

NOTICE OF PRIVACY PRACTICES * * * Effective 4-14-03 ~~September 23, 2013~~

North Dakota Department of Human Services/HIPAA

DN900 (~~0309/0713~~)

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.

Meaning of “you,” “we,” and “department.” certain terms. In this notice, when we say “we” or “us”, we mean the staff of the Department of Human Services. When we say “~~department~~ Department”, we mean the Department of Human Services. When we say “~~you,~~ or “your”, or “yours,” we mean you as an individual and members of your family or household who live with you are referring to the individual who is the subject of the protected health information and a person who has authority to act on behalf of an individual in making decisions related to health care.

Understanding Your ~~Personal~~ Protected Health Information (PHI). ~~Personal health information~~ PHI is any information created ~~and used by the~~ Department, or received from a health care provider, health plan, or health care clearinghouse, about your health care. Information may include your name, address, birth date, phone number, social security number, Medicare number, ~~health insurance policies,~~ health information, ~~your~~ diagnoses, ~~and the medical treatments you received,~~ and information on your health insurance policies.

Department’s Confidentiality Commitment. ~~The Department is committed to protecting your privacy. Any personal health information~~ PHI about you that is ~~generated~~ created by ~~this the~~ Department or received from a ~~health care providers~~ provider, health plan, or health care clearinghouse, will be kept confidential to the full extent required by the law. The law requires us to maintain the privacy and security of ~~protected health information~~ PHI, to provide you with this notice, and to abide by what this notice says. ~~We may reserve the right to change what this notice says, but will provide you with information about any changes made if you are then receiving services from the Department or upon your request and make the new notice applicable to PHI already obtained as well as any information received in the future. We will post a copy of the current notice online at www.nd.gov/dhs/misc/clientrights.html. New notices will also be available at registration sites or may be obtained by contacting the Privacy Officer. The Department will notify you if a breach of unsecured PHI occurs and is discovered.~~

How Information is Used ~~By~~ by the Department. Except as explained in this notice, we will disclose and use your ~~personal health information~~ PHI only with your written authorization. We must obtain an authorization for the use and disclosure of psychotherapy notes, marketing, and the sale of PHI. We do not create or manage a public client directory. We may use or disclose your ~~personal health information~~ PHI for treatment, payment, ~~and or~~ health care operations purposes without your written authorization (except if you are being treated for alcohol or drug abuse). “Treatment” information” is information you give to us or a health care provider gives to us ~~that which~~ will be used to determine the course of treatment and to document treatment you have received or will receive. “Payment” information” includes a bill for services sent to you ~~or to from~~ a health insurance company or Medicare ~~and, or~~ a bill for services from a health care provider, ~~and.~~ The disclosure may include information that identifies you, your diagnosis, or other necessary information for accurate payment. “Health care operations” information” includes information used to assess the care and outcomes in your case and other cases and to assure the quality and effectiveness of ~~healthcare~~ health care services.

We may also use or disclose your ~~personal health information to~~ PHI as permitted or required by law, and:

- ~~Keep~~ To keep you informed about appointments, program information, and benefits and services that may be of interest to you; ~~Notify another person responsible for your care if necessary;~~

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- ~~Communicate~~ To communicate with any person you identify about that person's involvement, identified by you, who is involved in your health care or payment for your care, such as your family or a close friend;
- ~~Business associates~~ To a business associate or qualified service organization that perform performs functions on behalf of the Department;
- ~~Other~~ To other agencies as required for oversight activities such as licensure, inspections, investigations, audits, or ~~Facility Accreditation~~ facility accreditation;
- ~~Law~~ To law enforcement personnel or other agencies for specific purposes, including reporting any suspected child abuse or neglect; domestic violence; for the protection of vulnerable adults; to prevent or reduce a serious threat to anyone's health or safety; or a crime on the premises;
- ~~Staff~~ To staff or for research projects that ensure the continued privacy and protection of ~~protected health information~~ PHI;
- ~~Public~~ To public health agencies to prevent or control disease ~~and~~, for statistical reporting, ~~to the~~ and for product recalls;
- To the Food and Drug Administration for reporting reactions to medications, ~~to~~;
- To Workforce Safety and Insurance (formerly known as Workers Compensation) for benefit coordination, ~~to government~~;
- To government agencies in cases of national security ~~or~~, for military purposes, or ~~to correctional~~ for presidential protective services;
- To correctional institutions;
- ~~Respond~~ To respond to a court order, administrative order, or in response to a subpoena if efforts have been made to tell you about the request or to obtain an order protecting the information requested; ~~and~~
- ~~Share with our~~ To our business partners who perform case management, coordination of care, other assessment activities, or payment activities, and who must abide by the same confidentiality requirements;
- To a public or private entity authorized by law or by its charter to assist in disaster relief efforts;
- To disclose your information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you;
- To disclose PHI in certain circumstances if, in the exercise of professional judgment, the disclosure is in your best interest;
- To disclose PHI for notification, identification, or location purposes in certain circumstances;
- To organ procurement organizations; or
- To a coroner, medical examiner, or funeral director when you die.

