

# INDIANA STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER PROGRAM

Effective July 1, 2013

## 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. PLEASE REVIEW IT CAREFULLY.** This notice explains your rights to control your health information. Your health information will not be shared without your written authorization except as described in this notice, or when required or permitted by law. We reserve the right to revise our privacy practices and make new privacy provisions for medical information we maintain. Should changes to the terms of this notice be made, an updated notice will be made available to you.

### ***YOU NEED NOT DO ANYTHING AS A RESULT OF THIS NOTICE***

## Our Responsibilities and Commitment to You

We understand that your health care information is personal. We take our responsibility to keep your personal health information private very seriously. We are committed to following all state and federal laws that protect your health information. We are required to do the following:

- Protect your health information.
- Give you this notice to explain our responsibilities and the ways we use and share your health information.
- Abide by the terms of this notice.
- Notify you following a breach of your unsecured protected health information.

## Your Rights

You have the following rights:

- You have the right to request a paper copy of this notice at any time, even if you agree to receive it electronically (by e-mail).
- You have the right to see and get a copy of your personal health information. You will be charged a copy fee per page. You may request an electronic copy of your personal health information; however, we may charge a fee for the creation of such a copy. The fee shall not be greater than the labor cost associated with a paper copy. We may deny your request to see and get a copy of your health information under limited circumstances. If you feel access to your medical information has been wrongly denied you may file an appeal with the Privacy Officer. If an appeal is filed with the Privacy Officer, an individual who did not participate in the decision to deny will review the appeal.
- You have the right to ask that we change health information that you feel is incorrect or incomplete. Your request may be denied if the information was not created by us, is not part of the information you are allowed to review or copy, or if we decide the personal health information is accurate and complete.
- You have the right to request a list showing each time we released your personal health information. This list will not include personal health information that was released to provide treatment to you, to obtain payment for services, or for administrative or operational purposes. This list will not include information released to you that you requested in writing, information released to others with your written approval, information released to persons who are involved in your care, or information released before April 14, 2003.
- You have the right to request that we not release your personal health information, release only part of your information, or release it for reasons you request. We may not be legally required to honor your request. However, we are obligated to honor your request if:
  - a) The disclosure is to a health plan for payment or health care operations, but not for the purpose of treatment; and
  - b) The protected health information pertains solely to a health care item or service for which you paid the healthcare provider in full out of pocket.
- You have the right to request that we contact you about your personal health matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by e-mail. We will review and accommodate reasonable requests. To request a special way or location for us to contact you about your personal health information, you must call or write to

the Privacy Office at the address or phone number in the contact information at the end of this notice.

**Use and Disclosure of Your Health Information**

We do not create health records. We receive health information to determine eligibility for this program. Information is also received as a claim for payment from the health care practitioners who provide services to you. We may use your health information to pay for services provided to you by your health care provider, for administrative and operational purposes, and to evaluate the quality of services you receive. Uses of your medical information not mentioned in this Notice will not be made without your written authorization. If you sign an authorization it may be revoked by giving written notice of the revocation. While we cannot describe all cases related to the legal use of your health information, the following are some common examples of how we use your personal health information:

- We may use your health information to determine if treatment is medically necessary or that you are provided proper treatment.
- Physicians, hospitals, and other health care practitioners that provide services to you submit health information to us in the form of a claim for payment. This payment request includes information that identifies you, the diagnosis, and procedures. We use this health information to pay for the services, in accordance with Program rules and regulations. We may also share your information with other programs, such as Medicaid or private insurance companies to coordinate benefits and payments.
- Members of our staff may use your health information to review the care and outcome of your treatment and to compare the outcomes of other recipients who received the same or similar treatment. We use this information to improve the quality and effectiveness of health care services.
- We may disclose your health information to our workforce that administers the program. We may also disclose your health information to contractors so they can perform the jobs we ask them to do, such as authorizing services for you or reviewing payments made to health care practitioners. To protect your health information we require contractors to follow rules to protect your information.
- We may use and disclose your health information to provide appointment reminders, tell you about possible treatment options, alternative treatments, and for other health-related benefits.
- We may disclose or share your health information with other government agencies that may provide public benefits or services to you.
- We may use or disclose your health information in compliance with the law and as required by law in response to a court order.

**Filing a Complaint**

If you believe that we have violated your rights or our health information practices, you may file a complaint with our Privacy Officer or the U.S. Department of Health and Human Services. You can contact us regarding a complaint by using the following address or phone number. You also can file a complaint with the Indiana Attorney General’s Office, as well as the federal Office of Civil Rights (OCR) in the U.S. Department of Health and Human Services. If the alleged violation took place in Indiana, use the OCR Region V address or telephone number below:

Privacy Officer Office of Legal Affairs Indiana State Dept. of Health 2 N. Meridian St. Indianapolis, IN 46204 317-233-7655	Indiana Attorney General Consumer Protection Division 302 W. Washington St., 5 <sup>th</sup> Floor Indianapolis, IN 46204 317-232-6330 800-382-5516	US Dept. Health & Human Services Office for Civil Rights – Region V 233 N. Michigan Ave. – Suite 240 Chicago, IL 60601 312-866-2359
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**We will never retaliate against you for filing a complaint and it will in no way impact the health care services provided to you.**