



Health Insurance Portability and Accountability Act Notice of Information Privacy Practices

Georgia Department of Community Health

State Health Benefit Plan Notice of Information Privacy Practices

Revised October 16, 2013

The purpose of this notice is to describe how medical information about you, which includes your personal information, may be used and disclosed and how you can get access to this information. Please review it carefully.

The Georgia Department of Community Health (DCH) and the State Health Benefit Plan Are Committed to Your Privacy. The DCH is the plan sponsor and administers the health plan through the State Health Benefit Plan (the Plan). The DCH understands that your information is personal and private. Certain DCH employees and companies hired by DCH to help administer the Plan (Plan Representatives) use and share your personal and private information in order to administer the Plan. This information is called "Protected Health Information" or "PHI." This notice tells how your PHI is used and shared by the DCH and Plan Representatives. DCH follows the information privacy rules of the Health

Insurance Portability and Accountability Act of 1996, ("HIPAA").

Only Summary Information is Used When Developing and/or Modifying the Plan. The Board of Community Health, which is the governing board of DCH, the Commissioner of DCH and the Chief of the Plan administer the Plan and make certain decisions about the Plan. During those processes, they may review certain reports that explain costs, problems, and needs of the Plan. These reports never include information that identifies any individual person. If your employer is allowed to leave the Plan entirely, or stop offering the Plan to a portion of its workforce, DCH may provide Summary Health Information (as defined by federal law) for the applicable portion of the workforce. This Summary Health Information may only be used by your employer to obtain health insurance quotes from other sources and make decisions about whether to continue to offer the Plan.

Plan "Enrollment Information" and "Claims Information" is Used in Order to Run the Plan. PHI includes two kinds of information, "Enrollment Information" and "Claims Information." "Enrollment Information" which includes, but is not limited to, the following types of information regarding your plan enrollment: 1) your name, address, email address, social security number and all information that validates you (and/or your dependents) are eligible or enrolled in the Plan; 2) your plan enrollment choice; 3) how much you pay for premiums;

and 4) other health insurance you may have in effect. There are certain types of “Enrollment Information” which may be supplied to the Plan by you or your personal legal delegate, your employer, other Plan vendors or other governmental agencies that may provide other benefits to you. This “Enrollment Information” is the only kind of PHI your employer is allowed to obtain, and your employer is prohibited by law from using this information for any purpose other than assisting with the Plan enrollment.

“Claims Information” includes information your health care providers submit to the Plan. For example, it may include medical bills, diagnoses, statements, x-rays or lab test results. It also includes information you may submit or communicate directly to the Plan. For example, it may include your health questionnaires, biometric screening results, enrollment forms, leave forms, letters and/or telephone calls. Lastly, it includes information about you that may be originated by the Plan. For example, it may include payment statements and/or other financial transactions related to your health care providers.

Your PHI is Protected by HIPAA. Under HIPAA, employees of the DCH and employees of outside companies and other vendors hired either directly or indirectly by the DCH to administer the Plan are “Plan Representatives,” and therefore must protect your PHI. These Plan Representatives may only use PHI and share it as allowed by HIPAA.

The DCH Must Ensure the Plan Complies with HIPAA. As Plan sponsor and administrator, the DCH must make sure the

Plan complies with all applicable laws, including HIPAA. The DCH and/or the Plan must provide this notice, follow its terms and update it as needed. Under HIPAA, Plan Representatives may only use and share PHI as allowed by law. If there is ever a breach of your PHI, the DCH must notify you of the breach.

Plan Representatives Regularly Use and Share your PHI in Order Administer the Plan. Plan Representatives use and share your PHI in order to administer the Plan. For example, Plan Representatives may verify your eligibility in order to make payment to your health care providers for services rendered. Certain Plan Representatives may work for contracted companies assisting the administration of the Plan. By law, these Plan Representative companies also must protect your PHI. They also must sign “Business Associate” agreements with the Plan to ensure compliance. Additionally, Plan Representative companies may need to share PHI data in order to administer the Plan.

Below are some examples of Plan Representative companies and PHI data sharing. These include, but are not limited to the following:

Claims Administrator Companies: Plan Representatives process all medical and drug claims; communicate with the Plan members and/or their health care providers.

