



State of Maryland

**State Employee and Retiree Health and
Welfare Benefits Program**

Notice of Privacy Practices

**Your Rights.
Our Responsibilities.**

This notice describes how your personal health information may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the US Department of Health and Human Services (HHS) to establish rules to protect the privacy of health information. HHS has issued detailed rules for health plans, healthcare providers, and certain other healthcare entities known as covered entities or business associates. Health information covered by the HIPAA's privacy rule is known as Protected Health Information (PHI).

In the State of Maryland, the Department of Budget and Management (DBM) is responsible for 3/18/20143/18/2014developing and administering policies and procedures that comply with HIPAA. This requires designing and implementing policies and procedures that comply with all HIPAA Privacy Standards as well as maintaining such privacy policies and procedures in written, verbal, or electronic form.

All insurance carriers administering benefits under the Program are also required to protect, use, and disclose your personal health information as outlined by Federal and State law. For information concerning a specific carrier under the Program, contact them directly for a copy of their policy.

Your Rights

When it comes to your health information, you and your dependents, if any, over the age of 18 years have certain rights.

- You have the right to ask for a confidential copy of your protected health information (PHI) held by DBM in relation to the administration of the State Employee and Retiree Health and Welfare Benefits Program (the Program). If you would like a copy of your PHI, please send a written request to the address found under the Contact Information Section of this document.
- If you find an error or the need to update your PHI, you may provide the corrected/updated information to DBM in writing. If DMB disagrees with your correction or update, a written explanation will be provided to you within 60 days.
- You have the right to confidential communications about your PHI, and the right to ask us to communicate with you in a different or specific manner such as via cell phone or email or to an address different from your address on file if using your address on file creates a danger to you.

- You have the right to ask us to limit how your PHI is used or given out. DBM may not be able to agree to this request if the information is used for treatment, payment or to conduct operations of the Program that are allowable under HIPAA. DBM will also not be able to agree to this request if it is required by law to provide certain information. However, we will do our best to honor your request as we are able.
- You may ask for a listing of those receiving your PHI for up to six years prior to the date of your request. This information will include all disclosures except for those about treatment, payment, healthcare operations, and certain other allowable disclosures (such as those requested by you).
- You have the right to choose someone to represent you. You can either complete a HIPAA authorization form from DBM or provide a copy of the medical power of attorney which allows your designated person to exercise your rights and make decisions about your health information.
- If you would like a paper copy of this privacy notice, even if you have obtained it electronically, you may contact DBM's Employee Benefits Division by using the information found under the Contact Information section of this document to request a paper copy. We will promptly mail a copy to your attention.
- You also have the right to file a complaint if you feel your rights have been violated. Filing a complaint will not affect your benefits under HIPAA. A complaint may be filed with the Department of Budget and Management or the U.S. Department of Health and Human Services. Contact information is listed below.

Department of Budget and Management
Employee Benefits Division
Attn: HIPAA Privacy Officer
301 West Preston Street
Room 510
Baltimore, MD 21201

U.S. Department of Health and Human Services
Office of Civil Rights
150 South Independence Mall West
Suite 372
Public Ledger Building
Philadelphia, PA 19106

Sharing Information

For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, please complete a HIPAA authorization form which can be found on our website at www.dbm.maryland.gov/benefits under the Forms tab:

- Share information with your family or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we can go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In the cases below generally we cannot share your information without appropriate authorization, and you have the right to withdraw an authorization:

- Marketing purposes
- Disclosure of psychotherapy notes
- Sale of your information
- Fundraising
- Certain employment-related actions or transactions

Our Responsibility

- DBM is required by law to maintain the privacy and security of protected health information. DBM has several safeguards in place to ensure protection of PHI including administrative, physical and technical safeguards.
- DBM is required to use and disclose your PHI for purposes only established under the Federal and State law including administration purposes, treatment purposes, and payment purposes. DBM will not use or share your information other than as allowed unless you give us written permission.
- If a breach occurs that may have compromised the privacy or security of your information. DBM or the applicable health plan will notify you in writing.
- DBM will follow the duties and privacy practices described in this notice and give you a copy of it if requested.

Using and Disclosing Your Information

When using or disclosing your information, DBM will only provide the minimum required information in relation to the particular purpose for its use. DBM will also restrict access and use of PHI based on specific roles of carriers and members within the workforce.

Administration Purposes:

- We can use and disclose your information to run our organization and contact you when necessary.
- We can use and disclose your information to determine eligibility for benefits and to administer your enrollment in your chosen carrier(s) within the Program. For healthcare operations, such as to conduct audits of your health plan's quality and claims payments, to procure health benefits offered through the Program, to set premiums, and to investigate potential fraudulent claims.

Note: Federal law prohibits the use and disclosure of genetic information about an individual for such purposes as determining eligibility, setting premiums, or underwriting. This does not apply to long term care plans.

Treatment Purposes:

- We can use or disclose PHI for treatment related purposes. Although unusual this might include facilitating the provision of information with your healthcare professional for purposes of ensuring your medical claims are processed correctly.
- We can use or disclose PHI to coordinate benefits with or treatment under other benefit plans such as Workers' Compensation plans or Medicare.

Payment Purposes:

- We can use or disclose PHI to pay claims for services provided to you by a provider, hospital, pharmacy, and others as appropriate, to reimburse you for your flexible spending accounts, or to make premium and claims payments.
- We can also use or disclose PHI to collect payment from you as necessary for copayments, deductibles, coinsurances, premiums, or other required contributions.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

- Preventing or reducing a serious threat to anyone's health or safety

For research

We can use or share your information for health research.

Comply with the law

We will share information about you if Federal or State laws require it. This includes sharing information with the Department of Health and Human Services if it wants to see that we are complying with Federal privacy laws, or possibly with the Office of the Attorney General and Chief Legal Counsel to the Governor in certain instances of potential criminal conduct by an employee of the State.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers' Compensation, law enforcement, and other government requests

We can use or share health information about you:

- For Workers' Compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all PHI we have about you. The new notice will be available on our website, www.dbm.maryland.gov/benefits, and upon request, we will mail a copy to you.

Contact Information

Department of Budget & Management
Employee Benefits Division
301 West Preston Street
Room 510
Baltimore, MD 21201
Phone: (410) 767.4775 or 800-307-8283
Email: EBD.mail@maryland.gov
Website: www.dbm.maryland.gov/benefits