

Montana Department of Public Health and Human Services
NOTICE OF USE OF PROTECTED HEALTH INFORMATION

Effective Date September 23, 2013

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

The Montana Department of Public Health and Human Services (DPHHS), through its many government programs, provides services and money to individuals; and operates facilities. In the normal course of business, DPHHS may receive protected health information (PHI) about you or your family. We are required by state and federal law to protect your private health information from being improperly used or released. This notice will tell you what DPHHS is legally permitted to do with your PHI, and what rights you have about such information.

If you are applying for government programs that provide money or services to individuals who qualify, DPHHS may share your application information with other programs that may be able to help you unless you tell us not to on your application. There are programs for children, people with disabilities, and people who need financial help. If one of these programs can help you, they will contact you.

RELEASE AND HANDLING OF INFORMATION

When DPHHS receives PHI about you or your family, we follow the law to protect the privacy of your information. The law permits us to use this information and share it with others if the PHI is being used for your treatment, the payment of your medical bills, or for health care operations. Examples of this include:

- To doctors about Medicaid eligibility as part of health care operations; or
- To insurance companies and health care providers about paying claims; and/or
- To hospitals and medical professionals for your treatment.

DPHHS adheres to laws that provide specific instances when medical information must be shared, even if you do not sign an authorization form. We always report: contagious diseases; reactions and problems with medicines; to the police when required by law or when the courts so order; to the government for audits and reviews of our programs; to a provider or insurance company to verify your enrollment in one of our programs.; to Workers' Compensation for work-related injuries and illnesses; birth, death, and immunization information; and to the federal government if required to investigate any matter pertaining to the protection of our country, the president, or other government workers.

We only share the minimum necessary PHI that is needed by the provider or agency. We do not use PHI for marketing and/or fundraising activities, nor do we sell PHI to any individual or organization.

YOUR RIGHTS

1. You are allowed to see your PHI. This right may be limited if it is the private notes taken by a mental health provider or if the health care provider decides it would be harmful for you to see the information.

Most of the time you can receive a paper copy of your PHI, if requested. (You may be charged a small fee for the copying costs.) You may also receive your PHI in an electronic format, if requested and the provider or agency has the PHI available in an electronic format.

2. If you think some of the information is wrong, you may request, in writing, that it be changed or new information be added. You may ask that the changes be sent to others who have received your PHI. You can request and receive a list showing where your PHI has been sent, unless it was sent as part of your provider's care.
3. You may request that your PHI be sent to another location or third party. You will be asked to sign a separate form, the Authorization for the Use and Disclosure of Health Information (HPS-402), allowing PHI to be sent to another location. This would be used if your health care provider sends your PHI to another location or if you request that we send your PHI to another individual or health care provider for you. The authorization is good for six months or until the date you put on the form (not more than 30 months). You can cancel or limit the amount of PHI sent at any time by written notification.

Note: If you are under the age of 18, your parents and guardians will receive your PHI, unless, by law, you are able to consent for your own health care. If you are, then your PHI will not be shared with your parents unless you sign an authorization form.

4. You have the right to request that DPHHS limit the information it shares about you, but DPHHS does not have to agree to such requests. If you paid for health services out-of-pocket, in full, you may request that your PHI not be released to your health plan.
5. If PHI is improperly disclosed and deemed a breach, by accident or for any other reason, you will be notified of the improper disclosure, including who received the PHI in error, a description of the PHI, and the steps DPHHS took to minimize the disclosure and prevent future improper disclosures.

This notice is yours to keep. DPHHS will follow the requirements in this notice, and reserves the right to change this notice. If the information changes, you will be provided a copy of the updated notice. If you have questions concerning this notice, please ask the individual who gave it to you. If that individual cannot answer your questions, call the DPHHS Privacy Officer at (800) 645-8408.

If you believe your PHI has been mismanaged, you can file a written complaint with the Secretary of Health and Human Services' Office of Civil Rights. This must be done within 180 days from the date you believe your privacy was violated. You can also file a complaint by calling the HHS Office of Civil Rights at (866) 627-7748.

Office of Civil Rights
 U.S. Department of Health and Human Services
 200 Independence Avenue SW, Room 506-F
 Washington DC 20201

Your program benefits will not be affected by filing a complaint with the DPHHS Privacy Officer and/or the HHS Office of Civil Rights.

By signing, I acknowledge that I have received a copy of this notice.

Signature _____ Date _____