Wellness Program Administrator Companies: Plan Representatives administer wellness programs offered under

the Plan; communicate with the Plan members and/or their health care providers.

Actuarial, Health Care and /or Benefit Consultant Companies: Plan Representatives may have access to PHI in order to conduct financial projections, premium and reserve calculations and financial impact studies on legislative policy changes affecting the Plan. However, they are prohibited by law from using any PHI that includes genetic information for these purposes.

State of Georgia Attorney General's Office, Auditing Companies and Outside Law Firms: Plan Representatives may provide legal, accounting and/or auditing assistance to the Plan.

Information Technology Companies: Plan Representatives maintain and manage information systems that contain PHI.

Enrollment Services Companies: Plan Representatives may provide the enrollment website and/or provide customer service to help Plan members with enrollment matters.

Under HIPAA law, all employees of the DCH must protect PHI and all employees must receive and comply with the DCH HIPAA privacy training. Only those DCH employees designated by the DCH as Plan Representatives for the SHBP healthcare component are allowed to use and share SHBP PHI.

Plan Representatives May Make Special Uses or Disclosures Permitted by Law. HIPAA has a list of special situations or uses when the Plan may use or share your PHI without your authorization as permitted by law. The Plan must track the special use or disclosure. Below are some examples of special uses or disclosures for PHI data sharing permitted by law. These include, but are not limited to the following:

Compliance with a Law, or to Prevent Serious Threats to Health or Safety: The Plan may use or share your PHI in order to comply with a law, or to prevent a serious threat to health and safety.

Public Health Activities: The Plan may give PHI to other government agencies that perform public health activities.

Information About Eligibility for the Plan and Improve Plan Administration: The Plan may give PHI to other government agencies that may provide you benefits (such as state retirement systems) in order to get information about your eligibility for the Plan and to improve administration of the Plan.

Research Purposes: Your PHI may be given to researchers for a research project, when the research has been approved by an institutional review board. The institutional review board must review the research project and its rules to ensure the privacy of your information.



Plan Representatives Share Some Payment Information with the Employee.

Except as described in this notice, Plan Representatives are allowed to share your PHI only with you, and/or with your legal personal representative. However, the Plan may provide limited information to the employee about whether the Plan paid or denied a claim for another family member.

You May Authorize Other Uses of Your PHI.

Plan Representatives may not use or share your PHI for any reason that is not described in this notice without a written authorization by you or your legal representative. For example, use of your PHI for marketing purposes, or uses or disclosures that would constitute a sale of PHI are illegal without this written authorization. If you give a written authorization, you may revoke it later.

You Have Privacy Rights Related to Plan Enrollment Information and Claims Information that Identifies You.

Right to Obtain a Copy your Information, Right to Ask for a Correction: You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction.

Right to Ask for a List of Special Uses and Disclosures: You have the right to ask for a list of all special uses and disclosures.

Right to Ask for a Restriction of Uses and Disclosures, or for Special Communications: You have the right to ask for added restrictions on uses and disclosures. You also may ask the Plan to communicate with you at a different address in order to protect your safety.

Right to a Paper Copy of this notice and Right to File a Complaint: You have the right to a paper copy of this notice. Please contact the SHBP Call Center at 1-800-610-1863 or you may download a copy at www.dch.georgia.gov/shbp. If you think your HIPAA privacy rights may have been violated, you may file a complaint. You may file the complaint with the Plan and/or the U.S. Department of Health & Human Services, Office of Civil Rights, Region IV. You will never be penalized by the Plan or your employer for filing a complaint.

Address to File HIPAA Complaints:

**Georgia Department of Community Health
SHBP HIPAA Privacy Unit**
P.O. Box 1990
Atlanta, GA 30301
1 800 610 1863

**U.S. Department of Health & Human Services
Office for Civil Rights
Region IV**
Atlanta Federal Center
61 Forsyth Street SW
Suite 3B70
Atlanta, GA 30303-8909



For more information about this notice, contact:

Georgia Department of Community Health

State Health Benefit Plan

P.O. Box 1990

Atlanta, GA 30301

1 800 610 1863