



## HTC Notice of Privacy Practices for Medical Information Effective [ ] [ ], 2014

HTC must notify you of your Health Information Portability and Accountability Act (HIPAA) privacy rights. (45 CFR 164.520). This notice does not affect your eligibility for HTC services.

**This notice describes how medical information about you may be used and disclosed and how you can get this information. Please review it carefully.**

<b>What is PHI</b>	Protected Health Information (PHI) is applicant/ beneficiary medical information held by HTC covered by HIPAA. PHI is medical information linked to you about your health status or condition, health care you receive, or payment for your health care. HTC must protect your PHI by law.
<b>What PHI does HTC have about me?</b>	To help us serve you, you may need to give us medical or health information including your local, financial information or medical records. We also may get PHI about you from other sources needed to serve you or pay for your care.
<b>Who sees my PHI?</b>	We see only the smallest amount of PHI we need to do our jobs. We may share PHI with other programs or persons if allowed by law or permitted by you. For example, your PHI may be given to and used by HTC to pay for your health care. We may share past, current, or future PHI.
<b>What PHI does HTC share?</b>	We only share your PHI that others need to do their job and as allowed by law. You may ask for a list of who has seen your PHI for some purposes.
<b>When does HTC share PHI?</b>	We share on a “need to know basis” to coordinate services and for payment. For example, we may share information to decide if: <ul style="list-style-type: none"><li>• We can pay for services by health care providers.</li><li>• You are eligible for HTC programs.</li></ul>
<b>May I see my PHI?</b>	You may see your PHI. If you ask, you will get a copy of your PHI. [HTC may charge you for copies.] <sup>1</sup>
<b>May I change my PHI?</b>	If you think your PHI is wrong, you may ask us to change or add new PHI. You may also ask that we send any changes to others who have copies of your PHI.
<b>What if someone else needs my PHI?</b>	You may be asked to sign a form to let us share your PHI if: <ul style="list-style-type: none"><li>▪ We need your permission to provide services;</li><li>▪ You want us to send your PHI to another agency or provider for reasons not allowed by law without your permission;</li><li>▪ You want PHI sent to someone else, such as your attorney, a relative or other representative.</li></ul> Your permission to share your PHI is good until the end date you put on the form. We can only share the PHI you list. You may cancel or change this permission by writing to HTC.

<sup>1</sup> **HTC:** Do you want to reserve the right to charge for copies of records?  
[NEWYORK 2865900\_3]

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**May HTC share my PHI without my permission?**

HTC may share PHI without your permission in some instances. By law, we may be required or allowed to share your PHI. Some examples include the need to:

- Provide records under court order.
- Give PHI to other agencies who review HTC operations.

**May I put limits on sharing my PHI and how I get it?**

You may ask us to limit the use and sharing of your PHI but we do not have to agree. You may also ask that we send your PHI to you in a different format or to a different location.

**What is a breach?**

A breach is the use or disclosure of your PHI that is not permitted under HIPAA, including loss by theft, mistake or hacking. We will notify you by mail if there is a breach of your PHI under HIPAA.

**May I have a copy of this notice?**

Yes. This notice is yours to keep. If you got this notice electronically, you may ask for a paper copy and we will give one to you.

**What if PHI privacy practices change?**

We are required to comply with this notice. We have the right to change this notice. If the laws or our privacy practices change, we will send you information about the new notice and where to find it or send it to you.

**Who do I contact if I have questions about this notice or my PHI rights?**

If you have any questions about this notice, you may contact the HTC [Privacy Officer]<sup>2</sup> at [insert email] or ( ) - .

**How do I report a violation of my PHI privacy rights?**

If you believe your PHI privacy rights have been violated you can file a complaint with:

The HTC [Privacy Officer]<sup>3</sup>, Hilltop Cares Foundation, [insert address]. If you file a complaint, HTC will not change or stop your services or benefits and may not retaliate against you. If you file a complaint, HTC will not change or stop your services and must not retaliate against you.

**OR**

Submit your complaint online at: [https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf) or by writing by mail or facsimile to: Office for Civil Rights, US Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza – Suite 3312, New York NY 10278 (fax no.: (212) 264-3039) or by email to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). If you submit your complaint by writing, please include your name, full address, telephone number(s) and email address (if available); the name, full address and telephone number of the person, agency or organization you believe violated your PHI privacy rights; a brief description of what happened (how, why, and when you believe your PHI privacy rights were violated); any other relevant information; and your signature and the date of the complaint or use the Health Information Privacy Complaint Form Package available at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf>. Any complaints made to DHHS must be made within 180 days of the privacy violation.

<sup>2</sup> HTC: Please insert the title of the appropriate contact.

<sup>3</sup> HTC: Please insert the title of the appropriate contact.



HTC NOTICE OF PRIVACY PRACTICES  
 FOR MEDICAL INFORMATION  
 Effective [ ] [ ], 2014

OFFICE USE ONLY	
Applicant ID #:	_____
Date Received:	_____
Date Processed:	_____

**ACKNOWLEDGMENT**

NAME (PLEASE PRINT)	DATE OF BIRTH
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**I have received a copy of the HTC Privacy Notice and have had a chance to ask questions about how HTC will use and share my PHI and my confidential health information.**

SIGNATURE	DATE
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**FOR HTC USE ONLY**

**To be completed if unable to obtain signature of applicant/ beneficiary or personal representative.**

Describe efforts made to have the applicant/ beneficiary acknowledge receipt of the Notice of Privacy Practices (NPP):

Describe reason why acknowledgment was not obtained:

STAFF MEMBER'S NAME AND TITLE (PLEASE PRINT)	ADMINISTRATION/DIVISION
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SIGNATURE	DATE
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