

## CHIP Notice of Privacy Practices

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

The Children's Health Insurance Program (CHIP) Program is run by the Commonwealth of Pennsylvania's Department of Human Services. The department hires private health insurance companies to provide your insurance coverage under the CHIP program. You have also received a privacy notice from the company you chose to provide your health benefits. That company determines your eligibility for CHIP, pays claims for your care, and performs other activities necessary to administer your health plan.

Please note that the CHIP program has very limited access to your personal health information (also known as "PHI"). *We do not receive or keep a file containing your medical records. In most cases, your health insurance company or health care providers may possess the PHI that you are seeking.* However, the CHIP program will *also* have access to a limited amount of your PHI. This notice explains how the CHIP program keeps this information confidential and private.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to follow the terms of this notice. We reserve the right to change this notice. If we make an important change in our privacy policies or procedures, we will post a revised copy of the notice on our website and/or provide you with a new privacy notice by mail. You may request a paper copy of this notice at any time.

#### ***What is PHI?***

PHI is any health or personal information that identifies you or your child as a CHIP enrollee. This includes:

- Your Name (or names of your children)
- Member ID Number
- Telephone Number
- Address
- Date of Birth
- Social Security Number

#### ***Why is my PHI used and disclosed by CHIP?***

Under HIPAA (the federal law governing privacy of health information), we may use or disclose your PHI without your consent or authorization for treatment, payment and health care operations. There are different reasons why CHIP Program staff may need to use or disclose your PHI.

- **For eligibility purposes:** We may have access to your PHI when coordinating your eligibility for the program with the health insurance company you chose to provide your benefits. For example, we may use or see your PHI when we perform eligibility reviews.
- **For operating our programs:** We may use or disclose information in the course of our ordinary business as we manage the CHIP Program. For example, we may use your PHI to contact you about additional opportunities or programs that may be available to you as a CHIP member.
- **For public health activities:** We may report PHI to other government agencies who track things such as contagious diseases, immunization information, and other diseases, such as cancer.
- **For law enforcement purposes and as required by legal proceedings:** We will disclose information to the police or other law enforcement authorities as required by court order.
- **For government programs:** We may disclose information to a government agency or other program, such as Medicaid, that needs to know if you are enrolled in CHIP.
- **For national security:** We may disclose information requested by the federal government when they are investigating something important to protect our country.
- **For public health and safety:** We may disclose information to prevent serious threats to health or safety of a person or the public.
- **For research:** We may disclose information for permitted research purposes and to develop reports. These reports do not identify specific people.

- **For reasons otherwise required by law:** We may use or disclose your PHI to the extent that the use or disclosure is otherwise required by law. The use or disclosure is made in compliance with the law and is limited to the requirements of the law.

***Do other uses of my PHI require my authorization under HIPAA?***

Yes. Any use of PHI not listed above requires you to sign a written authorization. For example, HIPAA requires that you provide a written authorization before a covered entity uses or discloses psychotherapy notes, uses PHI for marketing purposes, or sells your PHI. If you do sign a written authorization, you may revoke it any anytime (except to the extent that CHIP has already relied upon the authorization to release PHI).

***What are my rights regarding my PHI?***

As stated above, the CHIP program has very limited access to your PHI. However, you have the following rights regarding your PHI that CHIP uses and discloses. If we deny your request, we will provide you a written explanation for the denial and your rights regarding the denial decision.

- **Right to see and copy your PHI:** You have the right to see most of your PHI in our possession and to receive a copy for a small fee.
- **Right to correct and add information:** If you think some of the PHI we have is wrong, you may ask us in writing to correct or add new information and to send it to others who have received your PHI from us.
- **Right to receive a list of disclosures:** You have the right to receive a list of where your PHI has been sent by us, unless it was sent for purposes relating to treatment, payment, operating our programs, or if the law says we are not required to add the disclosure to the list.
- **Right to request restrictions on use and disclosure:** You have the right to ask us to restrict the use and disclosure of your PHI in our possession.
- **Right to request confidential communication:** You may ask us to communicate with you in a certain way or at a certain location. For example, you may ask us to contact you only by mail.
- **Right to be notified in case of a breach:** You will receive notification from us if there is a breach of your unsecured PHI.

***May I ask CHIP to use or disclose my PHI?***

Sometimes, you may need or want to have your PHI sent outside of the CHIP program. If so, you may be asked to sign an authorization form allowing us to send your PHI to your requested location. The authorization form tells us what, where and to whom the information will be sent. You may cancel or limit the amount of information sent at any time by letting us know in writing.

***Do other laws also protect certain health information about me?***

CHIP also follows other federal and state laws that provide additional privacy protections for the use and disclosure of information about you.

***Whom do I contact about my rights, to ask questions about this notice or to file a complaint?***

If you: wish to receive a paper copy of this notice; have a question about this notice; or want to file a complaint about how CHIP used or disclosed your PHI, you may write to the CHIP Program's Privacy Officer at:

PA Department of Human Services  
 CHIP  
 HIPAA Privacy Officer  
 1142 Strawberry Square  
 Harrisburg, PA 17120  
 (717) 346-1363

You may also file a complaint with the United States Secretary of Health & Human Services:

Region III  
U.S. Department of Health & Human Services  
Office for Civil Rights  
150 S. Independence Mall West - Suite 372  
Philadelphia, PA 19106-9111

There is no penalty for filing a complaint. Your benefits will not be affected or changed if you file a complaint. We cannot and will not retaliate against you for filing a complaint.

*Last modified on June 21, 2016*