

North Carolina Medicaid
**NOTICE OF
PRIVACY PRACTICES**

Division of Medical Assistance
Original Effective Date: April 14, 2003
Revised Effective Date: 2/1/2011

**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.

(Copies may be requested from the DMA Privacy Official listed at the end of this notice.)

**YOUR PRIVACY RIGHTS, OUR
RESPONSIBILITIES**

Medicaid collects and maintains health information about you is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. This *Notice* describes how Medicaid may use and share your health information and explains your privacy rights. Medicaid is required to abide by the terms of the notice currently in effect. We do, however, reserve the right to change our privacy practices and the terms of this *Notice* and to make new notice provisions effective for all health information that we maintain. Notice of the revision will be sent to you with the internet address of where to find the new *Notice* and instructions about how to receive a paper copy. We will not change our privacy practices before you are sent a notice of the revision, unless the change is required by law.

When you were approved for Medicaid, the County Department of Social Services sent your health information to the Division of Medical Assistance so that Medicaid could pay for your health care. This information included your name, address, birth date, phone number, social security number, Medicare number (if applicable) and health insurance policy information. It may also have included information about your health condition. When your health care providers send claims to Medicaid for payment, the claims include your diagnoses and the medical treatment and supplies you received. For certain medical treatments, your health care provider must send additional medical information such as doctor's statements, x-rays or lab test results.

If at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures or practices, you may contact the Medicaid Privacy Official. (See Contact Information on reverse page.)

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION

Medicaid performs some functions through contracts with other agencies such as your County Department of Social Services and through private contractors that process your health care provider claims. When services are contracted, Medicaid must share enough information about you with its contractors so that the private contractors can perform the job that Medicaid has asked them to do.

To protect your health information further, Medicaid will only disclose your health information after making sure in writing that its contractors or "business associates" will safeguard your information the same way that Medicaid does. They agree to use your information appropriately and are required by law to do so.

The Division of Medical Assistance may use or disclose your health information to provide Medicaid services to you
FOR:

Payment: Medicaid may use or disclose your protected health information for payment or payment-related functions. **(EXAMPLE 1: In order for your health care provider's claim to be paid, the contractor who processes claims for payment must have enough health information about you to verify and pay for the services you received. EXAMPLE 2: To determine if your treatment is medically necessary and is covered under Medicaid, we may disclose your health information to other health care professionals).**

Treatment: Information about your health and the services you have received may also be disclosed to your doctor to help in coordinating your care and treating you. **(EXAMPLE: Medicaid may provide to physicians a list of what medicines you have received so they can consider those when prescribing additional medications).**

Health Care Operations: Medicaid may use or disclose your protected health information to perform a variety of

business activities that we call “health care operations.” These operations ensure that you receive quality care; the Medicaid program is administered effectively, charges are appropriate for the service that you received, and that your health care providers are paid promptly. **(EXAMPLE: We may contract with a private company to review the care and services our clients have received to ensure that quality care was provided to you by a doctor or other health service agency.)** Other “operations” that may require your protected health information to be shared include functions to:

- Review and evaluate the skills, qualifications and performance of health care providers that are taking care of you;
- Improve the quality of your care through processes such as identifying groups of individuals with special needs;
- Provide training programs for students, trainees, professional and non-professional staff to allow them to use under supervision the skills they have learned;
- Provide information to certifying and licensing agencies so that staff may fulfill professional requirements;
- Plan our agency’s future operations;
- Enhance investigations conducted by administration whenever a staff member within our agency files a grievance, or protests a particular issue;
- Provide information to other health plans and federal agencies to determine if you are enrolled as their member or covered by them;
- Participate in mediations, hearings, and appeals regarding Medicaid services;
- Comply with state or federal laws or regulations;
- Administer the Medicaid program.

Other Circumstances: In these circumstances, the Division of Medical Assistance is permitted or required to use or disclose protected health information without your written authorization.

- When required by law;
- For public health activities (i.e., disclose health information to public health authorities to report a communicable disease outbreak);
- Regarding abuse, neglect or domestic violence victims;
- For health oversight activities conducted by state or federal agencies;
- For law enforcement purposes unless otherwise prohibited by state or federal law;
- For judicial and administrative proceedings such as court orders to appear in court;
- Related to the donation of organ(s), eye(s) or tissue;
- To avert a serious threat to the health or safety of a person or the public;
- Related to specialized government activities such as national security;
- For Worker’s Compensation matters;
- Cooperate with other government agencies and outside organizations that conduct health oversight activities for the purposes allowed under federal law;
- Comply with court orders, subpoenas, administrative orders, and lawsuits related to the administration of Medicaid;
- Provide information for research purposes with Institutional Review Board approval as needed.

