



Updated: February 5, 2016

Privacy Notice

What is our privacy commitment to you?

We are committed to keeping your health information private and secure.

By law, we must make and keep a record of each time you contact or get services from Pennsylvania Independent Enrollment Broker (PA IEB) by email, phone, letter, voicemail or home visit. Our records help us make sure you get the best care and services.

This Privacy Notice (Notice) applies to all PA IEB records of contact or services. This includes the records made by our employees and all providers we contract to give you services. This Notice tells how we may use or share your Protected Health Information (PHI). It does not list every situation.

Who follows the privacy rules in this Notice?

PA IEB and all its partners follow the privacy rules in this Notice, including:

- All departments and units of PA IEB and its partners
- All employees, staff, board members and other PA IEB personnel

They may share PHI with each other for the business purposes listed in this Notice.

How do we use and share your PHI?

PA IEB has many programs and services. If you get services from PA IEB, we may use or share your PHI for treatment, billing or business operations. We **do not** need your consent or permission to share PHI to:

- Enroll you in waiver services with your chosen Service Coordination Agency
- Communicate with other service providers who may give you care
- Review our staff performance in caring for you
- Run PA IEB programs
- Measure and improve our services and outcomes
- Tell you about other public programs and services
- Contact you about appointments for treatment
- Give information in an emergency



P.O. Box 61560
Harrisburg, PA 17106



Call us toll free at
1-877-550-4227



Send a fax to
1-888-349-0264



Email us at
paieb@maximus.com



Are there other times PA IEB does not need consent or permission to use or share your PHI?

Yes. As law allows, PA IEB may also use or share your PHI without your written consent:

- When federal, state or local law requires it
- For public health activities to:
 - Prevent or control disease, injury or disability
 - Report child abuse, neglect or domestic violence
 - Report problems with services or other adverse events
- If you are in a lawsuit or dispute, in response to a court order, subpoena, discovery request or other lawful process, with certain rules
- For certain law enforcement purposes
- For organ and tissue donation
- For health-related, government-approved research
- With certain authorities if you are a member of the armed forces
- To obey laws for workers' compensation or programs such as auto or disaster insurance
- With persons such as family members, friends or others you (or your legal representative) tell us are involved in your care or payment for your care
- With coroners, medical examiners and funeral directors to identify a deceased person or find the cause of death
- With authorized federal officials for national security and intelligence activities allowed by law

Who may receive your PHI?

We may share your PHI with:

- **Business Associates:** Service providers we contract to give you services. We only share information the providers need to do the job. We require them to keep your information safe.
- **Public Health Authorities:** To prevent or control public risk of disease, injury or disability.
- **Public Safety Officials:** To prevent a serious threat or injury to your safety or the safety of another person.
- **Government Agencies:** Federal, state and local government, when required by law.



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**Does PA IEB share all your health information?**

No. We do not share information you give us in writing, in emails, by phone or by voice mail about your financial situation, medical condition and care. We do not share information you give to us directly or indirectly in, or attached to, applications.

We do not give out, exchange, trade, rent, sell, lend or send any information about applicants or clients who apply for or get our services if the information is:

- Considered patient confidential
- Restricted by law
- Specifically restricted by a patient or client in a signed Health Insurance Portability and Accountability Act (HIPAA) consent form

Is there any PHI that PA IEB needs your permission to share?

Yes. By state or federal law, there is some PHI we may share only if you give us permission in writing. We need your permission to share PHI such as:

- Drug and alcohol abuse treatment information
- Mental health treatment information
- HIV/AIDS status

You may write at any time to say you no longer permit us to share the PHI. If you write to end permission, we cannot take back anything we shared when we had your permission.



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Your Rights

Records we make and keep belong to PA IEB. You have these rights to our records about you:

Right to ask for restrictions

You have the right to ask us to restrict or limit the PHI we use or share about you for treatment, billing or business operations. You also have the right to ask us to restrict or limit the PHI we share about you with someone involved in your care or payment for your care, such as a family member or friend.

If you want to restrict or limit your PHI, write to us at the address below. Tell us:

- What information you want to limit
- If you want to limit use, sharing or both
- Who you want the limit to apply to

We are **not** required to agree, but we will consider your request. If we agree, we will honor your request unless the information is needed to give you emergency treatment.

Right to ask for confidential communications

You have the right to ask us to communicate with you about medical matters in a certain way or at a certain place. For example, you can ask that we only contact you at home or only by mail.

If you want us to communicate with you in a certain way, write to us at the address below. Tell us how or where you want us to contact you.

We **must** grant all reasonable requests for confidential communications.

Right to inspect (look at) and copy

You have the right to look at and copy the records we make and keep about services we gave you. This right does not apply to psychotherapy information in our records. We may charge you a reasonable fee for a copy of your health information.

If you would like a copy of your records, write to us at the address below. Please tell us what records you need copies of.

We may **deny** your request to inspect or copy in certain cases. If we deny your request, you may ask for a review. Another health care professional chosen by PA IEB will review your request and the denial. The person doing the review will not be the person who denied your request. We will follow the person's decision.



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Right to amend (change) information

You have the right to ask us to change or complete PHI that you believe is incorrect or incomplete.

If you believe that the PHI we have about you is incorrect or incomplete, write to us at the address below. Tell us why we should change your health information.

We may **deny** your request if we did not create the health information you believe is incorrect. We also may deny your request if we disagree with you and believe your medical information is correct.

Right to an accounting (list) of PHI shared

You have the right to ask for a list of your PHI we shared in the last 12 months. We will tell you the dates, who received the PHI, a brief description of what was shared, and the reason it was shared.

If you want a list of PHI that has been shared, write to us at the address below.

We will give you the list within **60 days**, unless you agree to an extension. The list is free unless you ask more than once in a year. We are **not** required to include PHI we gave:

- To you
- With your written permission
- For treatment, billing or business operations to persons involved in your care
- For national security or intelligence
- To correctional facilities or law enforcement

Right to paper copy of this Notice

You have the right to a paper copy of this Notice. You may ask for one at any time. If you would like a copy, write to us at the address below or call us at **1-877-550-4227**. PA IEB will mail you a copy.



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Our Duties

PA IEB has a duty to:

- Keep your PHI private
- Tell you if we do not agree to a restriction you asked for
- Grant all reasonable requests for confidential communications
- Give you copies of your records when you ask for them
- Change health information that is proven to be incorrect, or complete missing health information
- Give you an accounting (list) of your PHI we shared in the last 12 months
- Give you this Notice about our legal duties for the PHI we collect, use and keep about you

Changes to this Notice

PA IEB may change its privacy practices as allowed by law. We may make new privacy practices for all PHI we keep. To get an updated copy of this Notice, call PA IEB at **1-877-550-4227**.

Questions

If you have questions and would like more information, call PA IEB at **1-877-550-4227**.

Complaints

If you believe your privacy rights have been violated, tell us:

Write: PA Independent Enrollment Services Manager
P.O. Box 61560
Harrisburg, PA 17106

Call: **1-877-550-4227**

You may also contact the Office of Civil Rights, United States Department of Health and Human Services:

Write: Region III, Office of Civil Rights
U.S. Department of Health and Human Services
150 South Independence Mall West, Suite 372
Philadelphia, PA 19106-9111

Call: **1-215-861-4441** or **1-800-368-1019** (toll free)

PA IEB will not retaliate if you make a complaint.



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