



**COMMONWEALTH of VIRGINIA**  
*Department of Medical Assistance Services*

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## Notice of Privacy Practices

**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.**

When you receive health care services from an agency like DMAS, that agency may get medical (health) information about you. Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, your health information is protected. Health information includes any information that relates to: (1) your past, present or future physical or mental health or condition, (2) providing health care to you, or (3) the past, present or future payment of your health care.

This Notice tells you about your privacy rights, our duty to protect health information that identifies you, and how we may use or disclose health information that identifies you without your written permission. This Notice does not apply to health information that doesn't identify you or anyone else.

### **Your Privacy Rights**

You have the following rights regarding health care information we maintain about you:

- You can look at or get a copy of health information we have about you, in most situations;
- You can ask us to correct certain information, including certain health information, about you if you believe the information is wrong or incomplete. Most of the time we cannot change or delete information, even if it is incorrect. However, if we decide to make a change, we will add the correct information to the record and note that the new information takes the place of

the old information. The old information will remain in the record. If we deny your request to change the information, you can have your written disagreement placed in your record;

- You can ask for a list of the occasions we have disclosed health information about you;
- You can ask us to limit the use or disclosure of health information about you more than the law requires. However, the law does not make us agree to do that;
- You can tell us where and how to send messages that include health information about you, if you think sending the information to your usual address could put you in danger. You must put this request in writing, and you must specify where and how to contact you;
- You can ask for and get a paper copy of this Notice from us, either by phone, by mail or on our website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov);
- You can withdraw permission you gave us to use or disclose health information that identifies you, unless we have already taken action based on your permission. You must withdraw your permission in writing.

### **Our Duty To Protect Health Information That Identifies You**

The law requires DMAS to protect the privacy of health information that identifies you. It also requires us to give you a Notice of its legal duties and privacy practices.

- In most situations, DMAS may not use or disclose health information that identifies you without your written permission. This Notice explains when we may use or disclose health information that identifies you without your permission.
- If DMAS changes its privacy practices, it must notify you of the changes. The new practices will apply to all health information we have about you, regardless of when DMAS received or created the information.
- As a part of their jobs with the agency, DMAS employees must protect the privacy of health information that identifies you. DMAS does not give employees access to health information unless they need it for business reasons, such as benefit decisions, paying bills and planning for the care you need. DMAS will punish employees who do not protect the privacy of health information that identifies you.

If you have any questions about this Notice or need more information on your privacy rights, you may contact the following:

**The Office of Compliance and Security at (804) 225-2860.**

If you believe DMAS has violated your privacy rights, you may file a complaint by contacting the HIPAA Privacy hotline at (804) 225-2860. You may also file a written complaint at:

Office of Compliance and Security  
Department of Medical Assistance Services (DMAS)  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

You may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services by mail at:

Office for Civil Rights, Region III  
U.S. Department of Health & Human Services  
150 S. Independence Mall West - Suite 372  
Philadelphia, PA 19106-3499

You can also call the Office of Civil Rights at phone at (215) 861-4441, by TDD at (215) 861-4440, or fax them at (215) 861-4431.

There will be no retaliation for filing a complaint.

## **How We Use Medical Information That Identifies You**

### ***1. Payment***

DMAS may use or disclose health information about you to pay or collect payment for your health care. For example, when your doctor sends a bill to Medicaid, it includes information about your illness and treatment.

### ***2. Health care operations***

DMAS may use or disclose health information about you for health care operations, such as performing quality assessments, medical reviews, legal services or auditing functions. Examples of use and disclosures of for health care operations include using or disclosing health information for case management; surveying nursing homes; or making sure providers bill only for care you receive. DMAS may contact you to tell about treatment alternatives or additional benefits you may be interested in.

### ***3. Family member, other relative, or close personal friend***

DMAS may disclose health information about you to a family member, other relative, or close personal friend when:

- The health information is related to that person's involvement with your care or payment for your care;
- You have had an opportunity to stop or limit the disclosure before it happens.

#### ***4. Government programs providing public benefits***

DMAS may disclose health information about you to another government agency offering public benefits if the information relates to whether you qualify for or are signed-up for Virginia Medicaid or the (Family Access to Medical Insurance Security) FAMIS program, and the law requires or specifically allows the disclosure.

#### ***5. Health oversight activities***

DMAS may sometimes use or disclose health information about you for health oversight activities, and only to another health oversight agency or someone acting on behalf of a government agency.

#### ***6. Public health***

DMAS may disclose health information about you to:

- A public health authority for purposes of preventing or controlling disease, injury or disability;
- An official of a foreign government agency who is acting with the public health authority; and
- A government agency allowed to receive reports of child abuse or neglect.

#### ***7. Victims of abuse, neglect, or domestic violence***

If DMAS believes you are the victim of abuse, neglect, or domestic violence, we may sometimes disclose health information about you to a government agency that receives reports of abuse, neglect or domestic violence.

#### ***8. Serious threat to health or safety***

DMAS may use or disclose health information about you if it believes the use or disclosure is needed, such as to prevent or lessen a serious and immediate threat to the health and safety of a person or the public.

#### ***9. For other law enforcement purposes***

DMAS may disclose health information about you to a law enforcement agency official, such as the following law enforcement purposes:

- To comply with a grand jury subpoena;

- To comply with an administrative request, such as a civil investigative demand, if the information is relevant to an administrative investigation of the Medicaid or FAMIS programs;
- To identify and locate a suspect, fugitive, witness or missing person;
- In response to a request for information about an actual or suspected crime victim;
- To alert a law enforcement official of a death that DMAS suspects is the result of criminal conduct; or
- To report evidence of a crime on DMAS' property.

#### ***10. For judicial or administrative proceedings***

DMAS may disclose health information about you in response to an order from a regular or administrative court, or a subpoena or other discovery request by a party to a lawsuit, when DMAS is a party to the lawsuit.

#### ***11. As required by law***

DMAS must use or disclose health information about you when a law requires the use or disclosure.

#### ***12. Contractors***

DMAS may disclose health information about you to one of its contractors if the contractor:

- Needs the information to perform services for DMAS; and
- Agrees to protect the privacy and security of the information.

#### ***13. Secretary of Health and Human Services***

DMAS must disclose health information about you to the Secretary of Health and Human Services when the Secretary wants it to enforce privacy protections.

#### ***14. Research***

DMAS may use or disclose health information about you for research if a research board approves the use. The board will ensure that your privacy is protected when your information is used in research.

#### ***15. Other uses and disclosures***

DMAS may use or disclose health information about you:

- To create health information that does not identify any specific individual;
- To the U.S. military or foreign military for military purposes, if you are a member of the group asking for the information;
- For purposes of lawful national security activities;
- To Federal officials to protect the President and others;

- To a prison or jail, if you are an inmate of that prison or jail, or to law enforcement personnel if you are in custody;
- To comply with worker's compensation laws or similar laws; and
- To tell or help in telling a family member or another person involved with your case about your location, general condition and death.