



Delaware Health and
Social Services

Division of Medicaid and
Medical Assistance

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003
(Revised April 1, 2013)

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.

Purpose of this Notice

The Division of Medicaid and Medical Assistance (DMMA) is required by law to maintain the privacy of certain confidential health care information, known as protected health information (PHI), and to provide you with a notice of DMMA's legal duties and privacy practices with respect to your PHI. DMMA is required to abide by the terms of this notice.

How Your Medical Information May Be Used Or Disclosed Without Your Permission

Your medical information may be used or disclosed for treatment, payment, and health care operations, without your written permission. Some services are provided through contracts with other state agencies or private companies. Some or all of your information may be disclosed, without written permission, to the other agency or company so they can do the job we have asked them to do. The other agency or company must also keep your information confidential.

Examples of common ways in which medical information is used or disclosed include:

- ***Treatment:*** Medical information may be used or disclosed to coordinate your health care. For example, DMMA may notify your doctor about care you get in an emergency room.
- ***Payment:*** Medical information may be used or disclosed for payment activities such as checking if you are eligible for health benefits and paying healthcare providers for services you get.

- ***Health Care Operations:*** Medical information may be used or disclosed in order to carry out necessary benefit or service related activities such as medical reviews, case management, quality assurance, audit services or general administration.
- ***Other Government Agencies:*** Medical information may be disclosed to other government agencies that give you benefits or services.
- ***Public Health and Safety:*** Medical information may be disclosed to prevent or respond to a serious health or safety emergency.
- ***Research Projects:*** Medical information may be disclosed for research projects that meet privacy requirements and help evaluate or improve DMMA's programs.
- ***Informing You:*** Medical information may be used to tell you about benefits, services, or health-care choices you have.
- ***Required by Law:*** Medical information may be shared when required by law.

Except as described above, DMMA can not use or disclose your medical information with anyone without your written permission. You may cancel your permission at any time, as long as you inform DMMA in writing. Please note: DMMA cannot take back any health information that was already used or shared with your permission.

Your Medicaid Information Privacy Rights

You have the right:

- To see and get a copy of your health information. You must ask for this in writing. You may be charged a fee to cover copying and postage costs.
- To ask for changes in your health information if you think it is wrong or incomplete. You must request, in writing, which information you want changed and why. Your request can be denied for certain reasons. DMMA must give you a written reason for denial.
- To ask for limited use or sharing of your health information. You must ask for this in writing. DMMA may not be able to grant this request.
- To ask for a list of who has been given your health information, with certain exceptions. This list will include the times that information was shared. The list will not include information provided directly to you or your family. You must ask for this in writing.
- To ask for confidential communication. You may ask that DMMA share information with you in a certain way or in a certain place. For example, you can ask to be contacted at work or by e-mail.
- To ask for a paper copy of this notice at any time.

To Use Your Rights

To use these rights, a request for inspecting, copying, amending, making restrictions, or obtaining an accounting of your health information must be made in writing to:

Division of Medicaid & Medical Assistance
P.O. Box 906
New Castle, Delaware 19720

For more information, please call Customer Relations at (302) 255-9500 in New Castle County or 1-800-372-2022 Statewide.

Changes to this Notice

This notice may be changed or amended at any time. The changes are effective for all medical information, including what is on file. A new notice will be sent to you when changes are made. DMMA will also post the new notice on its website at:

<http://www.dhss.delaware.gov/dhss/dmma/index.html>

Complaints

If you believe your privacy rights have been violated, you may file a complaint by writing to:

Region III, Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-3499
Main Line: (215) 861-4441
Hotline: (800) 368-1019
FAX: (215) 861-4431
TDD: (215) 861-4440

OR

Division of Medicaid & Medical Assistance
P.O. Box 906
New Castle, Delaware 19720
New Castle County: (302) 255-9500
Statewide: 1-800-372-2022
FAX: (302) 255-4454

You will not lose benefits or eligibility or otherwise be penalized for filing a complaint with the federal government.

Si necesita esta noticia en Español favor de llamar 1-800-372-2022.