

Kansas Department of Health and Environment, Division of Health Care Finance (DHCF) **NOTICE OF PRIVACY PRACTICES** For the Use and Disclosure of Protected Health Information

(Para obtener una copia de esta nota en español, contacta al Oficial de la Privacidad de DHCF en 785.291.3951.)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA). PLEASE REVIEW IT CAREFULLY.

HIPAA Effective Date: April 14, 2003

Date of This Notice: July 1, 2011

Why is DHCF sending you this Notice?

We want to protect the privacy of your personal information. Federal law requires us to make sure your protected health information (PHI) is kept private. That law is known as the Health Insurance Portability and Accountability Act (HIPAA). We must give you this Notice of our legal duties and privacy practices with respect to your PHI.

We must also follow the terms of the Notice that are in effect right now. We reserve the right to change the terms of this Notice and our privacy policies at any time. If we make these changes, they will affect all PHI we maintain. This includes PHI we received or created before the change. If we do change the terms of our privacy policy, we will post a new Notice on our website and send a copy to each head of household within 60 days.

PHI is information that we have created or received about your past, present, or future health or medical condition. This information could be used to identify you. It also includes information about medical treatment you have received and about payment for health care you have received. It includes your name, age, address and social security number. We must tell you how, when, and why we use and/or share your PHI.

How do we collect your protected health information?

We collect PHI from you. We also receive PHI from your health care providers. For example, we might get PHI from your health care providers when they submit a claim to be paid for services they provided to you. We get PHI from you when you fill out your application for health care coverage.

How and when can we use or disclose your PHI?

HIPAA and other laws allow or require us to use or disclose your PHI for many reasons. Sometimes we are not required to get your written consent to use or disclose your PHI. For other reasons, we may need you to agree in writing that we can use or disclose your PHI. In this Notice, we have listed reasons we are allowed to use or disclose your PHI without getting your permission. Not every use or disclosure is listed. The ways we can use and/or disclose information without your written consent fall within one of the descriptions below:

- So you can receive treatment.** We use and disclose your PHI to those who provide you with health care services or who are involved in your care. These people may be doctors, nurses, or other health care professionals. For example, if you are being treated for a knee injury, we give your PHI to the people providing your physical therapy.
- To get payment for your treatment.** We use and disclose your PHI to pay providers for treatment and services you receive. For example, we may give parts of your PHI to our claims department or others who do these things for us. They can use your PHI to make sure your health care providers are paid correctly for the health care services you receive.
- To operate our business.** We use and disclose your PHI to operate our health plan, including research and organ donation. We use PHI to send you appointment reminders. We also use PHI to give you information about other health care treatment, services or benefits. For example to review and improve the quality of health care services you get. Before we share PHI with other organizations, they must agree to keep your PHI private.

- To meet legal requirements.** We share PHI with government or law enforcement agencies when federal, state, or local laws require us to do so. We also share PHI when we must in a court, administrative proceedings, or other legal proceedings. For example, when the law says we must report PHI in emergency situations or about people and children, who have been abused, neglected, or are victims of domestic violence, we share PHI.
- To report public health activities.** We share PHI with government officials that collect public health information, or conduct public health investigations, surveillance, or interventions. For example, we share PHI about births, deaths, and some diseases with local and state health departments.
- For health oversight activities.** We share PHI if a government agency is investigating or inspecting a health care provider or organization or as otherwise authorized by law.
- To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we provide PHI to law enforcement or people who may be able to stop or lessen the harm.
- For workers' compensation purposes.** We share PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- To coroners, medical examiners or funeral directors.** We give PHI to coroners, medical examiners or funeral directors for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- For specialized government functions.** We disclose to authorized federal officials PHI required for lawful military and veterans activities, protective services for the President and others, medical suitability determinations, correctional institutions and other law enforcement custodial situations, for intelligence, counter-intelligence, and other national security activities and in some situations to agencies administering a government program.

Other uses and disclosures require your prior written agreement. In other situations we will ask for your written authorization before we use or disclose your PHI. Your authorization to let us use or disclose your PHI can be changed at any time. You cannot change your decision about information already released with your authorization. Requests to not disclose PHI must be made in writing to the DHCF Privacy Officer. That address is at the end of this notice.

Will you give my PHI to my family, friends or others?

A friend or family member may be helping you get or pay for your medical care. For example, you may be talking to a provider and your mother is with you. We may discuss your PHI with you in front of her. We will not discuss your PHI with you when others are present if you tell us not to.

There may be a time when you are not present or you are unable to make health care decisions for yourself. For example, you may not be conscious but a friend is with you. If our professional judgment is that sharing your PHI with your friend is what is best for you, we will do so.

How do we protect your personal information?

We protect your PHI by:

- Treating all PHI that we collect about you as confidential.
- Stating confidentiality and privacy policies and practices in our HIPAA training.
- Creating disciplinary measures for privacy violations.
- Restricting access to your PHI only to those employees who need to know about you to provide our services to you, like paying a claim for a covered benefit.
- Disclosing the minimum PHI needed for a service company to perform its function. We make sure the company agrees to protect and maintain the confidentiality of your PHI.

- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PHI.

What are your rights with respect to your PHI?

You have a qualified right to ask that we restrict how we use and give out your PHI. You can also request a limit on the PHI we give to someone who is involved in your treatment, payment or our healthcare operations. For example, you could ask that we not use or disclose information about a treatment that you had to a family member or friend. You must tell us in writing what you want. We will consider your request. We are not required to agree to any requested restriction. If we accept your request, we will put any limits in writing. We will honor these limits except in emergency situations. You may not limit the way we use and disclose PHI when we are required by law to make the use or disclosure. Send your request to the DHCF Privacy Officer. The address is on the last page of this notice.

You have a qualified right to ask us to send your PHI to an address of your choice or to communicate with you in a certain way within reason. You must tell us in writing what you want. You must tell us if you are making the request because you believe that the disclosure of all or part of the PHI could put you in danger if we do not meet your request. For example, you can ask us to send PHI to your work address instead of your home address. You may ask that we send your PHI by email rather than regular mail. You may be assessed reasonable charges to comply with your request, which must be paid in advance. Send your request to the DHCF Privacy Officer. The address is on the last page of this notice.

You have a qualified right to look at or get copies of your PHI that we have. You must make that request in writing. You may be assessed reasonable fees to provide these copies. If we do not have your PHI, we will tell you how you may be able to get it. We will respond to you within 30 days after we receive your written request. (Response may take 60 days if the information is not stored on-site.) In the event that 30 or 60 days is not enough time to retrieve the information you are requesting, we will advise you of an additional extension of up to 30 days.

In certain situations, we may deny your request. If we do, we will tell you, in writing, the reasons we are denying your request. We will also explain your right in limited situations to have our denial reviewed. Send your request to the DHCF Privacy Officer. The address is on the last page of this notice.

You have a qualified right to a list of times we have shared your PHI. Your request for the list can go back as far as six years. We will respond within 60 days of receiving your written request for your PHI.

The disclosure list we send you will include:

1. The date of the disclosure;
2. The person to whom PHI was disclosed (including their address, if known);
3. A brief description of the information disclosed; and
4. A brief statement of the purpose of the disclosure.

The list will not include:

- a) Disclosures we made so you could get treatment;
- b) Disclosures we made so we could receive payment for your treatment;
- c) Disclosures we made in order to operate our business;
- d) Disclosures made directly to you or to people you designated;
- e) Disclosures made for national security or intelligence purposes;
- f) Disclosures made to corrections or law enforcement personnel;
- g) Disclosures we made before we sent you this message;
- h) Disclosures we made when we had your written permission; or
- i) Disclosures made more than six years before the date of your request.

You may request one free disclosure list each calendar year. If you ask for another list in the same calendar year, we will send you one if you agree to pay the reasonable fee in advance that we will charge. To make this request, write to the DHCF Privacy Officer. The address is at the end of this notice.

You have a qualified right to ask us to correct your PHI or add missing information if you think there is a mistake. Your request must be in writing to the DHCF Privacy Officer. The address is on the last page of this notice. Your request must give the reason for the changes. We will respond within 60 days of receiving your written request. We

can use an extension of 30 days if we need it. If we approve your request, we will make the change to your PHI. We will tell you that we have made the change. We will also tell others who need to know about the change to your PHI.

We may deny your request if your PHI is:

- a) Already correct and complete;
- b) Not created by us;
- c) Not allowed to be disclosed; or
- d) Not part of our records.

If we deny your request, we will tell you why in writing. Our written denial will also explain your right to file a written statement of disagreement. You have the right to ask that your written request, our written denial and your statement of disagreement be attached to your PHI any time we give it out in the future. You can send this request in writing to the DHCF Privacy Officer at the address at the end of this notice.

How can you get a paper copy of this notice?

- If you are a State employee, you can download the Notice from the DHCF website at <http://www.sehbp.org/system/resources/BAhbBIsHOgZmIiYMDExLzA3LzA1L1NFSFBOT1BQMDcwMTExLnBkZg/SEHPNOPP070111.pdf>
- If you are a Kansas Medical Assistance Program (KMAP) beneficiary, you can get a copy of the Notice by calling the Medical Assistance Customer Service Center at 1-800-766-9012.

How can you reach us to register a complaint about our privacy practices or get further information about matters covered by this notice?

If you think that we may have violated your privacy rights, you may send your written complaint within 180 days of the alleged violation to the address listed below, or you may get further information about matters covered by this notice or obtain a paper copy of this notice by writing to:

DHCF Privacy Officer
Kansas Department of Health and Environment, Division of Health Care Finance
Curtis State Office Building, Suite 560
1000 SW Jackson Street
Topeka, KS 66612
785-291-3951

Additionally, if you believe your privacy rights have been violated, you may also make a complaint to the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint about our privacy practices. The contact information is:

U.S. Department of Health & Human Services
Office for Civil Rights
601 East 12th Street – Room 248
Kansas City, MO 64106
(816) 426-7278; (816) 426-7065 (TDD); (816)426-3686 FAX