



2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

Georgia Department of Community Health Privacy Notice

**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.

MEDICAID'S PRIVACY COMMITMENT TO YOU

We at the Georgia Department of Community Health (DCH) understand that medical information about you and your family is personal. We are committed to protecting your information. This notice tells you how the DCH may use and disclose medical information about you. It tells you your rights and Medicaid's requirements about your information.

The privacy practices described in this notice were effective June 2, 2003.

By law, Medicaid must use and disclose your personal medical information to provide information:

- To you or to someone who has the legal right to act for you
- To the Secretary of the U.S. Department of Health and Human Services, if necessary, to make sure your privacy is protected
- When required by law

YOUR MEDICAL INFORMATION RIGHTS

- You have the following rights regarding the medical information that the DCH has about you.
- You have the right to see and obtain a copy of your personal medical information held by Medicaid. An exception is information that is needed for a legal action relating to the DCH.
- You have the right to ask the DCH to correct your personal medical information if you believe that it is wrong or incomplete. The DCH may deny your request under certain circumstances.
- You have the right to request a listing of disclosures that the DCH has made of your personal medical information. The listing would not include disclosures to you or your personal representative, or for payment for your health care, or for Medicaid administration.
- You have the right to request additional restrictions on certain uses or disclosures of your health information. The DCH is not legally required to agree with your request.
- You have the right to request that the DCH communicates with you about your health in a way or at a location that will help you keep your information confidential.
- You have the right to be notified following a breach of unsecured protected health information.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

- You have the right to receive a paper copy of this notice. You may get another copy of this notice from the DCH by calling 770-325-2331. You may obtain a copy from the DCH Web site, <http://dch.georgia.gov/hipaa-privacy-notice>

PRIVACY LAW'S REQUIREMENTS

The DCH is required by law to:

- Maintain the privacy of your personal medical information
- Give you this notice of DCH legal duties and privacy practices regarding the medical information that the DCH has about you
- Follow the terms of this notice
- Not use or disclose any medical information about you without your written authorization, except for the reasons given in this notice. You may take away your authorization at any time, in writing, except for the information that the DCH disclosed before you stopped your authorization.
- In an emergency, the DCH may disclose information only if the disclosure is in your best interest.
- The DCH must notify you as soon as possible of that emergency disclosure.
- Never disclose psychotherapy notes, use, and disclose protected health information for marketing purposes, and/or make any disclosures that constitute a sale of protected health information without your written authorization to do so.

In the future, the DCH may change its privacy practices. If there is a material change in its privacy practices, The DCH will provide a new notice to you. The DCH will post the new notice on its web site at <http://dch.georgia.gov/hipaa-privacy-notice>

HOW THE DCH USES AND DISCLOSES HEALTH CARE INFORMATION

Medicaid provides some services through contracts with other agencies and private companies. For example, your county Department of Family and Children Services determines Medicaid eligibility. When services are contracted, Medicaid may disclose some or all of your information to the other agency or company so that they can perform the job Medicaid has asked them to do. To protect your information, Medicaid requires the other agency or company to safeguard your information in accordance with the law.

The following categories describe ways that Medicaid uses and discloses your health information. For each category, we will explain what we mean and give an example.

For Payment: Medicaid may use and disclose information about you so that we can pay for the health services that you received. For example, when you receive a Medicaid service, your health care provider sends a claim to the Medicaid fiscal agent for payment. The claim includes information that identifies you, as well as your diagnoses and treatments.



For Medical Treatment: Medicaid may use or disclose information about you to ensure that you receive necessary medical treatment and services. For example, Medicaid may send you appointment reminders for Health Check services.

To Operate the Medicaid Program: Medicaid may use or disclose information about you to run the Medicaid program and ensure that you receive quality care. For example, Medicaid may contract with a company that reviews hospital records to check on the quality of care that you received and the outcome of your care.

To Conduct Outreach, Enrollment, Care Coordination, and Case Management: Medicaid may share your information with other government agencies that may provide public benefits or services to you. For example, Medicaid may share your information with a Medicaid Care Management Organization (CMO) for case management.

To Keep You Informed: Medicaid may mail you information about your health. Examples are information about managing a disease that you have, information about your managed care choices, and appointment reminders for your children’s Health Check services. Equal Opportunity Employer Health Information Technology | Healthcare Facility Regulation | Medical Assistance Plans | State Health Benefit Plan

For Overseeing Health Care Providers: Medicaid may disclose information about you to the government agencies that license and inspect medical facilities such as hospitals.

For Research: Information about you may be disclosed for a research project that has been approved by a review board. The review board must review the research project and its rules to ensure the privacy of your information. The research must be for the purpose of helping the Medicaid program.

For the Health Information Exchange: Medicaid, as a payer of Medicaid claims, is a member of the Georgia Health Information Network, Inc. (“GaHIN”). GaHIN is the statewide health information exchange network through which Medicaid, its member affiliates, and other members and their member affiliates, securely share and access medical information in accordance with applicable state and federal laws and regulations. This exchange of information allows Medicaid Providers to provide you with access to better treatment and coordination of healthcare services. GaHIN has established Network Operating Policies and Technical Requirements, which members and member affiliates of the GaHIN must meet, to ensure the confidentiality and integrity of data.
As Required by Law: Medicaid will disclose information about you when required by law.



FOR MORE INFORMATION OR TO REPORT A PRIVACY PROBLEM

If you believe your privacy rights have been violated:

- You may file a complaint with Medicaid by calling the Member Inquiry Unit at 770-325-2331 (in the Atlanta area) or 1-866-211-0950 (outside the Atlanta area).
- You may file a complaint with the Georgia Medicaid agency by writing to:

Georgia Department of Community Health
 Privacy Officer, Office of General Counsel
 2 MLK Jr Dr SE – 18th Floor
 Atlanta, GA 30334

You may also file a complaint with the Health and Human Services’ Office for Civil Rights by writing to:

U.S. Department of Health & Human Services
 Office for Civil Rights, Region IV
 61 Forsyth Street SW, Suite 3B70
 Atlanta, GA 30303-8909

There will be no retaliation for filing a complaint.

If you have questions about your health or your health care services, you should contact your health care provider (physician, pharmacy, hospital, or others).

I have read, understand, and acknowledge receipt of the DCH HIPAA Notice of Privacy Practices.

Signature

Date

Print Name