

Ohio Department of Job and Family Services
NOTICE OF USE OF PRIVATE HEALTH INFORMATION

Effective Date: April 14, 2003

**FOR YOUR
PROTECTION**

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.

**YOUR HEALTH
INFORMATION
IS PRIVATE**

We understand that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. The law says:

1. We must keep your health care information from others who do not need to know it.
2. You may ask that we not share certain health care information. (In some instances, we may not be able to agree with your request.)

**WHO SEES
AND SHARES
MY HEALTH
INFORMATION?**

Your private health information may be used by health care providers such as doctors, nurses, therapists and social workers who take care of you. They may need your private health information in order to determine your plan of care. This may cover health care services you had before now, or services you may have later on.

We may share health information about you in order to help you get services you may need. We may also use your information to contact you about appointment reminders or to tell you about treatment alternatives.

**HOW IS PAYMENT
MADE?**

Your health care provider sends a bill (also called a "claim") to an insurance company or to a government program such as Ohio Medicaid; Ohio Disability Assistance Medical; Refugee Medical; Healthy Start, Healthy Families; or any of our other programs to get paid. The bill has all of the information about what services you had. We review health care information and bills to make sure that you get quality care and that all laws providing and paying for your health care are being followed.

**MAY I SEE
MY HEALTH
INFORMATION?**

You may see your health information, unless it is the private notes taken by a mental health provider or it is part of a legal case. Most of the time you can receive a copy if you ask. You may be charged a small amount for the copying costs.

If you think some of the information is wrong, you may ask in writing that it be changed or new information be added. You may ask that the changes or new information be sent to others who have received your health information from us. You may ask for a list of any places where health information may have been sent, unless it was sent for treatment, for payment, for checking to make sure you receive quality care, or to make sure the laws are being followed.

**WHAT IF MY
HEALTH
INFORMATION
NEEDS TO GO
SOMEWHERE
ELSE?**

You may be asked to sign a separate form, called an authorization form, allowing your health care information to go somewhere else if:

1. Your health care provider needs to send it to other places;
2. You want us to send it to another health care provider; or,
3. You want it sent to another person for you.

The authorization form tells us what, where and to whom the information must be sent.

Your authorization is good for six (6) months or until the date you put on the form. You can cancel or limit the amount of information sent at any time by letting us know in writing.

NOTE: If you are less than 18 years old, your parents or guardians will receive your private health information, **unless by law you are able to consent for your own health care treatment.** If you are, then your private health information will not be shared with parents or guardians unless you sign an authorization form. You may also ask to have your health information sent to a different person that is helping you with your health care.

**COULD MY HEALTH
INFORMATION BE
RELEASED WITHOUT
MY AUTHORIZATION?**

When private health information is released without Authorization, it is normally used to support **Treatment** or **Payment** of medical situations or it may be released for the use of Medicaid **Operations** (or for the "operation" of any of our other programs such as Ohio Disability Assistance Medical; Refugee Medical; or Healthy Start, Healthy Families). The release of health information for this purpose is not tracked or accountable to you, the patient/recipient (HIPAA rule 164.506). Any other release made without your authorization is tracked and is accountable. We always report:

1. Contagious diseases, birth defects and cancer;
 2. Reactions and problems with medicine;
 3. To the police when they are investigating a crime, when child or elder abuse may be happening, or when the court orders us to do so;
 4. To the government to review how the Ohio Medicaid program is working (or how any of our other programs are working, such as Ohio Disability Assistance Medical; Refugee Medical; or Healthy Start, Healthy Families);
 5. To a provider or to an insurance company who needs to know if you have Ohio Medicaid or any of our other medical programs such as Ohio Disability Assistance Medical; Refugee Medical; or Healthy Start, Healthy Families;
 6. Work related injuries to Workers Compensation;
 7. Birth, death, and immunization information;
 8. To the Federal Government when they are investigating something important to protect our country, the President and/or other government workers.
-

**HOW CAN I FIND OUT
IF MY HEALTH
INFORMATION HAS
BEEN RELEASED
WITHOUT MY
AUTHORIZATION?**

To find out if your health information has been released without your authorization for purposes other than Treatment, Payment or Operations, you may call the Ohio Medicaid Consumer Hotline toll-free at (800) 324-8680 or (800) 292-3572 for TDD calls, and ask for a "Request for Accounting for Disclosures" form. Simply fill out the form, attach a copy of your most recent Medicaid card, or a copy of your most recent medical card for the program you are on, and send both to:

Ohio Department of Job and Family Services
Attn: Health Information Privacy Official
P.O. Box 182825
Columbus, Ohio 43272-5376

**MAY I HAVE A COPY
OF THIS NOTICE?**

This notice is yours. If we change anything in this notice, you will get a new notice. You can obtain additional copies of this notice by calling the Ohio Medicaid Consumer Hotline toll-free at (800) 324-8680. You can also view and print this notice by visiting our web site at: <http://www.state.oh.us/odjfs/hipaa/privacy.pdf>

If you have other medical insurance, you may receive other privacy notices. The policies and procedures contained in this notice are only for Ohio Medicaid and our other programs such as Ohio Disability Assistance Medical; Refugee Medical; or Healthy Start, Healthy Families.

**QUESTIONS OR
COMPLAINTS?**

If you have any questions about this notice, or you think that we have not protected your private health information and you wish to complain about it, please contact either of the following:

Ohio Department of Job and Family Services
Attn: Health Information Privacy Official
P.O. Box 182825
Columbus, Ohio 43272-5376

OR

Ohio Medicaid Consumer Hotline
Phone: (800) 324-8680
TDD: (800) 292-3572

You can also complain to the Federal Government by writing to the:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201-0004
Or by calling the Office for Civil Rights at: (800) 368-1019

**WHAT WILL HAPPEN
TO MY BENEFITS IF I
DO FILE A
COMPLAINT?**

Absolutely nothing. Your Ohio Medicaid; Ohio Disability Assistance Medical; Refugee Medical; or Healthy Start, Healthy Families benefits will NOT be affected if you file a complaint. It is against the law for us to take any retaliatory or other negative action against you if you file a complaint