More Stringent Laws

We will evaluate whether your protected health information is governed by more stringent laws or regulations prior to our use or disclosure. There are other more stringent laws and rules, such as the federal substance abuse confidentiality regulations, the NC Mental Health confidentiality statute(s), the NC Public Health confidentiality provisions, and state minor consent statute(s), governing *status* (i.e., emancipation, marital status, etc.) or *type of treatment* (abortion, sexually-transmitted disease, birth control, etc.), that may affect how we handle your information.

Contacting You

Contact you personally to keep you informed, such as appointment reminders, other treatment opportunities when necessary or available under certain selected public agency benefit programs.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Medicaid clients have certain rights about their protected health information. Unless otherwise noted, contact DMA

staff or the DMA Privacy Official to take these actions.

YOU HAVE THE RIGHT TO:

- **Receive a copy of this Notice:** You have a right to a paper copy of this notice upon request. You may also obtain a copy of this *Notice* by accessing Medicaid's web site at <http://www.dhhs.state.nc.us/dma/medicaid/rights.htm> Click the link under "Privacy."
- **Request confidential communications:** You have a right to request that Medicaid communicate with you in a certain way or at a certain location, such as calling you at work rather than at home.
- **Inspect and copy:** You have a right to request in writing to see your records and obtain a copy within 30 days at a reasonable fee. There are some exceptions to this right such as impending court actions. If this right is denied, you will be notified in writing of the reason for the denial and your right to request review of the denial.
- **Request amendment:** You have a right to request in writing that portions of your Medicaid records be corrected when you feel information is incorrect or incomplete. We may deny your request if the information was not created by this agency or if we believe the information is accurate. You may then file a statement of disagreement that will be included in any future disclosures if you request it.
- **An accounting of disclosures:** You have the right to request in writing and receive a written list of certain disclosures of your protected health information made after April 14, 2003. Exceptions from this list include those disclosures regarding treatment, payment or other health care operations or disclosures allowed by certain laws, or disclosures authorized by you.
- **Request restrictions on uses and disclosures of your protected health information:** You have a right to request restrictions on the information Medicaid uses or discloses about you. Medicaid is not required to agree to your requested restriction, but it will consider your request and the possibility of accommodating it.
- **File a Complaint:** If you feel we have violated your privacy rights, you may contact the DMA Privacy Official (see contact information below) or either of the agencies listed below. If you file a complaint, we will not take any adverse action against you, change your treatment, or deny treatment to you.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION THAT REQUIRES YOUR AUTHORIZATION

- Medicaid will not use, communicate or disclose your protected health information without your authorization except as allowed in the circumstances mentioned above. Other uses and disclosures will be made only with the individual's written authorization. You may cancel such authorization by notifying our agency Privacy Official as provided by CFR 164.508)(b)(5).
- Generally, an individual deemed a "personal representative" of yours may authorize disclosures on your behalf until such time as you reach the age of 18. At the age of 18, you must authorize your personal representative to handle your health benefits on your behalf. However, if you have consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; or emotional disturbance, you may have the right to authorize disclosure of your health information, even if you are a minor.
- Obtain information from school districts to pay for health related services. By signing the Medicaid application, you give your authorization for the school district that provides Medicaid-covered services to you or your child(ren) to release to Medicaid information from your or your child(ren)'s educational records in order for Medicaid to make payments for the services. The information that will be released each time payment is made may include your or your child(ren)'s name, date of birth, and the type and amount of services that were provided. Your authorization is voluntary and may be rescinded at any time by contacting the school district. If you rescind your authorization, the school district will continue providing services to you or your child(ren) at no cost to you;

COMPLAINT ADDRESSES

NC Department of Health and Human Services

Operates an information and referral service located in the Office of Citizen Services, known as **CARE-LINE**, which receives and documents complaints and concerns regarding the privacy practices, policies and procedures related to the protection of individually identifiable health information.

Contact information is as follows:

CARE-LINE Email: care.line@dhhs.nc.gov
2012 Mail Service Center

Raleigh, NC 27699-2012

Voice Phone: 1-800-662-7030 (Toll Free English/Spanish)

855-4400 (Raleigh local area English/Spanish)

TTY: 1-877-452-2514; (919) 733-4851 (Raleigh local area)

Secretary, US Department of Health & Human Services

You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. Contact information is as follows:

Office for Civil Rights

U.S. Department of Health & Human Services

Atlanta Federal Center, Suite 3B70

61 Forsyth Street, S.W.

Atlanta, GA 30303-8909

Voice Phone (404) 562-7886 FAX (404) 562-7881

TDD (404) 331-2867

CONTACT FOR FURTHER INFORMATION

Medicaid Privacy Official

c/o DHHS CARE-LINE Email: care.line@dhhs.nc.gov

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Comuníquese con el Departamento de Servicios Sociales de su Condado para una versión en español de "Aviso de Normas de Privacidad". Usted puede llamar también a CARE-LINE al 1-800-662-7030 para ayuda en español.