

What if My Medical Information Needs to go to Another Location?

You will be asked to sign a separate form, the Authorization for the Use and Disclosure of Health Information, allowing your PHI to be sent to another location. This would be used if your healthcare provider provides it to another location or if you request that we send it to another individual or healthcare provider for you.

The form gives the name and address that we are to send your PHI and the information you wish to be provided.

Your authorization is good for 6 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 or guardians will receive your PHI, **unless, by law, you are able to consent for your own healthcare.** If you are, then it will not be shared with them unless you sign an Authorization form.

Could My Information be Released Without My Authorization?

We adhere to laws that provide specific instances when medical information must be shared, even if you do not sign an Authorization form. We always report:

1. contagious diseases;
2. reactions and problems with medicines;
3. to the police when required by law or when the courts so order;
4. to the government for audits and reviews of our programs;
5. to a provider or insurance company to verify your enrollment in one of our programs;
6. to Workers' Compensation for work related injuries;
7. birth, death and immunization information; and
8. to the federal government if required to investigate any matter pertaining to the protection our country, the President or other government workers.

May I have a Copy of this Notice?

This Notice is yours. 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 providing it. If that individual cannot answer your questions, call the Department of Public Health and Human Services ("DPHHS") Privacy Officer at (800) 645-8408.

You can also complain to the federal government Secretary of Health and Human Services by writing

U.S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201

This must be done within 180 days from the date you believe your privacy was violated. You can also complain to the Office for Civil Rights by calling (866) 627-7748.

Your Medicaid benefits will not be affected by a complaint made to the DPHHS Privacy Officer or to the Secretary of Health and Human Services.

I have been given a copy of this Notice and have been given the opportunity to ask questions concerning how my Protected Health Information will be used. I know that I can contact the DPHHS Privacy Officer at (800) 645-8408 if I have further concerns.

Signature

Date