IOWA DEPARTMENT OF HUMAN SERVICES
IOWA MEDICAID ENTERPRISE - MEMBER SERVICES
PO BOX 36510
DES MOINES, IA 50315-0314

<MEMBER NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY>, <ST> <ZIP>

Iowa Department of Human Services

Comm. 209 (Rev. 11/16)

Information About Your Privacy Rights

This notice is given to you because your health plan is Medicaid or Healthy and Well Kids in Iowa (***hawk-i***). The notice talks about your Personal Health Information (PHI), but it also includes the information for your dependent children under the health plan. This information does not affect eligibility for the health plan. PHI means records that can be used to identify you or your children who are covered by the health plan, medical care, or payment for medical care. Your PHI is protected by state and federal laws.

Your Rights to Privacy

Federal law gives you rights about PHI. You have the right to:

- Receive notice of Iowa Department of Human Services (DHS) policies and procedures used to protect your PHI.
- Ask that certain uses and disclosures of your PHI be restricted.
- Give a written request to inspect and copy your PHI.
- Give a written request that your PHI be changed.
- Ask for an accounting of disclosures by the health plan.
- Request communication of your PHI by alternative means or at an alternative address.
- Receive notice of unauthorized disclosure of your PHI.

Use and Disclosure of PHI

DHS is committed to keeping your PHI confidential and safe from being used by others without permission.

Only people who have both the need and legal right will be allowed to view your PHI. Your PHI will not be sold, used or shared for marketing or fundraising.

PLEASE READ CAREFULLY!

This notice tells you:

- ***How medical information about you may be used,***
- ***When it can be shared with others,***
- ***How you can get access to your information.***

Este aviso está disponible en español a petición.

Your health plan, Medicaid or ***hawk-i***, will ask for your written permission to release your PHI to others that are not given access to PHI under law. You may cancel your permission at any time by submitting your written instructions to the DHS Information Security and Privacy Officer.

As Required or Permitted By Law

To avoid a serious threat to health or safety: As required by law and standards of ethical conduct, we may release your PHI to the proper authorities if it is believed, in good faith, that it is necessary to prevent or minimize a serious and approaching threat to you or others' health or safety.

Treatment: Your PHI may be shared to coordinate health care. For example, your doctor may be notified about care you received in an emergency room.

Payment of medical bills: Medicaid or ***hawk-i*** may release PHI to you, your insurance company, or other third party payer, so that treatment and services provided by a medical provider may be billed and collected. Bills requesting payment may include PHI, which identifies you, your diagnosis, and any procedures or supplies used. Your PHI may be shared with a health care provider, individual or entity covered by the HIPAA privacy regulations for payment activities, such as Medicaid, Medicare or your personal health insurance carrier.

Abuse reporting: Any PHI indicating child or dependent adult abuse must be reported to authorities.

Business operations: For medical review, legal services, and auditing, include provider fraud. For example: PHI may be used to evaluate the quality of care given by the managed care program.

Health care oversight: Your PHI may be shared with agencies that monitor, investigate, inspect, discipline or license those who work in the health care system.

Specialized government functions: Your PHI may be used or shared for limited government benefits, such as public assistance benefits or benefits from the Social Security Administration.

Judicial and administrative proceedings: If you are involved in a lawsuit or other administrative proceeding, your PHI may be shared because of a court order requesting the release.

Public health: Your PHI may be shared for research purposes. Such research might try to find out whether a certain treatment is effective in curing an illness. Information that identifies you will always be removed.

As required by law: When required by law, the health plan must share PHI.

Law Enforcement: The facility may release your PHI for law enforcement purposes as required by law or in response to a court order, subpoena or warrant or other lawful process.

Responsibilities of the Health Plan

Federal law also imposes certain obligations and duties upon the health plan to safeguard your PHI. The health plan is required to:

- Provide you with this notice of the health plan's legal duties and the policies regarding the use and disclosure of your PHI.
- Maintain the privacy of your PHI in accordance with state and federal law.
- Respond to your request to restrict certain uses and disclosures of your PHI.
- Allow you to inspect and obtain a copy of your PHI during the regular business hours and according to this policy.
- Act on your request to change your PHI within 60 days, and notify you of any delay that would require the deadline to be extended by 30 days.
- Accommodate reasonable requests to communicate PHI by alternative means or methods.
- Abide by the terms of the privacy notice currently in effect.

For More Information or to Report a Problem

This notice has been provided to you as a summary of how the health plan, Medicaid or ***hawk-i***, will use your PHI and your rights about your PHI. If you have any questions, or for more information regarding your PHI, please contact the Privacy Officer at the phone number below.

If you believe your privacy rights have been violated, you may file a complaint by contacting the Privacy Officer at the phone number listed below. You may also file a complaint with the Secretary of Health and Human Services. If you file a complaint, there will be no retaliation and you will continue to receive care and treatment.

Medicaid and ***hawk-i*** reserve the right to revise practices about Protected Health Information and to revise this notice. You may ask for a revised Notice of Privacy Practices by calling the Privacy Officer at the number below.

For more information regarding your protected health information, contact:

DHS Information Security and Privacy Officer
Department of Human Services
1305 E. Walnut Street
Des Moines, IA 50319-0114

Telephone number: **1-800-803-6591**

Discrimination is Against the Law

The Iowa Department of Human Services (DHS) complies with applicable federal civil rights laws to provide equal treatment in employment and provision of services to applicants, employees, and clients and does not discriminate on the basis of race, color, national origin, age, disability or sex. DHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

DHS:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages
      If you need these services, contact Iowa Medicaid Member Services at 1-800-338-8366.

If you believe that DHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: DHS, Office of Human Resources, by emailing contactdhs@dhs.state.ia.us or in writing to:

DHS Office of Human Resources
Hoover State Office Building, 1st floor
1305 East Walnut Street
Des Moines, IA 50319-0114

You can file a grievance in person or by mail, or email. If you need help filing a grievance, the DHS Office of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al ***1-800-338-8366 (TTY: 1-800-735-2942).***

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-338-8366 (TTY: 1-800-735-2942).**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-338-8366 (TTY: 1-800-735-2942).**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-338-8366** (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: **1-800-735-2942**).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-338-8366 (TTY: 1-800-735-2942).**

تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم ***1-800-338-8366*** (رقم هاتف الصم والبكم:***1-800-735-2942***). ملحوظة: إذا كنت

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-800-338-8366 (TTY: 1-800-735-2942).**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-338-8366 (TTY: 1-800-735-2942)** 전화해 주십시오.

ध्यान द : य द आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह।

1-800-338-8366 (TTY: 1-800-735-2942) पर कॉल कर ।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-338-8366 (ATS: 1-800-735-2942).**

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call **1-800-338-8366 (TTY: 1-800-735-2942).**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-338-8366 (TTY: 1-800-735-2942).**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-338-8366 (TTY: 1-800-735-2942).**

ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး **1-800-338-8366 (TTY: 1-800-735-2942).**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-338-8366** (телетайп: **1-800-735-2942**).

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