

Broome County Department of Social Services

Privacy Notice Provision

BACKGROUND:

Notice of Privacy Practices

Regulatory Reference: 45 C.F.R. § 164.520

Notice of Privacy Practices: Covered programs are required to provide adequate notice to clients by April 14, 2003 and at least once every three years of the uses and disclosures of protected health information that may be made by the covered program. A covered program must document its compliance with the notice requirements by: (1) retaining copies of the notices issued; and, (2) covered programs that are providers must obtain written acknowledgement of the receipt of the notice or maintain documentation of a good faith effort to obtain a written acknowledgement of such receipt.

Required Elements for Notice of Privacy Practices:

1. Required Header: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY.
2. In plain language, a description of uses and disclosures of protected health information permitted or required by Health Insurance Portability and Accountability Act ("HIPAA") or other applicable law.
3. Statement that other uses will only be made with an individual's written authorization and that an individual may revoke such authorization at any time.
4. If applicable, separate statement to the effect that:

Covered program may:

- a. contact the individual to provide appointment reminders or information about treatment alternatives or other health related benefits or services of interest to the individual;
 - b. contact the individual to raise funds for the covered program;
 - c. disclose protected health information to the sponsor of the plan.
5. Statement of individual's rights under the Privacy Rule with respect to his/her health information and how to exercise such rights including the right to:
 - a. request restrictions on certain uses and disclosures;

- b. received confidential communications of protected information if reasonable;
 - c. inspect or copy protected health information;
 - d. change protected health information;
 - e. receive an accounting of disclosures of protected health information; and
 - f. obtain a paper copy of the notice of privacy practices.
6. Statement of the covered program's duties under the Privacy Rule including the covered program's responsibilities to:
- a. maintain privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices;
 - b. abide by the notice of privacy practices in effect;
 - c. reserve the right to change the terms of the notice of privacy practices; and
 - d. describe how it will provide individuals with a new notice.
7. Statement informing individuals how they may complain to the covered program or to the Secretary of the Department of Health and Human Services if they believe their privacy rights have been violated.
8. Name, title and telephone number of the person to contact for further information regarding the covered program's privacy practices.
9. Effective date of notice of privacy practices.

ACTION REQUIRED

1. Health plans (namely Medicaid¹, Elderly Pharmaceutical Insurance Coverage ("EPIC"), Cystic Fibrosis, HIV uninsured programs, Indian Health Programs, Child Health Insurance Program ("CHIP")) must:
 - a. provide a notice of privacy practices no later than the compliance date for the health plan to all individuals covered by the health plan, and thereafter to all new enrollees;
 - b. provide a revised notice of privacy practices, within 60 days of any material changes to the notice, to individuals then covered by the plan; and
 - c. once every three years, notify individuals covered by the plan of the availability of the notice and how to obtain it.
2. Covered programs that maintain websites must:
 - a. post its notice of privacy practices on the website;
 - b. provide the notice to individuals by e-mail if the individual agrees to electronic notice; and
 - c. provide paper copies of notice of privacy practices if requested by individuals who received such a notice by e-mail.



Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective April 14, 2003, the law requires the Medicaid, Family Health Plus and Child Health Plus A&B programs to tell you how we use and share your health information. We also must tell you about your rights concerning this information.

The New York State Department of Health, the local departments of social services, the New York City Human Resources Administration and the Office of Health Access, New York City Department of Health operate the Medicaid, Family Health Plus and Child Health Plus A programs. The New York State Department of Health operates the Child Health Plus B program.

What Kinds of Health Information Do We Have?

When you applied for the Medicaid, Family Health Plus, or Child Health Plus A&B programs, you may have provided us with information about your health. When your doctors, clinics, hospitals and other health care providers send in claims for payment, we also get information about your health, treatments and medications. If you are in a managed health care plan, your plan gives the Medicaid, Family Health Plus and Child Health Plus A&B programs the same information.

Is Your Health Information Private?

