

NOTICE OF PRIVACY PRACTICES



CHILD HEALTH PLAN PLUS - DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

NOTICE OF PRIVACY PRACTICES. EFFECTIVE DATE APRIL 14, 2003.

YOUR
INFORMATION
IS
PRIVATE

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.

CHILD HEALTH PLAN *PLUS*' COMMITMENT TO YOU ABOUT OUR MEDICAL FILES:

Child Health Plan Plus (CHP+) must share information about you with health care providers. CHP+ knows the information we get from you is private. Starting on April 14, 2003, CHP+ must comply with the new Federal laws to protect your information under the Health Insurance Portability and Accountability Act (HIPAA). The information CHP+ gets and keeps private about you is called "Protected Health Information" or **PHI**. PHI may be your name, age, social security number, or even why you are sick.

Under the new law, this Notice of Privacy Practices will tell you how CHP+ may use or share your PHI so you get health care.

CHP+ may make changes in its Privacy Practices. CHP+ reserves the right to apply any changes in its Privacy Practices to all PHI kept by CHP+. If CHP+ changes its Privacy Practices, you will be mailed a new notice. CHP+ will also put these changes on its web site (www.cchp.org) as well as at the places you apply for CHP+. You may call CHP+ and request a copy of the privacy notice.

CHP+ MAY USE AND SHARE YOUR PHI WITHOUT YOUR AUTHORIZATION:

- **For treatment** - CHP+ may use or share your PHI with your doctor or others who give you health care. For example, CHP+ will share your PHI so that medical treatment is given to you.
- **For payment** - CHP+ may use and share your PHI to pay for the health care you got from a CHP+ doctor. For example, your doctor will send in PHI about you so that CHP+ can pay for medical services.
- **For health care operations** - CHP+ may use and share your information to make sure you receive good health care. For example, CHP+ may use other companies to review hospital and doctors' records to see if you received good health care.

WHO
SEES MY
INFORMATION

OTHER WAYS CHP+ CAN USE OR SHARE YOUR PHI WITHOUT YOUR AUTHORIZATION:

- **To keep you informed** - CHP+ may use or share your PHI to mail you information about new CHP+ programs or provider choices in your area.
- **Public health** - CHP+ may use or share your PHI with public health agencies to prevent the spread of diseases.
- **Health review reasons** - CHP+ may use and share your PHI with oversight agencies who watch over the health care services CHP+ gives you.
- **Legal reasons** - CHP+ may use and share your PHI as required under law.
- **Fraud or abuse** - CHP+ may be required to use and share your PHI if needed for an investigation of fraud and/or abuse.
- **For other government programs** - CHP+ may use or disclose your PHI for benefits under other government programs, for example, to see if you can get Medicaid or possibly Supplemental Security Income (SSI) benefits.
- **To avoid harm** - CHP+ may use or share your PHI with law enforcement so no harm comes to you or others (public safety).
- **For research** - CHP+ may use and share your PHI for a research project that has been approved by a review board. The project must keep your PHI private.
- **For coroners, funeral directors, medical examiners and if you are an organ donor** - CHP+ may use or share your PHI to let the above people do their job.
- **Workers compensation** - CHP+ may use and share your PHI with programs that give benefits for work related injuries.
- **Correctional institutes** - CHP+ may use or share your PHI with these places for the purposes of health and safety.

IF CHP+ SHARES YOUR PHI IN OTHER WAYS, WE NEED YOUR WRITTEN AUTHORIZATION

- CHP+ will ask your written permission to use your PHI in other ways. If you give us your written authorization and then change your mind or decide to cancel it, you must let CHP+ know in writing.

**MAY I
SEE MY
INFORMATION**

YOUR RIGHTS TO HEALTH INFORMATION PRIVACY

You have the following rights:

- You may see and get copies of your records: You may see and get copies of your CHP+ records. CHP+ may charge you to make the copies. You must make this request in writing to CHP+. You may not see or get copies of any notes taken by your mental health therapist or information prepared for use in a civil, criminal or administrative legal action.

TO
FILE A
COMPLAINT

- **You may change or add information** - You have the right to send in a written request to change wrong or missing PHI. You must tell CHP+ why you want to do this. CHP+ may deny your request in certain cases.
- **You may ask to whom CHP+ has sent your PHI** - You have the right to know to whom CHP+ has sent your PHI. Your request must be sent to CHP+ in writing.
- **You may ask CHP+ to communicate with you privately** - You can ask CHP+ to communicate with you in a different way or place to keep your PHI private.
- **You may ask CHP+ not to share your PHI** - You may ask CHP+ not to share your PHI (except for treatment, payment or health care operations). The law says CHP+ does not have to agree to do this.

WHAT CHP+ MUST DO:

- CHP+ must keep your PHI private according to the privacy laws.
- CHP+ must tell you how your PHI is kept private.
- CHP+ must give you this notice.
- CHP+ must comply with the privacy law.

HOW TO FILE A PHI COMPLAINT:

- If you think you have a complaint you must write a letter to:
State of Colorado - CHP+ Privacy Officer
1570 Grant Street
Denver, CO 80203
- You may also file a Complaint with the Secretary of Health and Human Services by writing:
Secretary of the U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Ave, SW
Washington, D.C. 20201

CHP+ CANNOT TAKE AWAY YOUR BENEFITS OR RETALIATE AGAINST YOU IF YOU FILE A COMPLAINT

Need more Information? You may contact the CHP+ Privacy Officer at phone number 303-866-4366.

If you need this letter in another language, large print or tapes please call the CHP+ Privacy Officer at 303-866-4366 or 1-800-221-3943 (outside Denver).

Si necisita este documento en espanol, letras grandes, o en un cassette, por favor llame a nuestro a 303-866-4366 o 1-800-221-3943 (para no esta en Denver).