

Your Individual Rights

CONFIDENTIAL COMMUNICATION: You have the right to request that DPHSS communicate with you about your PHI by different means or to different locations. For instance, contacting you at home rather than at work. Your request must be in writing.

PLACING RESTRICTIONS: You have the right to request that DPHSS place additional restrictions in the use or disclosure of your PHI .

INSPECTION AND COPIES: You have the right to inspect and obtain a copy of your PHI. Your request must be done in writing.

LISTING: You have the right to request a list of all the times DPHSS has shared your PHI for purposes other than treatment, payment, health care operations, and other specified exceptions.

AMENDMENTS: You have the right to request that your PHI be changed. DPHSS may deny your request if they did not create the information you want changed, you did not submit the request in writing or the reason supporting your request. If DPHSS denies your request, they will provide you a written explanation. You may respond with a statement or disagreement that will be added to the information you wanted changed. If DPHSS accepts your request to change the information, DPHSS will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

ACCOUNT DISCLOSURE: You may request for an account disclosure which is a list of certain non-routine disclosures not related to treatment, payment or operations. All written requests must state a time period, which may not be longer than six years from the date of disclosure and may not include dated before April 4, 2003.

PAPER COPY: You are entitled to receive a paper copy of the *Notice of Privacy Practices*. You may ask at any time for a copy.

RIGHT TO FILE A COMPLAINT: If you believe your privacy rights have been violated, you may file a complaint with DPHSS or with the Secretary of the Department of Health and Human Services.

RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES: DPHSS will obtain your written authorization for uses and disclosures that are not identified by the *Notice*. Any authorization you provide

Department of Public Health and Social Services

Notice of Privacy Practices



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

Commitment to your Privacy

DPHSS is committed to maintaining the privacy of your **Protected Health information** or **PHI**. DPHSS will create records regarding the treatment and services they provide to you.

DPHSS is required by law to:

- keep your medical information private
- provide you this notice describing their legal duties, privacy practices and your rights regarding your medical information
- follow the terms of the notice that is now in effect

DPHSS has the right to:

- revise or amend this notice at any time, provided these changes are permitted by law
- make changes in their privacy practices and the new terms of the notice effective for all medical information that they keep, including information previously created or received before the changes

Notice of Change to Privacy Practices

Before DPHSS makes an important change in their privacy practices, they will change this notice and make the new notice available upon request.

Different ways DPHSS may use and disclose your Medical Information

TREATMENT: DPHSS may use your PHI to provide you with medical treatment or services. They may disclose your PHI to other healthcare providers for purpose related to your treatment.

PAYMENT: DPHSS may use and disclose your PHI for payment purposes.

HEALTH CARE OPERATIONS: DPHSS may use your PHI for health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and obtaining grants.

HEALTH RELATED BENEFITS AND SERVICES: DPHSS may use and disclose your PHI to inform you of health related benefits or services that may be of interest to you.

DISCLOSURE REQUIRED BY LAW: DPHSS will use and disclose your PHI when required to do so by federal, state and local law.

HEALTH OVERSIGHT ACTIVITIES: DPHSS may disclose your PHI to a health oversight agency for activities authorized by law. This includes investigations, inspections, audits, licensure and disciplinary actions.

LAWSUITS: DPHSS may use and disclose your PHI in response to administrative or court order.

LAW ENFORCEMENT: DPHSS may release your PHI if asked to do so by law enforcement officials.

SERIOUS THREATS TO HEALTH OR SAFETY: DPHSS may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another person.

MILITARY: DPHSS may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

NATIONAL SECURITY: DPHSS may disclose your PHI to federal officials for intelligence and national security activities.

INMATES: DPHSS may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under custody of law enforcements.

WORKER'S COMPENSATION: DPHSS may release your PHI for worker's compensation.

PUBLIC HEALTH RISKS: Your PHI may be used to maintain vital records; reporting child abuse or neglect; preventing or controlling disease, injury or disability; notifying a person regarding potential exposure to a communicable disease; notifying a person regarding potential risk for spreading or contracting a disease or condition; reporting reactions to drugs or problems with products of devices; and other public health risks.