

**LEE COUNTY BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

BLUE SHEET NO. 20031802

1. REQUESTED MOTION:

ACTION REQUESTED: Amend a Contract between Lee County Board of County Commissioners (BoCC) and The Health Planning Council of Southwest Florida, Inc. for the Housing Opportunities for Persons with AIDS Program (HOPWA). This amendment expands the Health Insurance Portability and Accountability Act (HIPAA) language in the contract.

WHY ACTION IS NECESSARY: This amendment is made at the request of the Health Planning Council of Southwest Florida

WHAT THE ACTION ACCOMPLISHES: Provides a fuller explanation of requirements under HIPAA for this contract.

2. DEPARTMENTAL CATEGORY: 05
COMMISSION DISTRICT #: CW **C5B**

3. MEETING DATE: **11-18-2003**

4. AGENDA:
 CONSENT
 ADMINISTRATIVE
 APPEALS
 PUBLIC
 WALK ON
TIME REQUIRED:

5. REQUIREMENT/PURPOSE:
(Specify)
 STATUTE
 ORDINANCE
 ADMIN. CODE
 OTHER

6. REQUESTOR OF INFORMATION:
A. COMMISSIONER N/A
B. DEPARTMENT Human Services
C. DIVISION
BY: Susan Oliver *[Signature]*

7. BACKGROUND:

The Department of Human Services administers the Housing Opportunities for Persons with AIDS (HOPWA) program with funds provided by Housing and Urban Development (HUD) through The Health Planning Council of Southwest Florida, Inc. A contract to receive case management funds was signed by the BoCC on June 19, 2003.

The Health Planning Council has submitted an amendment which changes the language in Section D which currently reads: "HIPAA: Where applicable, the provider will comply with Health Insurance Portability Accountability ACT as well as all regulations promulgated thereunder (45CFR Parts 160, 162 and 164)." to the language in the attached amendment.

Attachments: Amendment (2 originals)

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing Or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<i>[Signature]</i>	N/A			<i>[Signature]</i>	OA <i>[Signature]</i>	OM <i>[Signature]</i>	Risk <i>[Signature]</i>	GC <i>[Signature]</i>	<i>[Signature]</i>

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
Date: 11/30/03
Time: 3:50 PM
Forwarded To:
Budget
11/10/03 2:17 PM

RECEIVED BY
COUNTY ADMIN: *[Signature]*
10/31/03
11:00am
COUNTY ADMIN
FORWARDED TO: *[Signature]*
11/5/03

**THE HEALTH PLANNING COUNCIL
OF SOUTHWEST FLORIDA
CONTRACT AMENDMENT**

ORIGINAL CONTRACT #HOPWA 04 Case Management

This Amendment is entered into between the Health Planning Council of Southwest Florida, Inc., hereinafter referred to as the "council" and **Lee Co. Human Services** (the "Provider").

1. Section D, Item #7 is hereby amended to read:

The Provider acknowledges that as a result of providing services pursuant to this agreement the parties may send or receive personal financial or patient health information from the other providers. The provider agrees to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and any current and future regulations promulgated there under including regulations contained in 45 C.F.R. Parts 160, 162, and 164. Except as otherwise required by state and/or federal law, the provider agree to: (1) maintain all Protected Health Information or Individual Identifiable Health Information (as defined by HIPAA and collectively referred herein as "Health Information") in a secure and confidential fashion, (2) ensure that its directors, officers, employees and agents will maintain all Health Information in a secure and confidential fashion, (3) not use or disclose any Health Information other than permitted by HIPAA Regulations and the terms of this agreement, (4) make its internal practices, books and records relating to the use and disclosure of Health Information available to the Department of Health and Human Services and The Health Planning Council of Southwest Florida Inc. to the extent required for determining compliance with the Federal Privacy Regulations, and (5) revisit confidentiality, consent, authorization, and information sharing terms of this Agreement upon request of either party, and shall modify the Agreement accordingly to remain compliant with applicable state and federal laws, rules and regulations governing the confidentiality of client information.

2. This Amendment shall begin on 11/03/03, or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all attachments are hereby made a part of the contract.

IN WITNESS WHEREOF, the parties have executed this Amendment by their undersigned officials as duly authorized.

PROVIDER: Lee Co. Human Services

THE HEALTH PLANNING COUNCIL
OF SOUTHWEST FLORIDA, INC.

Contact Person: Susan Oliver

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: Patrick McGrain

Title: _____

Title: Program Director

Date: _____

Date: _____

Federal ID# 59-6000702

THE HEALTH PLANNING COUNCIL
OF SOUTHWEST FLORIDA
CONTRACT AMENDMENT

LEE COUNTY
DEPARTMENT OF
HUMAN SERVICES

2003 OCT 28 P 1:01

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THE HEALTH PLANNING COUNCIL
OF SOUTHWEST FLORIDA, INC.

Contact Person: Susan Oliver

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: Patrick McGrain

Title: _____

Title: Program Director

Date: _____

Date: _____

Federal ID# 59-6000702