Your information is private. We are required to keep your information private and share your information only when we need to. We may share your information with the people or other organizations that run our health programs, including enrollment counselors and managed health care plans for plan members. All of the people and organizations that run our programs must keep your health information private. We also provide your information to certain people and organizations when required by law or when necessary for the administration of the program. Your information cannot be shared with anyone other than these people or organizations without your written permission. There are also special rules about HIV/AIDS, mental health or drug and/or alcohol services. We must make special efforts to protect the names of people who get these services.

How Do the Medicaid, Family Health Plus and Child Health Plus A&B Programs Use and Share Your Health Information?

Examples of when we must share your health information:

- *You or your representative requests your health information.* If you ask, we must send your health information to you or your representative such as your lawyer.

3. Covered programs that participate in organized health care arrangements may use joint notices or privacy protections.
4. All covered entities must retain copies of the notice of privacy practices. Covered health care providers must make a good faith effort to obtain a written acknowledgement of receipt of the notice and if not obtained, documentation of its good faith efforts to obtain such acknowledgment and the reason why the acknowledgment was not obtained.
5. BCDSS will use the Privacy Notice as developed by the New York State Department of Health. The notice will be available to order at the NYSDOH warehouse.
6. Beginning April 14, 2003, new Medicaid applicants and reopenings must be mailed the states' Notice of Privacy with their official notice of acceptance.

- *Government agencies request the information as part of audits or other activities allowed by law.* We must provide the federal Department of Health and Human Services with your health information to show that we are correctly paying for health care services and protecting your privacy.
- *The law requires us to share your information.* A court of law can ask for your health information. We must give your information to the court.

The following are some examples of how we use and share your information to run our programs. We use your health information to:

- *Pay your health care bills.* We will use your health information to decide how much to pay your doctor.
- *Make sure you get good care and that all the rules and laws about your health care are being followed.* We may look at your health information to make sure that you need the care you get. We may send you a questionnaire to find out if you are happy with your health care.
- *Contact you about important medical information or changes in your health benefits.* Your health information may show that a drug you are taking is not safe or that you are having a hard time finding a regular doctor. We may contact you about safer or better ways to get your health services.
- *Make sure you are financially eligible and enrolled in the right health program.* We may share your information with the people who run the Medicaid, Family Health Plus, or Child Health Plus A & B programs to make sure you are enrolled in the program that best meets your needs.
- *Collect payment from other insurance companies.* We may share your health information with Medicare or private insurance companies to pay your health care bills.
- *Study health care as allowed by federal and state law.* We may look at the health information of many consumers to find ways to provide better health care.
- *Prevent or respond to serious health or safety problems for you or your community.* We may look at children's medical information to make sure that children with lead poisoning get the right care.

What Are My Rights?

You, or people who can act for you, have the right to:

- Get a copy of this notice.
- See or get a copy of your health information for a small fee. If your request is denied, you have the right to review the denial.
- Ask to change your health information. We will look at all requests, but cannot change bills sent by your doctor, clinic, hospital or other health care provider.
- Ask to limit how we use and share your information. We will look at all requests, but does not have to agree to do what you ask.
- Ask us to contact you regarding your health information in different ways (for example, you can ask us to send your mail to a different address).
- Ask for special forms that you can sign to allow us to give your health information to people you choose. You can stop us from continuing to share this information at any time, as long as the information has not already been shared.
- Get a list of the health information that was shared and the people or organizations that got your information. This list will not include health information requested by you or your representative. The list will also not include information used to pay for your health care services or run the Medicaid, Family Health Plus or Child Health Plus A&B programs.

See the New York State Department of Health web site for a copy of this notice:
www.health.state.ny.us.

1. **For more information, to make a request or to report a privacy problem/complaint*, please contact the Medicaid Help Line Office at: 518-476-9057 or 1-800-541-2831. TTY users:**

should call 1-800-662-1220. The Help Line will direct all calls to the correct state, local department of social services and/ or New York City Human Resources Administration office.

2. You may also report a complaint* to: The Office for Civil Rights, Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278; (Telephone) (212) 264-3313; (Fax) (212) 264-3039; or (TDD) 264-2355.

**You will not be penalized for filing a complaint.*

If we change the information in this notice, we will send you a new notice and post a new notice on the New York State Department of Health web site. Add message for non-English speaking consumers: a telephone number to call for a translation of this notice. Notice will be translated into Spanish.