Your Health Information Individual Rights. You have the following rights regarding your personal health information PHI maintained by the Department:

1. You may request a restriction on certain uses and disclosure of your information PHI by filing SFN 1980, "Request to Restrict the Use and Disclosure of Protected Health Information (PHI)". We may not be able to agree to the requested restriction, but, if approved, we will abide by it except in an emergency treatment situation or as required by law;
2. You may restrict disclosure of PHI to a health plan when you have paid non-sliding fee scale out-of-pocket expenses in full for the services by filing SFN 1980, "Request to Restrict the Use and Disclosure of Protected Health Information (PHI)".
23. If you feel that some information the Department has created about you is wrong, you may ask to change that information by filing SFN 1981, "Request to Amend Records – Protected Health Information (PHI)". In certain situations, we may deny your request. We will notify you if we deny your request and tell you how to request a review of the denial;

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- ~~34.~~ You may inspect and obtain a copy of your ~~personal health information-PHI~~ in our possession by filing SFN 1979, "Request to Access Confidential Information". We may limit or deny you access in very limited circumstances. You have the right to request a review of most denials. We will notify you if we deny your request and tell you how to request a review of the denial. We may charge a reasonable cost-based fee for copies you request for personal use; your request.
- ~~45.~~ You may obtain a paper copy of this notice upon request;.
- ~~56.~~ You may revoke a signed authorization for the use or disclosure of your ~~protected health information-PHI~~ except to the extent we have already acted based on your authorization; by filing SFN 91, "Revocation of Authorization to Disclose Information".
- ~~67.~~ If you ~~request file SFN 725, "Request for Accounting of Disclosures"~~, we will account for disclosures we have made of your ~~protected health information made by us beginning in-PHI~~ for up to six years prior to the date on which the accounting is requested but not before April 14, 2003; however, except the Department is not required to provide an accounting for disclosures made to you, under an authorization, for treatment, payment, or health care operations purposes, and a few other situations. We will not charge for the first accounting given to you in a twelve12-month period. We will charge a reasonable cost-based fee for an additional accounting requested in that twelve-month period; if 12 months have not passed since your last request.
- ~~78.~~ You may request that we contact you about personal health care matters only in a certain way (phone, e-mail, or in writing) ~~and or~~ at a certain location (home, office, or at an address you have given), or both, by filing SFN 1977, "Request for Confidential Communication by Alternative Means or Alternative Location".
- ~~9.~~ Federal regulations require us to notify you that you have the option to opt out of fundraising contacts. However, the Department does not contact individuals for any fundraising purposes.
- ~~10.~~ If your PHI is maintained in an electronic format, you may request that an electronic copy of your PHI be provided to you or transmitted to another individual or entity by filing SFN 1978, "Request to Transmit Electronic Protected Health Information (PHI) to Third Party". If the PHI is not readily producible in the form or format that you request, the PHI will be provided in a mutually agreed upon format.

The above rights may be exercised only by written communication to us unless the written requirement is waived by the Department.

For More Information or to Report a Problem. If you have questions and would like additional information, you may contact the Administrative Assistant, toll-free at 1-800-472-2622, TTY toll-free at 1-800-366-6888, or by mail to: North Dakota Department of Human Services, Dept. 325 State Capitol, 600 East Boulevard Avenue, Dept. 325, Bismarck, North Dakota ND, 58505-0250. If you believe that your privacy rights have been violated, you may file a complaint with the ~~division or unit~~ of the Department where you received services by filing SFN 934, "Request for Informal Privacy Conference". If you need additional information on how to file a privacy complaint involving a unit of the Department, you may contact the Department's Privacy Officer, toll-free at 1-800-472-2622, TTY toll-free at 1-800-366-6888, or by mail to: Privacy Officer, North Dakota Department of Human Services, State Capitol, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250. You may also file a complaint with the Secretary of Health and Human Services by writing to or calling: U.S. Department of Health and Human Services, Office for Civil Rights, Region VIII, 1964 Stout 999 18th Street, Suite 1426 417, Denver, CO 80294-80202, Phone toll-free at (800) 368-1018-1-800-368-1019, FAX (303)1-303-844-2025; TTDTTY toll-free at (303) 844-3439 1-800-537-7697.

There will be no retaliation against you for filing a complaint.