

UTAH DEPARTMENT OF HEALTH, DIVISION OF MEDICAID AND HEALTH FINANCING  
NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***  
***Effective: September, 1 2013***

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) is committed to protecting your medical information. DMHF is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

**HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

DMHF may use your health information for conducting our business. Examples:

**Treatment** – We may use your health information to appropriately determine approvals or denials of your medical treatment. For example, if you are a Medicaid, Primary Care Network (PCN), Children's Health Insurance Program (CHIP), or a Utah's Premium Partnership for Health Insurance (UPP) recipient we may review the treatment plan provided by your health care provider to determine if it is medically necessary.

**Payment** – We may use your health information to determine your eligibility in the Medicaid, PCN, CHIP, or UPP program and make payment to your health care provider. For example, we may review claims for payment by DMHF for medical services you received from your provider.

**Health Care Operations** – We may use your health information to evaluate the performance of a health plan or a health care provider. For example, DMHF contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.

**Informational Purposes** – We may use your health information to give you helpful information such as health plan choices, program benefit updates, and free medical exams.

**YOUR INDIVIDUAL RIGHTS**

You have the right to:

- Request in writing restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction. \*
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and get a copy of your health information (including an electronic copy if we maintain the record electronically). Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.\*
- Request in writing corrections or additions to your health information.\*
- Change your participation in the Clinical Health Information Exchange (cHIE). Contact the cHIE by phone (801.466.7705), fax (801.466.7169), or at [chie@uhin.org](mailto:chie@uhin.org) to change your participation status.
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.\*
- Request a paper copy of this notice even if you agree to receive it electronically.

*Requests marked with a star (\*) must be made in writing.*

Contact the DMHF Privacy Officer to help you with any questions you may have about the privacy of your health information. The Privacy Officer will help you fill out any forms that are needed to exercise your privacy rights.

## **SHARING YOUR HEALTH INFORMATION**

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid, PCN, CHIP, and UPP programs and the following:

- To our business associates that perform services on our behalf. We require all business associates to appropriately safeguard your information in accordance with applicable law;
- As required by law. The use and disclosure will be made in full compliance with the applicable laws governing the disclosure;
- To researchers so long as all procedures required by law have been taken to protect the privacy of the data;
- To the Department of Health to report communicable diseases, traumatic injuries, birth defects, or for vital statistics, such as a birth or a death;
- To a funeral director or an organ-donation agency when a patient dies, or to a medical examiner when appropriate to investigate a suspicious death;
- To state authorities to report child or elderly abuse;
- To law enforcement for certain types of crime-related injuries, such as gunshot;
- To the Secret Service or NSA to protect, for example, the country or the President;
- To a medical device's manufacturer, as required by the FDA, to monitor the safety of a medical device;
- To court officers or an administrative tribunal as required by law, in response to an order or a valid subpoena;
- To governmental authorities to prevent serious threats to the public's health or safety;
- To governmental agencies and other affected parties, to report a breach of health-information privacy;
- To a worker's compensation program if a person is injured at work and claims benefits under that program.

Other uses and disclosures of your health information, other than those explained above, require your signed authorization. For example, we will not use your health information unless you authorize us in writing to:

- Share any of your psychotherapy notes, if they exist, with a third party who is not part of your care;
- Share any of your health information with marketing companies; or
- Sell your identifiable health information.

You may revoke your authorization at any time with a written statement.

## **OUR PRIVACY RESPONSIBILITIES**

DMHF is required by law to:

- Maintain the privacy of your health information;
- Provide this notice that describes the ways we may use and share your health information;
- Notify you if your health information was affected by a breach; and
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in DMHF offices and on our website, <http://health.utah.gov/hipaa>. You may also request a copy of any notice from your DMHF Privacy Officer listed below:

## **CONTACT US**

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, Medicaid, PCN, CHIP, and UPP recipients should contact the DMHF Privacy Officer, Blake Anderson, 801-538-9925; 288 North 1460 West, PO Box 143102, Salt Lake City, Utah 84114-3102; [blakeanderson@utah.gov](mailto:blakeanderson@utah.gov).

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights, 200 Independence Avenue, S. W. Room 509F HHH Bldg., Washington, DC 20201