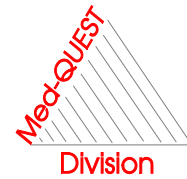


NOTICE of PRIVACY PRACTICES

Effective: 09/23/2013



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.

The Hawaii Department of Human Services (DHS), Med-QUEST Division (MQD) is committed to protecting confidential information, including Personal, financial and medical data, relating to your participation in the Hawaii Medicaid program. DHS is required by the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of your information, provide this notice to you, and must abide by the terms of this notice. If there are changes to these practices, a new notice will be mailed to you within sixty (60) days.

YOUR RIGHTS TO PRIVACY

Your medical information will not be shared and/or disclosed without your permission except as described in this notice or required by law. You may authorize other disclosures by completing (form DHS 1123), and authorize another person to represent you with any and all matters relating to the medical assistance program (form DHS 1121). You may also retract (in writing) the authorizations at any time. You may ask MQD staff for a copy of this notice at any time and an electronic copy of this notice is also available on MQD's web site at www.med-quest.us. Any requests you may have of Med-QUEST **must** be submitted in writing. All required DHS forms are available at MQD offices and the MQD website.

MQD has procedures to assist you with your rights to your medical information. You have the right to:

- Ask MQD to limit the use and/or disclosure of your medical information. However, Med-QUEST is not required by law to agree to your request. (form DHS 8028)
- Ask MQD to Contact you by email or fax, at a specific mailing address or phone number.
- Look at or have a copy of any part of the designated record set maintained by MQD. You may be charged a processing and postage fee for this request. (form DHS 1123)
- Change or add information to your designated record set (form DHS 8024). However, MQD may not change its **original** document.
- Provide a list of disclosures of your medical information made by MQD. This will not include disclosures for purposes of treatment, payment, health care operations; or disclosures made to you or with your permission. (form DHS 8027)
- Designate an authorized representative to assist with my application for medical assistance with the Department (form DHS 1121)
- Receive a notification of any Privacy and/or Security breach of confidential information maintained by DHS.

CONFIDENTIALITY PRACTICES AND USES

The Med-QUEST Division, may access, use and or share medical information:

- **Treatment** - to appropriately determine approvals or denials of your medical treatment. For example, MQD health care professionals who may review your treatment plan by your health care provider for medical necessity.
- **Payment** - to determine your eligibility in the Medicaid program and make payment to your health care provider. For example, your health care provider may send claims for payment to the Medicaid fiscal agent for medical services provided to you, if appropriate.
- **Health Care Operations** - to evaluate the performance of a health plan or a health care provider. For example, MQD contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.
- **Informational Purposes** - to give you helpful information such as health plan choices, program benefit updates, free medical exams and consumer protection information.

DISCLOSURES NOT REQUIRING YOUR PERMISSION

MQD can make the following disclosures only if it is directly related to running of the medical assistance programs, a court orders MQD to disclose the information, or other laws that requires MQD to disclose the information.

- **Other Government Agencies and/or Organizations Providing Benefits, Services or Disaster Relief** - to disclose information to other government agencies and/or organizations for you to receive those benefits and/or services offered.
- **Public Health** - to disclose medical information to agencies for public health activities for disease control and prevention, problems with medical products or medications, and victims of abuse, neglect or domestic violence.
- **Health Oversight Activities** - to disclose information to approved government agencies responsible for the Medicaid program, the U. S. Dept. of Health and Human Services, and the Office of Civil Rights.
- **Judicial and Administrative Hearings** - to disclose specific medical information in court and administrative proceedings.
- **Law Enforcement purposes** - to disclose specific medical information for law enforcement purposes.
- **Coroners, Medical Examiners, and Funeral Directors** - to disclose specific medical information to authorized persons who need it to administer their work.
- **Organ Donation and Disease Registries** - to disclose specific medical information to authorized organizations involved with organ donation and transplantation, communicable disease registries, and cancer registries.

- **Research Purposes** - to disclose specific medical information to authorized personnel to work on research projects. However, unless the research is permitted by law. You have the right to opt out of the research.
- **To Avert Serious Threat to Health, Safety or Emergency Situation** - to disclose specific medical information to prevent a serious threat to the health and safety of an individual or the public.
- **Specialized Government Functions** - to disclose medical information for national security, intelligence and/or protective services for the President. MQD may also disclose health information to the appropriate military authorities if you are or have been a member of the U. S. armed forces.
- **Correctional Institutions** - to disclose medical information to correctional facility or law enforcement officials to maintain the health, safety and security of the corrections system.
- **Workers' Compensation** - to disclose medical information to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.

No one will get back at you for filing a complaint

If you feel that your privacy rights have been violated. You may file a complaint with:

HIPAA Compliance manager
PO Box 700190
Kapolei, HI 96709-0190

You may also file a complaint with:

DHS – Office of Civil rights
P. O. Box 700190
200 Independence Avenue, S. W. Room 509F HHH Bldg.
Washington, DC 20201

THIS NOTICE IS AVAILABLE IN BIGGER PRINT UPON REQUEST