



## NOTICE OF PRIVACY PRACTICES

Effective: 11/01/2014



**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 IS AVAILABLE IN BIGGER PRINT UPON REQUEST**

The Department of Human Services (DHS), Med-QUEST Division (MQD) is committed to protecting your confidential medical information, including personal, financial and medical information, relating to your participation in the DHS Medical Assistance Programs. We will refer to this information as “health information.” We are required by law to maintain the privacy of your health information, provide this notice to you, obey the terms of this notice, and notify you if there is a breach of your unsecured confidential health information. We reserve the right to change the terms of this notice and make the new notice apply to all of your confidential health information that we maintain. If there are changes to the way we access, use or disclose your medical information, we will mail a new notice to you within sixty (60) days of the changes.

If you have questions or would like to report a problem with how we access, use or disclose your health information, please contact the DHS HIPAA Compliance Manager by phone at (808) 692-8071 or by writing to the address listed at the bottom of this notice.

### **YOUR RIGHTS TO PRIVACY**

We will not share your health information without your permission except as described in this notice or required by law. We will not sell your health information, use or disclose your information for marketing, or use your information for fund raising.

We have procedures and forms to help you access and protect your health information. You can get the forms from any Med-QUEST office or on the Med-QUEST website at [www.med-quest.us](http://www.med-quest.us). Click the “FORMS” link at the bottom of the left hand column.

### **You have the right to, at any time:**

- Get a paper copy of this notice. We included a copy of this notice with your Medicaid ID card when you enrolled in the Medicaid program. You can also see a copy of this notice on our website.
- (Form DHS 1123) Give us permission to disclose your health information to another person. We must have your permission to use or disclose psychotherapy notes and for all other uses and disclosures not described in this Notice. If you tell us we can share your health information, you can change your mind at any time if you tell us in writing.
- (Form DHS 8028) Ask us to limit the use and/or disclosure of your medical information for treatment, payment, or our operations, or to people who are involved in your health care. We do not have to agree to your request and we may say “no” if it would affect your care unless you limit disclosure of your information for purposes of payment or health care operations and we are not required by another law to disclose that information.
- (Form DHS 1123) Ask us to contact you in a different way, such as by email or fax, at a different mailing address or phone number.
- Look at or get a copy of your health and claims records and other health information. You may be charged a processing and postage fee for this request.
- (Form DHS 8024) Change or add information to your health and claims records. However, we will not change the original records. If we say “no” to your request, we will tell you why in writing.
- (Form DHS 8027) Find out how many times we disclosed your health information in the last six years, who we shared it with, and why. This will not include disclosures for purposes of treatment, payment, health care operations, made to you or with your permission, and certain other disclosures such as to law enforcement, correctional facilities, and other national security and intelligence purposes.
- (Form DHS 1121) Choose a person to act as your authorized representative to help you exercise your rights and make choices about your health information, includes helping you with applying for medical assistance.

- Receive notice from us if your unsecured confidential information is accessed, used, or disclosed in a manner not permitted by law and violates your right to privacy or security of that information.
- Cancel any authorization by telling us in writing, that you want to cancel an authorization to disclose your confidential information to a third party.

### **OUR USES and DISCLOSURES of CONFIDENTIAL HEALTH INFORMATION**

We may access, use and or share your health information for the reasons listed below **only** if the disclosure is directly related to how we run the Medicaid program.

- **Treatment** - to approval or deny your medical treatment. For example, our staff may review the treatment plan from your health care provider to see if the treatment is appropriate.
- **Payment** - to determine your eligibility for Medicaid coverage or to pay your health plan or health care provider. For example, we may share your health information with federal or state agencies to determine if you are eligible for the Medicaid program, or to your health plan so we can make payment to the health plan.
- **Health Care Operations** - to run our programs and contact you when necessary. For example, we contract with consultants who review the records of hospitals to determine if they are providing good quality of care.
- **Informational Purposes** - to give you helpful information about health plan choices, program benefit updates, free medical exams, and consumer protection issues.

### **DISCLOSURES NOT REQUIRING YOUR PERMISSION**

We can disclose your health information as follows **only** if the disclosure is directly related to how we run the Medicaid program, a court orders us to disclose the information, or other laws require us to disclose the information.

- To other government agencies and/or organizations for you to receive benefits, services or disaster relief.
- To public health agencies for disease control and prevention, problems with medical products or medications, and victims of abuse, neglect or domestic violence.
- To approved government agencies responsible for oversight of the health care system, including the Medicaid program, the U.S. Department of Health and Human Services, and the Office of Civil Rights.
- In the course of court and administrative proceedings, provided certain protective procedures are followed.
- To law enforcement officials for certain law enforcement purposes such as identifying or locating an individual, a missing person, or a victim of a crime.
- To coroners, medical examiners, and funeral directors who need the information to carry out their duties.
- To organ donation and disease registries for purposes of facilitating organ and tissue donation and transplantation.
- For research purposes under certain limited situations.
- To prevent or lessen a serious threat to the health and safety of a person or the public.
- For national security, intelligence and/or protective services for the President. We may also disclose health information to appropriate military authorities if you are or have been a member of the U.S. armed forces.
- To correctional facility or law enforcement officials to maintain the health, safety and security of the corrections system.
- To other government programs that serve the same or similar populations as Hawaii Medicaid, to help coordinate services and improve program management.
- As necessary to comply with laws relating to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault. If you feel that your privacy rights have been violated, you can file a written complaint with:

DHS HIPAA Compliance Manager  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190

OR

Office of Civil Rights, DHHS  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103

We will not retaliate against you for filing a complaint.