

## ***NOTICE OF PRIVACY PRACTICES***

West Virginia Department of Health And Human Resources  
Bureau For Medical Services  
350 Capitol Street, Room 251  
Charleston, West Virginia 25301-3709  
(304) 558-1700

Effective date of this notice: 04 / 14 / 2003

If you have questions about this notice, please contact Client Services at 1-800-642-8589 or the Privacy Officer at the above address or phone.

**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**

### **PRIVACY AND YOU**

Your health information is personal and private. The Medicaid Program must keep your health information private. Your doctors, dentists, clinics, labs, and hospitals send information to us when they ask us to approve and pay for your health care. We must give you this Notice of the law of how we keep your health information private.

### **CHANGES TO NOTICE OF PRIVACY PRACTICES**

All Medicaid employees, staff, students, volunteers and other personnel whose work is under direct control of Medicaid must obey the rules in this notice. We have the right to change our privacy practices. If we do make changes, we will send a new Notice right away to all people covered by Medicaid. We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.

### **HOW WE MAY USE AND SHARE YOUR INFORMATION**

The Medicaid program must obey laws on how we use and share your information, such as your name, address, personal facts, the medical care you had and your medical records. Any information shared must be for a reason related to the administration of the Medicaid program. Such reasons include:

- To approve eligibility for medical and dental benefits
- To establish ways to pay for health care
- To approve, provide, and pay for Medicaid health care
- To investigate or prosecute Medicaid cases (like fraud)

### **WHY WE MAY USE OR SHARE YOUR HEALTH INFORMATION:**

1. For treatment: Medicaid may need to approve care before you see a doctor, dentist, clinic or other health care provider. We will share information with necessary providers to make sure you get the care you need. For instance, we may use your health records to identify if you need special information about a health problem like diabetes.

**2. For Payment:** When Medicaid pays your health care bills, we share information with your health care provider and others who bill us for your health care. We may send some bills to other health plans or groups who pay bills. For instance, if you are taken to an emergency room they may call to see if you are covered.

**3. For health care operations:** We may use your health records to check the quality of the health care you get. We may also use them in audits, fraud and abuse programs, planning, and managing the Medicaid program. For instance, your prescriptions are reviewed to be sure the medicines can be used together without harm to you.

**4. For health notices:** We may use your health records to provide you with additional information. This may include sending appointment reminders to your address giving you information about treatment options, alternative setting for care, or other health-related services.

**5. For legal reasons:** We may give your information to a court, investigator, or lawyer in cases about Medicaid. This may be about fraud or abuse, to get back money from others that should pay your Medicaid bills, or other issues related to the Medicaid program. If a court orders us to give out your information, we will do so.

**6. To report abuse:** We may disclose your health information when the information relates to a victim of abuse, neglect, or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.

**7. Public Health Activities:** We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.

**8. Research:** We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your permission.

**9. For appeals:** You or your health care provider may appeal Medicaid decisions made about your health care services. Your health information may be used to decide these appeals.

**10. For Eligibility:** We may share your information with federal, state, and local agencies when you apply for Medicaid to verify eligibility, and for other purposes related to the administration of the Medicaid program.

**11. For Special Purposes:** We may disclose your information to a member of your family, to your employer for a Workers Compensation claim, for law enforcement or national security purposes, or in case of a disaster.

## **WRITTEN PERMISSION**

Medicaid may use or share your information in limited ways. If we want to use your health information in a way not listed above, we must get your permission in writing. If you give permission, you may take it back in writing at any time.

## WHAT ARE MY PRIVACY RIGHTS?

You have the right to:

- Ask us to restrict how we use or disclose your health information. The request must be in writing. We may not be able to comply with your request if we have already used your authorization, if the information is needed to pay for your care or if we are required by law to disclose it.
- Ask us to communicate with you at a special address or by a special means.
- Look at or get a copy of your Medicaid information. A personal representative who has the legal right to act for you may look at and get it for you. We have information about your Medicaid eligibility, your health care bills, and some medical records. To get a copy of your records, ask us to send you a form to fill out. We may charge a fee to copy and mail the records. We may keep you from seeing parts of your records when allowed by law.
- Ask to change information in your records if it is not correct or complete. We may refuse to change the information if Medicaid did not create or keep it, or if it is already correct and complete. You may request a review of the denial or send a letter to disagree with the denial. This letter will be kept with your Medicaid records.
- Ask us for a report of information shared about you for reasons other than treatment, payment, or Medicaid operations. You may ask for a list of those with whom we shared your information, when, why, and what information was shared. The list will start on April 14, 2003.
- Ask us to send your information somewhere. You will be asked to sign an authorization form to tell us what information to send and where it is to go. The authorization can be used for up to one year, but you may tell us a specific time. You may write to stop the authorization at any time.
- Ask for a paper copy of this Notice of Privacy Practices. You can also find this Notice on our website at: [WWW.WVDHHR.ORG](http://WWW.WVDHHR.ORG).

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### IMPORTANT

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MEDICAID DOES NOT HAVE FULL COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORD, PLEASE CONTACT YOUR DOCTOR, DENTIST, CLINIC, OR HEALTH PLAN. IF YOU ARE IN A MANAGED CARE PLAN, THAT PLAN MAY HAVE INFORMATION ABOUT BILLS PAID FOR YOU AFTER YOU JOINED THE PLAN. PLEASE CONTACT THE MANAGED CARE PLAN TO LOOK AT OR GET A COPY OF THESE BILLS.

## HOW DO I ASK ABOUT MY PRIVACY RIGHTS?

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

Client Services  
West Virginia Department Of Health And Human Resources  
350 Capitol Street  
Charleston, West Virginia 25301-3711  
Phone (304) 558-2400 or (800) 642-8589 or Fax (304) 558-4501

## HOW DO I COMPLAIN?

If you think your privacy rights have been violated and wish to complain, you may contact

**Privacy Officer  
Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, West Virginia 25301-3709  
Phone (304) 558-1700 or Fax (304) 5584397**

**Privacy Officer  
West Virginia Department Of Health And Human Resources  
Building 3, Room 546  
1900 Kanawha Blvd. East  
Charleston, West Virginia 25305  
Phone (304) 558-7293 or Fax (304) 558-4141**

**Secretary Of The U. S. Department Of Health And Human Services  
Office For Civil Rights  
Attention Regional Manager  
150 So. Independence Mall West, Suite 372  
Philadelphia, PA 19106-3499**

## NO RETALIATION

Medicaid cannot take away your health care benefits or retaliate in any way if you file a complaint or use any of the privacy rights in this Notice.

## QUESTIONS

If you have questions about this Notice and want more information, please contact the Privacy Official, WVDHHR-BMS, by phone (304) 558-1700 or by fax at (304) 558-4397..

Copies of this notice are also available at local county offices of the West Virginia Department Of Health And Human Resources. This notice is also available by e-mail. Contact the Bureau for Medical Services at the above location. This notice is also available on our Web site: [WWW.WVDHHR.ORG/BMS](http://WWW.WVDHHR.ORG/BMS)