

North Carolina Division of Medical Assistance (DMA)
NOTICE OF PRIVACY PRACTICES

Original Effective Date: April 14, 2003
Revised Effective Date: September 20, 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.

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

YOUR PRIVACY RIGHTS, OUR RESPONSIBILITIES

The North Carolina Division of Medical Assistance (DMA) administers both the NC Medicaid and NC Health Choice health plans. Though these health plans have different eligibility requirements, the processes for the two health plans are being integrated as much as possible. This Notice of Privacy Practices applies to the Division of Medical Assistance and also applies to the use and disclosure of recipient data for individuals in both of these health plans. DMA, which 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 this protected health information. This *Notice* describes how DMA may use and share your protected health information and explains your privacy rights. DMA is required to abide by the terms of the notice currently in effect. DMA does, however, reserve the right to change its privacy practices and the terms of this *Notice* and to make new notice provisions effective for all health information that it maintains. 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. DMA will not change its privacy practices before you are sent a notice of the revision, unless the change is required by law.

When you were approved for health care coverage, the county department of social services sent your health information to DMA so that DMA 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 DMA 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 DMA Privacy Official. (See Contact Information at the end of this notice).

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION

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

To protect your protected health information further, DMA will only disclose your protected health information after making sure in writing that its contractors or business associates will safeguard your information the same way that DMA does. They agree to use your information appropriately and are required by law to do so. DMA may use or disclose your protected health information to provide services to you **FOR:**

Payment: DMA 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 contractors and business associates who process 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 NC Medicaid or NC Health Choice, DMA may disclose your protected 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: DMA may provide a list of what medicines you have received to physicians, so they can consider these when prescribing additional medications).**

Health Care Operations: DMA 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; that NC Medicaid and NC Health Choice are administered effectively; that charges are appropriate for the services 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 a doctor or other health service agency provided quality care to you).** 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 who 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 DMA’s future operations;
- Enhance investigations conducted by administration whenever a staff member within DMA 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, appeals, or reviews regarding NC Medicaid or NC Health Choice services;
- Comply with state or federal laws or regulations; and
- Administer the NC Medicaid and NC Health Choice health plans.

Other Circumstances: In these circumstances, DMA 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 NC Medicaid or NC Health Choice;
- Provide information for research purposes with Institutional Review Board approval as needed.

More Stringent Laws

DMA 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

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

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

NC Medicaid and NC Health Choice recipients have certain rights regarding their protected health information. Unless otherwise noted, please contact DMA staff or the DMA Privacy Official to request the following 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 DMA's web site at <http://www.dhhs.state.nc.us/dma/medicaid/rights.htm> (Click the link under "Privacy") or <http://www.ncdhhs.gov/dma/healthchoice/revrequest.htm> (Click Notice of Privacy Practices "Quick Link" on the left)
- **Request confidential communications:** You have a right to request that DMA communicate with you in a certain way or at a certain location, such as by 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 DMA records be corrected when you feel information is incorrect or incomplete. We may deny your request if the information was not created by DMA 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 these records.
- **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 DMA uses or discloses about you. DMA is not required to agree to your requested restriction except if it relates to information about services for which you or your representative have paid in full. However, DMA 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 the agency listed below. If you file a complaint, we will not take any adverse action against you, change your treatment, or deny treatment to you.
- **Receive information about the handling of your information:** DMA is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION THAT REQUIRES YOUR AUTHORIZATION

- DMA 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 your written authorization. You may cancel such authorization by notifying DMA's Privacy Official as provided by CFR 164.508(b)(5). You will be asked to sign and date the Authorization Revocation section of your original authorization. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization will be legal and binding.
- Disclosure of psychotherapy notes about you requires your authorization unless legal exceptions apply.
- Disclosure of information about you for marketing purposes requires your authorization unless legal exceptions apply.
- The sale of information about you requires your authorization.
- 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, only you can manage your health benefits unless you authorize a personal representative to act 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.

- In order to obtain information from school districts to pay for your health related services, we need your authorization. By you or your personal representative signing the DMA application, you give your authorization for the school district that provides DMA-covered services to you or your child(ren) to release to DMA information from your or your child(ren)'s educational records in order for DMA 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 withdrawn at any time by contacting the school district. Even if you withdraw 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

DMA Privacy Official
2501 Mail Service Center
Raleigh, NC 27699-2501
Voice Phone: (919) 855-4100

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

DMA Privacy Official
2501 Mail Service Center
Raleigh, NC 27699-2501
Voice Phone: (919) 855-4100