



NOTICE OF PRIVACY PRACTICES

STATE EMPLOYEES AND RETIREES HEALTH BENEFITS PROGRAM

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION IN RELATION TO YOUR HEALTH BENEFITS MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Under federal and State law, the **Motor Vehicle Administration's, Human Resources Division (HR)**, which administers the State Employees and Retirees Health Benefits Program (the Program), is required to protect the privacy of your protected health information. Protected health information is information that a covered entity creates or receives; information that relates to past, present and future physical or mental health condition, provision of health care or payment for health care; information that shows individual identification of the person receiving health care for example name, date of birth and social security number; and lastly health plan enrollment, eligibility or premium payment information. We take the necessary steps to ensure that your protected health information is kept secure and confidential and is used only when necessary to administer the Program. We are legally required to give you this notice to advise you how HR may use and give out ("disclose") your protected health information maintained by our office. This information generally comes to us from you when you enroll in a health plan or from the Department of Budget and Management, Employee Benefits Division and/or from your health plan in the administration of the Program.

The Employee Benefits Division and your health plan in the Program (for example, the CareFirst Blue Cross Blue Shield PPO, etc) will also use and disclose your personal health information. For questions about their policies and procedures and to exercise your rights regarding your protected health information held by them, please contact them directly or visit their websites.

HR has the right to use and disclose your protected health information to administer the Program with the Department of Budget and Management's Employee Benefits Division and/or your health plan (CareFirst Blue Cross Blue Shield PPO, etc).

How HR may use and disclose your Protected Health Information:

- To communicate with the above entities when you or someone you have authorized to act on your behalf asks for our assistance regarding a benefit or customer service issue. We may need a written authorization from you to discuss your case.
- To determine your eligibility for benefits and to administer your enrollment with the above entities.
- 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.
- To you or someone who has the legal right to act for you (your personal representative). To authorize someone other than yourself to discuss your protected health information with HR, please complete an authorization form. This form can be obtained in the HR Office, room 101 or on the HR Web Site.
- 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 HR 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, we 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 HR has already acted based on your permission.

Your rights regarding your Protected Health Information:

- Request in writing to see or get a copy of your protected health information held by HR.
- Amend any of your protected health information created by HR if you believe that it is wrong or if information is missing, and HR agrees. If HR disagrees, you may have a statement of your disagreement added to your protected health information.
- Request in writing for a listing of those getting your protected health information 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.
- Request 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 can create a danger to you.
- Request in writing to limit how your protected health information is used or given out. However, HR 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 law requires a disclosure.
- Request a copy of this notice.

If you believe the Human Resources Division has violated your privacy rights set out in this notice, you may file a written complaint at the following address:

Motor Vehicle Administration
 Human Resources Division - Attention: HIPAA Privacy Officer
 6601 Ritchie Highway N.E., Room 101
 Glen Burnie, MD 21062

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

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

 Please Print Your Name

 Employee's Signature

 Date

Please keep a copy of this notice for your files