



**North Carolina Medicaid
NOTICE OF
PRIVACY PRACTICES**

**Effective Date: April 14, 2003
NC Division of Medical Assistance**

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

YOUR PRIVACY RIGHTS, OUR RESPONSIBILITIES

Medicaid collects and maintains health information about you and is required by law to protect the privacy of your health information and to provide you with this Notice of Privacy Practices. This *Notice* describes how Medicaid may use and share your health information and explains your privacy rights. Medicaid will use or disclose your health information only as described in this *Notice*. 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. Revised notices will be sent to you and will be available through the Medicaid contact. (See Contact Information on reverse page.) We will not change our privacy practices before you are sent a revised *Notice* 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

There are some services Medicaid provides 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 their contractors so that they can perform the job that Medicaid has asked them to do.

To further protect your health information Medicaid will only disclose your health information after making sure in writing that its contractors will safeguard your information the same way that Medicaid does.

This agency may use or disclose your health information to provide Medicaid services to you **FOR**:

Payment: Medicaid may use or disclose your health information to its contractors who provide payment services for Medicaid. (EXAMPLE: 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).

Treatment: To determine if your treatment is medically necessary and is covered under Medicaid, we may use or disclose your health information to other health care professionals. These professionals have specific medical expertise so that they can give an opinion on your treatment as being medically necessary.

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 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.) Other "operations" that may require your protected health information to be shared are to:

- Review and evaluate the skills, qualifications and performance of health care providers that are taking care of you.
- 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.

Other Circumstances

- 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, lawsuits related to administration of Medicaid.

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.

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. For all other uses or disclosures, we will ask you to sign a written authorization to allow us to share or request your protected health information. You may cancel such authorization by notifying our agency Privacy Official.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Medicaid clients have certain rights about their protected health care information.

YOU HAVE THE RIGHT TO:

- **Receive a copy of this Notice:** You have a right to a paper copy of this notice. You may also obtain a copy of this *Notice* by accessing Medicaid's web site at <http://www.dhhs.state.nc.us/dma> Click "Consumer".
- **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 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
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- 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.
- **Complain:** If you feel we have violated your privacy rights, you may contact either of the agencies listed below. If you file a complaint, we will not take any action against you or change our treatment of 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@ncmail.net

2012 Mail Service Center

Raleigh, NC 27699-2012

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

(919)855-4400 (Triangle Area) FAX: (919) 715-8174

TTY (919) 733-4851; 1-877-452-2514

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@ncmail.net

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