

ARKANSAS COMPREHENSIVE HEALTH INSURANCE POOL (“CHIP”)
PRIVACY NOTICE

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.

Dear CHIP Policyholder:

CHIP provides you health insurance coverage. To provide you coverage, we receive, use and disclose your protected health information. Protected health information (PHI) is medical or health information that identifies you.

CHIP is committed to protecting the privacy of your PHI. This Privacy Notice tells you about your privacy rights, our duty to protect your PHI and how we may use and disclose your PHI without your written permission.

CHIP’s DUTIES UNDER THE LAW.

- A. CHIP must safeguard your PHI;
- B. give you this Privacy Notice describing our legal duties with respect to your PHI; and
- C. follow this Privacy Notice until a new Privacy Notice takes its place.

We are permitted to change our Privacy Notice at any time. If we make major changes, we will send you a copy of our new Privacy Notice within 60 days after it takes effect, as long as you are still a CHIP member.

HOW CHIP USES AND DISCLOSES YOUR PHI

- A. **Administering CHIP.** CHIP most often uses and discloses your PHI in the following situations. In such cases, we are permitted to use and disclose your PHI without your written permission.
 - 1. **Treatment.** CHIP provides insurance coverage for care provided by hospitals, doctors and other providers. We will disclose your PHI to your health care provider if he or she requests the information to provide you care.
 - 2. **Payment.** CHIP may use and or disclose your PHI to pay for your health care. For example, when your doctor or hospital sends a claim to CHIP to get paid for your care, it includes information about your illness and treatment.
 - 3. **Health care operations.** CHIP may use and disclose your PHI for its health care operations. Health care operations include:
 - a. activities to evaluate and improve the quality of health care provided to you; and

- b. setting premium rates;
 - c. coordinating or reviewing your care;
 - d. other general administration of the CHIP Program, such as customer service, resolving grievances, or sending you information about your benefits, treatment alternatives or other health-related benefits and services that may be of interest to you.
- 4. **Disclosures to Contractors.** CHIP contracts with a Plan Administrator to enroll members, pay claims and perform other services. CHIP may disclose your PHI to the Plan Administrator and other people or companies that help administer the program. To request your PHI, the contractors must:
 - a. need the information to perform services for CHIP; and
 - b. promise in writing to protect the privacy of that information.

B. Other Uses and Disclosures. The law allows CHIP to use or disclose your PHI in other ways without your written permission. These ways are generally described below.

- 1. **To a family member, relative, or close personal friend.** CHIP may disclose your PHI to a family member, other relative or close personal friend when that person is directly involved in your care or payment for your care. If you are present and conscious, we will give you the chance to object before we make the disclosure. Otherwise, we will use our best professional judgment.
- 2. **Exchange of information with other public benefit programs.** CHIP may disclose your PHI to a government agency or program offering public benefits if:
 - a. the information relates to whether you qualify for or are signed up for CHIP and the law requires or specifically allows the disclosure; or
 - b. the other government agency has the same privacy protections as CHIP, has programs that serve similar groups of people, and the information is needed to coordinate or improve how CHIP is run.
- 3. **Health oversight activities.** CHIP may disclose your PHI to a government agency authorized to conduct oversight activities, such as the Arkansas Insurance Department.
- 4. **Public health activities.** CHIP may disclose your PHI for public health activities, including to a public health authority to prevent or control disease, injury, or disability.

This Notice takes effect on April 14, 2003 and stays in effect until it is replaced.

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5. **Victims of abuse, neglect, or domestic violence.** If CHIP believes you are the victim of abuse, neglect, or domestic violence, CHIP may disclose your PHI to a government agency that receives reports of these types of matters.
6. **To stop a serious threat to health or safety.** CHIP may disclose your PHI to avert a serious threat to someone's health or safety. For example, we may disclose PHI to law enforcement authorities to apprehend someone who has escaped from lawful custody.
7. **For other law enforcement purposes.** CHIP may disclose your PHI to law enforcement officials for a variety of enforcement purposes, such as responding to requests for information about an actual or suspected victim of a crime.
8. **For court and administrative proceedings.** CHIP may disclose your PHI in the course of a court or administrative proceeding.
9. **When required by law.** CHIP must disclose your PHI when the law requires the disclosure. For example, CHIP must disclose your PHI to the federal government if they ask for the information to enforce privacy protections.
10. **Research.** CHIP may disclose your health information for research if a research board approves the use. The board will ensure that your privacy is protected when your health information is used in research.
11. **Other uses and disclosures.** CHIP may use or disclose your PHI:
 - a. to create health information that does not identify any specific individual;
 - b. to a prison, jail, or law enforcement facility where you are in custody;
 - c. for national security or military purposes; or
 - d. to comply with workers' compensation laws or similar laws.
 - e. to coroners, medical examiners or funeral directors as allowed by law;
 - f. for organ or tissue donation purposes as allowed by law.

C. Disclosures That Require Your Written Permission. Except as described above or otherwise permitted by law, CHIP cannot use or disclose your PHI unless you give CHIP authorization to do so. The authorization must be in writing on a form provided by CHIP. You may cancel your authorization by notifying us in writing. However, your cancellation will not affect any action we have already taken based on your permission.

YOUR PRIVACY RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

This Notice takes effect on April 14, 2003 and stays in effect until it is replaced.

You have the right to:

- A. View and copy your PHI.** Your request must be in writing and we may charge a fee for the costs of copying, mailing and supplies necessary to comply with your request. CHIP is permitted to deny your request in certain situations. You may have the right to appeal our decision.
- B. To request, in writing, CHIP to change your PHI, if you believe the information is incorrect or incomplete.** CHIP can only change information we created. For example if your doctor created your PHI, we will not correct the information. You will have to contact your doctor directly.
- C. Request, in writing, a list of all the times CHIP or its contractors have released your PHI.** This list will not include disclosures made in the normal course of providing health insurance coverage to you through CHIP. It also will not include disclosures you have authorized in writing. We will provide you with the first list at no charge.
- D. Tell us where and how to send you messages that include your PHI,** if you think sending information in the usual way could put you in danger. Your request must be in writing. For example, you can ask us to send your information to you at work instead of at your home address, or to call you at work.
- E. Request more limits on how CHIP uses and discloses than the law requires.** CHIP may agree to your request but we are not required to agree.
- F. Request a copy of this notice.** You have the right to request a copy of this Privacy Notice at any time.
- G. Complain.** If you think CHIP has violated your privacy rights, you may file a written complaint by contacting CHIP at the address listed below. You also may file a written complaint with the Office of Civil Rights, U.S. Department of Health and Human Services, at the address provided at the bottom of this page. **You will not be punished for making a complaint to us or the Office of Civil Rights.**

REQUESTING INFORMATION OR FILING COMPLAINTS

If you have questions, need request forms, or would like to file a complaint with CHIP about our privacy practices, please contact CHIP at the following address:

CHIP Program, P.O. Box 1460, Little Rock, AR 72203

To complain to the Office of Civil Rights, contact:
Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. Phone (214) 767-4056; FAX (214) 767-0432; TDD (214) 767-8940. You also may complain by e-mail to: OCRComplaint@hhs.gov