

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”

Effective August 1, 2013

Confidentiality Practices:

The Arizona Department of Economic Security (DES) is committed to protecting your health information. This notice explains how DES will use, share and protect your health information. It also explains your rights to privacy of your health information as required by law. If our confidentiality practices change, a new notice will be mailed to you within sixty (60) days of the change.

Uses, Sharing and Protection of Health Information

The law only allows our staff to use your health information when doing their jobs or to share your information when it is necessary to run the program. When health information is shared with other agencies or organizations, DES requires them to keep your health information confidential. Your health information will be shared to approve or deny treatment, and to determine if you are getting the right medical treatment. For example, doctors and nurses employed by the programs may review the treatment plan created for you by your health care provider to make sure the care you receive is medically necessary.

The Program Will Use and Share Your Health Information Without Authorization to:

- Make payments to your health care providers for medical services provided to you.
- Coordinate payment for your care between the program, other health plans, and other insurance companies that may be responsible for the cost of your care.
- Coordinate your care between the program, other health plans, and health care providers to improve the quality of your health care.
- Evaluate the performance of your health care provider. For example, the program contracts with consultants to review hospital and other facilities' medical records to check on the quality of care you received.
- Release information to its attorneys, accountants, and consultants so that the program is run efficiently and to detect and prosecute program fraud and abuse.
- Send you helpful information such as program benefit updates, free medical exams and consumer protection information.
- Share information with other government agencies or organizations that provide benefits or services when the information is necessary in order for you to receive those benefits or services.

The Program May Disclose Your Health Information Without Authorization:

- To public health agencies for activities such as disease control and prevention, problems with medical products or medications.
- If you are the victim of abuse, neglect or domestic violence.
- To health oversight agencies responsible for the Medicaid Program such as the U.S. Department of Health and Human Services and its Office of Civil Rights.
- In court cases or judicial and administrative hearings when required by law to run the program.
- To coroners, medical examiners, and funeral directors so they can carry out their jobs as required by law.
- To organizations involved with organ donation and transplantation, communicable disease registries and cancer registries.
- To entities authorized to conduct a research project.
- To prevent a serious threat to a person's or the public's health and safety.
- To the military if you are or have been a member of the armed services.
- To a correctional facility or law enforcement officials to maintain the health, safety, and security of the corrections systems, if you are held in custody.
- To workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.
- To law enforcement or national security and intelligence agencies, and to protect the President and others as required by law.

Uses and Disclosures of Protected Information Based on Your Written Authorization

All other uses and disclosures will be made only with your written authorization. These may include:

- Most uses and disclosures of your psychotherapy notes will require your authorization
- Any use or disclosure for marketing purposes will require your authorization.
- Any use or disclosure that would constitute a sale of your information will require your authorization.

Your Other Rights Concerning Your Health Information Includes the Right to:

- See and get copies of your records. You may be charged a fee for the cost of copying your records.
- Request to have your records amended or corrected if you think there is a mistake. You must provide a reason for your request.
- Receive a list of disclosures. This list will not include the time that information was disclosed for treatment, payment or health care operations. The list will not include information provided to you or your family directly, or information that was sent with your authorization.
- Further restrict uses and disclosures of your health information. You must tell DES what information you want to limit and to whom you want the limits to apply. DES is not required to agree to the restriction.
- Cancel authorizations previously provided by you to DES. This cancellation, however, will not affect any information that has already been shared.
- Receive a written notification in the event of a breach of your protected information.
- Choose how the program communicates with you in a certain way or at a certain place.
- Opt out of receiving fundraising communications.
- File a complaint if you do not agree with how DES has used or disclosed information about you.
- Receive a paper copy of this notice at any time.

ANY REQUEST YOU MAKE TO DES MUST BE IN WRITING

How to Contact DES Regarding Your Privacy Rights:

Mail all written forms, requests and correspondence to:

Arizona Department of Economic Security
Chief Privacy Officer
Site Code 837A
1789 W. Jefferson
Phoenix, AZ 85007

The Privacy Officer may deny your request to look at, copy or change your records. If DES denies your requests, DES will send you a letter that tells you why your request is being denied and if you can request a review of that denial.

How to File a Complaint:

You may file a complaint with DES or the U.S. Department of Health and Human Services-Office of Civil Rights:

(You will not be retaliated against for filing a complaint)

Send correspondence to:

Arizona Department of Economic Security
Chief Privacy Officer
1789 W. Jefferson Street
Site Code 837A
Phoenix, AZ 85007

-OR-

Department of Health and Human Services
200 Independence Avenue, SW
HHH Building, Room 509H
Washington, D.C. 20201

For More Information:

If you have any questions about this notice or need more information, please contact the DES Privacy Officer. DES may change its Notice of Privacy Practices. Any changes will apply to information DES already has, as well as any information DES may get in the future. A copy of any new notice will be posted at the DES HIPAA Administration Office as well as its web site. You may ask for a copy of the current notice at any time, or get it on-line at www.azdes.gov

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Chief Privacy Officer; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.