

## **NOTICE OF PRIVACY PRACTICES**

**Effective Date September 23, 2013 (reviewed June 26, 2018)**

This Notice describes how medical information about you may be used and disclosed and how you can get access to the information. Please review it carefully.

### **Your Health Information is Private**

We recognize that the information we collect about you and your health is personal and private. Protecting your information is one of our most important responsibilities.

This Notice, which is required by law, is intended to inform you of your rights regarding your information and to give you notice outlining our responsibility and the ways your protected health information will be shared by the Ohio Department of Medicaid (ODM).

### **Who Sees and Shares My Health Information?**

We collect and use your information to assist us in making decisions about whether you qualify for certain programs or services, to pay for health care services provided for you, and to evaluate the quality and effectiveness of services provided to you. We are permitted to use your protected health information without your consent or authorization in order to carry out payment, treatment or health care operations. The following are some common examples of how your information may be used:

- Health care providers including doctors, hospitals and other health care professionals submit bills to us for services provided to you. We may use your information for activities such as verifying your eligibility or the appropriateness of the services provided.
- We may use your information to facilitate the receipt of appropriate medical treatment including obtaining prior authorizations or qualifying for specialized programs.
- Your information may be used to perform activities related to improving the quality and effectiveness of the services provided. These activities may include comparing your treatment or outcomes with other individuals receiving the same or similar treatments.
- We may provide our employees or business associates access to your information to assist us in administering the program. This may include reviewing payments to providers or providing assistance in establishing eligibility. All employees and other entities assisting us are bound by strict confidentiality requirements.
- We may also share your information with other government agencies that may provide public benefits or services to you. Additionally, your information may be disclosed for any purpose required by law, such as responding to a court order, subpoena, warrant, summons, or similar process authorized under state or federal law.

### **Use and Disclosure of Your Information Requiring an Authorization**

We will not use or disclose your protected health information without your authorization for purposes other than those described above which include payment, treatment, healthcare operations or otherwise required by law. Other uses and disclosures will require your written authorization. Types and uses of disclosures requiring a written authorization include psychotherapy notes; uses or disclosures for marketing purposes not otherwise permitted, with limited exceptions for payment, treatment or health care operations.

You have the right to revoke your authorization by sending a written request to the individual listed on this Notice at any time. We are required to honor your request, except to the extent that we may have already acted upon your request relying on prior authorization.

You should be aware that ODM is not responsible for any further disclosure made by any party to whom you authorized release.

## Uses and Disclosures for Health Information Exchanges

ODM may participate in health information exchanges (HIE) for the purposes of improving the overall quality of health care services provided through the coordination of care. The HIE would be responsible for implementing administrative, physical and technical safeguards to ensure the confidentiality, integrity and availability of the data it receives, creates, maintains or transmits.

## Your Health Information Rights

You have a number of rights under the Health Insurance Portability and Accountability Act (HIPAA) regarding your health information. Your rights, with noted exceptions, include the following:

- You have the right to request a restriction or limitation on certain uses and disclosures of protected health information ODM uses to carry out payment, treatment or health care operations. We are not required to agree to the restriction. In the event that we agree, we will abide by our agreement unless required by law to disclose the information.
- You have the right to receive a [paper copy](#) of this Notice of Privacy Practices at any time upon request. This applies even if you have agreed to receive this notice electronically. You can obtain additional copies of this notice by calling the Ohio Medicaid Consumer Hotline toll-free at (800) 324-8680. You can also [view and print this notice](#).
- You have the right to inspect and copy certain protected health information maintained in the designated record set used by ODM to make decisions regarding your health care benefits. Restrictions apply on information compiled in reasonable anticipation of a civil, criminal or administrative action or proceeding.
- You have the right to request confidential communication of your protected health information from ODM by alternative means or at an alternative location if you state that disclosure of the information could endanger you. We are required to accommodate all reasonable requests.
- You have the right to receive an accounting for disclosure of protected health information made by ODM prior to the date of the request. Exceptions to this requirement include: disclosures made to carry out payment, treatment or health care operation to you; based upon an authorization; or required by law.
- You have the right to request that ODM amend any protected health information or record we have about you, maintained in the designated record set, which is incorrect or incomplete. We may deny your request: if the information was not created by us; is accurate and complete; is not part of the designated record set; or otherwise not available to you.

You have a right to notification in the event of a breach that compromises the privacy or security of unsecured protected health information.

You may exercise your rights to the above by contacting the ODM Privacy Office as listed on this notice.

## More Stringent Laws

ODM will evaluate and determine whether your protected health information is subject to more stringent laws or regulations prior to use or disclosure. There are federal and state regulations including mental health and substance abuse regulations that may impact our use and disclosure.

## Changes to this Notice

ODM is required to abide by the terms of the Notice currently in effect. We reserve the right to make changes to the Notice. Changes made to the notice will apply to all protected health information maintained by ODM. You will be notified in the event that material changes to the notice affecting uses and disclosures, your rights, our legal duties or other privacy practices stated in the notice.

**Complaints**

If you believe that your privacy rights have been violated you may file a complaint with ODM or the Office for Civil Rights, U.S. Department of Health& Human Services.

Your benefits or status will not be impacted by filing a complaint. It is against the law for us to take any retaliatory or other negative action against you if you file a complaint.

**Contact information:**

Ohio Department of Medicaid  
Attn: Health Information Privacy Official  
PO Box 182709  
Columbus, OH 43218-2709

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave, Suite 240  
Chicago, IL 60601  
(312) 886-2359