

Notice of Privacy Practices

From the State of Arkansas

Department of Finance and Administration

Employee Benefits Division

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.

Introduction

Employee Benefits Division (EBD) is responsible for managing health benefits for the State of Arkansas and the Public School Employees. As a group health plan, EBD is required by law to maintain the privacy of protected health information. The Notice of Privacy Practices describes the types of information, its uses and disclosures and your rights regarding that information.

“Protected health information” (PHI), means information that is individually identifiable and is protected by privacy regulations. Examples include information regarding the health care treatment, payment, or operations that can identify you or your dependents. This information is obtained from enrollment forms for health care coverage, surveys, healthcare claims, specialist referrals, your medical records, and other sources. You might provide protected health information by telephone, fax, letter or e-mail. Other sources of protected health information include, but are not limited to, healthcare providers, such as insurance administrators, network providers, claims processors (hereafter referred to as business partners or affiliates). When used with health related information, any of the following would be considered protected health information:

- Marital status
- Name, address, and date of birth
- Information regarding dependents
- Other similar information that relates to past, present or future medical care
- Gender
- Social Security Number

Disclosures of protected health information not requiring authorization

The law allows the use and disclosure of protected health information (with the exception of genetic information) without the authorization of the individual for the purpose of treatment, payment, and/or health care operations, which includes, but is not limited to:

- Treatment of a health condition
- Business planning and development
- Coordination of benefits
- Enrollment into the group health plan
- Eligibility for coverage issues
- Complaint review
- Regulatory review and legal compliance
- Fraud abuse detection or compliance
- Payment for treatment
- Claims administration
- Insurance underwriting
- Premium billing
- Payment of claims
- Appeals review
- Case Management
- Utilization Review

Uses and disclosures for treatment: Your protected health information will be obtained from or disclosed to health care providers involved in your, or your dependents treatment.

Uses and disclosures for payment: Your protected health information will be obtained from and disclosed to individuals involved in your treatment for purposes of payment. Your protected health information may be shared with persons involved in utilization review, or other claims processing.

Uses and disclosures for health care operations: Your protected health information will be used and disclosed for plan operations including but not limited to underwriting, premium rating, auditing, and business planning. In order to ensure the privacy of your protected health information, EBD has developed privacy policies and procedures. During the normal course of business, EBD may share this information with its business partners or affiliates that have signed a contract specifying their compliance with EBD’s privacy policies.

NOTE: Only the minimum necessary amount of information to complete the tasks listed above will be disclosed. Disclosures of personal health information requiring authorization in situations, other

than outlined above, EBD will ask for your authorization to use or disclose your protected health information. EBD will use or disclose information in these circumstances pursuant to the specific purpose contained in your authorization.

- Usually, only the person to whom the protected health information pertains may make authorization.
- In some circumstances, authorization may be obtained from a person representing your interests (such as in the case where you may be incapacitated and unable to make an informed authorization) or in emergency situations where authorization would be impractical to obtain.
- Any 3rd party acting as your advocate (for example, a family member, your employer or your elected official) would require an authorization.

Forms

Forms may be obtained from EBD, Forms are:

- Authorization for Release of Protected Health Information
- Revoking Authorization for Release of Protected Health Information

Your Rights

- You have the right to review and copy your protected health information maintained by EBD. If you require a copy of PHI, the first request will be provided to you at no cost. A reasonable fee will be charged for shipping additional or subsequent copies.
- You can request a copy of the Notice of Privacy Practices from EBD.
- You have the right to request an accounting, or list, of non-routine disclosures of your protected health information by EBD as of the compliance date. This request must be made in writing.
- You have the right to request a restriction on the protected health information that may be used and/or disclosed. You have the right to request that communication regarding your protected health information from EBD be made at a certain time or location. This request must be in writing and EBD reserves the right to refuse the restriction.
- You have the right to receive confidential communication of PHI at alternate locations and by alternate means.

If you believe your privacy rights have been violated, you have the right to register a complaint with EBD's Privacy Office:

EBD Privacy Officer
P.O. Box 15610
Little Rock, AR 72231
Phone: (501) 682-9656
Toll Free: (877) 815-1015
Fax: (501) 683-0230

Or you can send your complaint to the Office for Civil Rights:

Office for Civil Rights, U.S. Department of Health and Human Services
1301 Young Street - Suite 1169
Dallas, TX 75202
Phone: (214) 767-4056
TDD: (214) 767-8940
Fax: (214) 767-0432

To email the Office for Civil Rights, send your message to: OCRCompliant@hhs.gov. Under the HIPAA regulations and guidelines, there can be no retaliation for filing a complaint.

Changes to Privacy Practices

If EBD changes its privacy policies and procedures, an updated Notice of Privacy Practices will be provided to you. Additional information, examples, and up-to-date privacy notices are maintained on the EBD web site at <http://www.ARBenefits.org>. This notice became effective on April 14, 2003.