

NOTICE OF PRIVACY PRACTICES

STATE EMPLOYEES AND RETIREES HEALTH BENEFITS PROGRAM

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.

Under federal and State law, the Department of Budget and Management, Employee Benefits Division (EBD), which administers the State Employees and Retirees Health Benefits Program (the Program), protects the privacy of your protected health information. EBD takes steps to ensure that your protected health information is kept secure and confidential and is used only when necessary to administer the Program. EBD is required to give you this notice to tell you how EBD may use and give out (“disclose”) your protected health information held by EBD. This information generally comes to EBD from you when you enroll in a health plan and from your health plan in the administration of the Program.

Your health plan in the Program (for example, the CareFirst Blue Cross Blue Shield PPO or the Optimum Choice HMO) will also use and disclose your personal health information. For questions about your health plan’s policies and procedures and to exercise your rights regarding your protected health information held by your health plan, please contact your health plan directly.

EBD has the right to use and disclose your protected health information to administer the Program. For example, EBD will use and disclose your protected health information:

- To communicate with your Program health plan when you or someone you have authorized to act on your behalf asks for our assistance regarding a benefit or customer service issue. EBD may need a written authorization from you for your health plan to discuss your case.
- To determine your eligibility for benefits and to administer your enrollment in your chosen health plan.
- For payment related purposes, such as to pay claims for services provided to you by doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan, to coordinate your benefits with other benefit plans (including workers’ compensation plans or Medicare), or to make premium payments.
- For treatment related purposes, such as to review, make a decision about, or litigate any disputed or denied claims.
- For health care operations, such as to conduct audits of your health plan’s quality and claims payments, or to procure health benefit plans offered through the Program.
- To investigate fraud in Program enrollment.
- To the health plan sponsor for effective administration of the health plan and the Program.

EBD will also use and give out your protected health information:

- To you or someone who has the legal right to act for you (your personal representative). To authorize someone other than you to discuss your protected health information with EBD, please contact EBD to complete an authorization form.
- To law enforcement officials when investigating and/or processing alleged or on-going civil or criminal actions.

- Where required by law, such as in response to a subpoena for records, to the Secretary of the federal Department of Health and Human Services or to the Office of Legislative Audits.
- When an authorization signed by you is presented to EBD for disclosure of the records.
- For healthcare oversight activities (such as fraud and abuse investigations).
- To avoid a serious and imminent threat to health or safety.

By law, EBD must have your written permission (an “authorization”) to use or give out your protected health information for other purposes. You may take back your written permission at any time, except if EBD has already acted based on your permission.

By law, you have the right to:

- Make a written request and see or get a copy of your protected health information held by EBD.
- Amend any of your protected health information created by EBD if you believe that it is wrong or if information is missing, and EBD agrees. If EBD disagrees, you may have a statement of your disagreement added to your protected health information.
- Ask EBD in writing for a listing of those getting your protected health information from EBD for up to 6 years prior to your request. The listing will not cover your protected health information that was used or disclosed for treatment, health care operations or payment purposes, given to you or your personal representative, disclosed pursuant to an authorization, or was disclosed prior to April 14, 2003.
- Ask EBD in writing to communicate with you in a different manner or at a different place (for example, by sending materials to a P.O. Box instead of your home address) if using your address on file creates a danger to you.
- Ask EBD in writing to limit how your protected health information is used or given out. However, EBD may not be able to agree to your request if the information is used for treatment, payment or to conduct operations in the manner described above or if a disclosure is required by law.
- Get a separate paper copy of this notice.

For more information on exercising your rights set out in this notice, look at the EBD website: www.opsb.state.md.us/empbenefits/benefits.htm. You may also call 410-767-4775 and ask for EBD’s Program privacy official for this purpose. If you believe EBD has violated your privacy rights set out in this notice, you may file a written complaint with EBD at the following address:

Employee Benefits Division
Room 510, 301 West Preston Street
Baltimore, MD 21201
ATTN: HIPAA Privacy Officer

Filing a complaint will not affect your benefits under the Program. You also may file a complaint with the Secretary of the federal Department of Health and Human Services at:

Department of Health and Human Services Office of Civil Rights
150 South Independence Mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111

EBD has the right to change the way your protected health information is used and given out. If EBD makes any changes, you will get a new notice. The privacy practices listed in this notice will be effective April 14, 2003.