your privacy and has policies and procedures designed to safeguard your personal information, in all forms – spoken, written and electronic. This notice advises you of your HIPAA rights including, but not limited to, accessing and/or amending the information we maintain about you, and a means for you to authorize someone of your choice to access your information.

As an employee, you have the right to access your medical records possessed by the City of Jacksonville at the time they are possessed. Similarly, the City will take every reasonable measure to insure your privacy is maintained as it pertains to the Health Intervention Program (“Program”) and any documents or information possessed as a result of the Program.

However, as the City will not ultimately possess your medical records resulting from the Program, you should contact either the H.I.T. Center or your insurance carrier directly for such information. It is of note that providers, such as the H.I.T. Center and insurance carriers are required to also comply with confidentiality laws, as well as allow you reasonable access to your medical records.

The Employee Benefits Office of the City of Jacksonville, as the coordinating agency for the Program, may be requested to provide employee information to your insurance carrier; which you hereby authorize may include, but is not included to:

- Verifying your date of birth, address and telephone number with the provider or your carrier;
- Verifying your enrollment and benefits eligibility with the provider or your carrier;
- Assistance for resolving grievances at your request with your insurance carrier; and
- Assistance for claims and referral issues.

The importance of upholding the anticipated value of the Program and the sanctity of your privacy are at the forefront of this endeavor. If you should have further questions about this notice, please call our office at (904) 630-1314.

Therefore, I, _____, understand the rights and authorizations made herein and acknowledge my agreement to the terms expressed within this Notice today, _____, 201___.
(date).

Name of City Employee (Please Print)

Signature of City Employee