



Executive Office of Health and Human Services  
74 West Road, Bldg. 74  
Cranston, RI 02920-3024

HIPAA-1 (Eff. 04/03)

## NOTICE OF PRIVACY PRACTICES (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.**

### **1. Our Duty to Safeguard Your Protected Health Information.**

Individually identifiable information about your past, present, or future health or condition, the delivery of health care to you, or the payment for the health care is considered "Protected Health Information" (PHI).

We are required to follow the privacy practices described in this Notice, although **we reserve the right to change our privacy practices and the terms of this Notice at any time**. We will post any changes to our Notice on our Rhode Island DHS web site located at <http://www.eohhs.ri.gov/DefaultPermissions/HIPAA/tabid/150/Default.aspx> where you may also obtain more detailed information regarding each of the topics addressed in our Notice. You may also request a hard copy of our Notice by writing our Privacy Contact Office.

### **2. How We May Use and Disclose Your Protected Health Information.**

Generally, we are permitted to use and/or disclose your PHI for your Treatment, the Payment for services you receive, and for our normal health care Operations (TPO). For most other uses and/or disclosure of your PHI, you will be asked to grant your permission via a signed Authorization. However, we are permitted to make certain other uses and/or disclosures of your PHI without your authorization. Uses and/or disclosures are permitted as follows:

- **Uses and/or disclosures related to your treatment, our payment, or our health care operations (TPO):**

**For treatment (T):** We may exchange your PHI with your doctor, dentist, or other healthcare provider to make sure you receive proper care.

**For payment (P):** We may exchange your PHI with Medicare or other health insurance plans you may have to make sure the treatment you receive is paid for.

**For health care operations (O):** We may exchange your PHI with other Business Associates and health care review organizations to make policy decisions that could affect you and others enrolled in DHS Programs.

**Appointment reminders:** Unless you request that we contact you by other means, we are permitted to send appointment reminders and other similar materials to your address.

- **Uses and/or disclosures requiring your Authorization:** Generally, most uses and/or disclosures of your PHI for purposes other than TPO will require your signed Authorization. You retain the right to revoke your Authorization at any time except to the extent that we have already undertaken an action in reliance upon your Authorization.
- **Uses and/or disclosures not requiring your Authorization:**  
**When required by law to:**

- Report abuse, neglect or domestic violence
- Public health activities
- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement activities
- Coroners, medical examiners and funeral directors about decedents
- For medical research purposes
- Prevent a serious threat to health or safety
- For specific government functions and national security reasons

- **Uses and Disclosures requiring you to have an Opportunity to Object:**
  - To families, friends or others involved in your care

**3. Your Rights Regarding Your Protected Health Information (PHI).**

- Right to request restrictions on PHI uses and/or disclosures
- Right to request confidential communications
- Right to access and copy your PHI
- Right to request amendment of your PHI
- Right to an accounting of disclosures of your PHI

**4. How to Complain about our Privacy Practices.**

If you believe that we may have violated your individual privacy rights, you may submit your written complaint to our Privacy Compliance Officer at the address provide in this paragraph. Your written complaint must name the entity that is the subject of your complaint and describe the acts and/or omissions you believe to be in violation of the Rule or of the provisions outlined in our Notice of Privacy Practices. If you prefer, you may file your complaint directly with the Secretary of the U.S. Department of Health and Human Services (Secretary). However, any complaint you file must be received by us, or filed with the Secretary, within 180 days of when you knew, or should have known, the act or omission occurred. We will take no retaliatory action against you if you make such complaints. If you wish to file any complaints, please forward your written correspondence to:

**RI Department of Human Services  
 Privacy Compliance Officer  
 600 New London Avenue – Bldg. 57 LP  
 Cranston, RI 02920  
 (401) 462-2130 – Telephone  
 (401) 462-6239 – TTY (or 711) For Hearing Impaired  
 (401) 462-6165 – Fax**

**5. Contact Person for Information.**

**Executive Office of Health and Human Services  
 HIPAA Privacy Office  
 74 West Road Bldg 74  
 Cranston, RI 02920  
 (401) 462-6312**

**6. Effective Date:** This Notice is effective April 14, 2003.