

**Notice of Privacy Practices**  
**From the State of Arkansas**  
**Department of Transformation and Shared Services**  
**Employee Benefits Division**

This notice describes how claims or medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**Introduction**

Employee Benefits Division (EBD) is responsible for managing health benefits for the State of Arkansas and the Public School Employees. As a group health plan, EBD is required by law to maintain the privacy of protected health information. The Notice of Privacy Practices describes the types of information, its uses and disclosures and your rights regarding that information. It is intended to inform you of how we use and release or “disclose” your protected health information held by us.

“Protected health information” (PHI), means information that is individually identifiable and is protected by privacy regulations. Examples include information regarding the health care treatment, payment, or operations that can identify you or your dependents. This information is obtained from enrollment forms for health care coverage, surveys, healthcare claims, specialist referrals, case management services, your medical records, and other sources. You might provide protected health information by telephone, fax, letter, or e-mail. Other sources of protected health information include, but are not limited to: healthcare providers, such as insurance administrators, network providers and claim processors (hereafter referred to as business partners or affiliates). When used with health related information, any of the following would be considered protected health information:

- Name, address, and date of birth
- Marital status, age, photo, gender
- Information regarding dependents
- Other similar information that relates to past, present or future medical care
- ID number and Social Security Number
- Postal code
- Job classification, job tenure, education level

**Disclosures of protected health information not requiring authorization**

The law allows the use and disclosure of protected health information (with the exception of genetic information) without the authorization of the individual for the purpose of treatment, payment, and/or health care operations, which includes, but is not limited to:

- Treatment of a health condition
- Business planning and development
- Coordination of benefits
- Enrollment into the group health plan
- Eligibility for coverage issues
- Complaint review
- Regulatory review and legal compliance
- Fraud abuse detection or compliance
- Payment for treatment
- Claims administration
- Insurance underwriting
- Premium billing
- Payment of claims
- Appeals review
- Case Management
- Utilization Review

## **Special Note on Genetic Information**

EBD is prohibited by law from collecting or using genetic information for purposes of underwriting, setting premium, determining eligibility for benefits or applying any preexisting condition exclusion under an insurance policy or health plan. Genetic information means not only genetic tests that you have received, but also any genetic tests of your family members, or any manifestations of a disease or disorder among your family members. We may obtain and use genetic information in making a payment or denial decision or otherwise processing a claim for benefits under your health plan or insurance policy, to the extent that genetic information is relevant to the payment or denial decision or proper processing of your claim.

## **Uses and disclosures for treatment**

Your protected health information will be obtained from or disclosed to health care providers involved in your or your dependents treatment.

## **Uses and disclosures for payment**

Your protected health information will be obtained from and disclosed to individuals involved in your treatment for purposes of payment. Your protected health information may be shared with persons involved in utilization review, or other claims processing.

## **Uses and disclosures for health care operations**

Your protected health information will be used and disclosed for plan operations including but not limited to underwriting, premium rating, auditing, pharmacy management programs, dental benefits, to contact you regarding new or changed health plan benefits, case management and business planning. In order to ensure the privacy of your protected health information, EBD has developed privacy policies and procedures. During the normal course of business, EBD may share this information with its business partners or affiliates that have signed a contract specifying their compliance with EBD's privacy policies.

## **Marketing and Fundraising**

EBD will never use or disclose your personal information for marketing or fundraising purposes.

**NOTE: Only the minimum necessary amount of information to complete the tasks listed above will be disclosed. For disclosures of personal health information in situations, other than outlined above, EBD will ask for your authorization to use or disclose your protected health information. EBD will use or disclose information in these circumstances pursuant to the specific purpose contained in your authorization.**

- Usually, only the person to whom the protected health information pertains may make authorization.
- In some circumstances, authorization may be obtained from a person representing your interests (such as in the case where you may be incapacitated and unable to make an informed authorization) or in emergency situations where authorization would be impractical to obtain.
- Any 3rd party acting as your advocate (for example, a family member, your employer, or your elected official) would require an authorization.

**In the event that your PHI is disclosed in a manner not covered under this NPP or in violation of our privacy and security policies, you will be notified via first class mail.**

## Forms

Forms may be obtained from EBD or our website ([www.ARBenefits.org](http://www.ARBenefits.org))

- Authorization for Release of Protected Health Information
- Revoking Authorization for Release of Protected Health Information

## Your Rights

By law, EBD must have your written permission (an “authorization”) to use or release your protected health information for any purpose other than payment or healthcare operations or other limited exceptions outlined here or in the Privacy regulation. You may take back (“revoke”) your written permission at any time, unless if we have already acted based on your permission.

- You have the right to review and copy your protected health information maintained by EBD. If you require a copy of PHI, the first request will be provided to you at no cost. A reasonable fee will be charged for shipping additional or subsequent copies.
- You have a right to request a copy of this information in electronic form as agreed to by EBD and the covered individual (to the extent the information is electronically producible). The request must be made in writing.
- You can request a paper copy of the Notice of Privacy Practices from EBD.
- You have the right to request an accounting, or list, of non-routine disclosures of your protected health information that is contained in a designated record set that was used to make decisions about you by EBD. This request must be made in writing. The listing will not cover your protected health information that was given out to you or your personal representative, that was given out for payment or healthcare operations, or that was given out for law enforcement purposes.
- You have the right to request a restriction on the protected health information that may be used and/or disclosed. You have the right to request that communication regarding your protected health information from EBD be made at a certain time or location. This request must be in writing and EBD reserves the right to refuse the restriction. If EBD disagrees, you may have a statement of your disagreement added to your protected health information.
- Psychotherapy notes cannot be released without explicit written authorization. EBD does not collect this type of information. Requests for disclosure of psychotherapy notes should be made directly to the treating physician.
- You have the right to receive confidential communication of PHI at alternate locations and by alternate means. (For example, by sending your correspondence to a P.O. Box instead of your home address) if you are in danger of personal harm if the information is not kept confidential.
- You have the right to ask to limit how your PHI is used and given out to pay your claims and perform healthcare operations. Please note that EBD may not be able to agree to your request.
- You have the right to pay your claim in full and request that your provider not share your PHI with your health plan or anyone else (as long as you pay 100% of the cost of the service).

## To Exercise Your Rights

If you would like to contact EBD for further information regarding this notice or exercise any of the rights described in this notice, you may do so by contacting EBD's Member Services Department at the following toll free number:

1-877-815-1017 **press #1**

We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

EBD's Privacy Office:

EBD Privacy Officer  
P.O. Box 15610  
Little Rock, AR 72231  
Phone: (501) 682-9656  
Toll Free: (877) 815-1017 (press #1)  
Fax: (501) 682-1168

Or you can send your complaint to the Office for Civil Rights:

Office for Civil Rights, U.S. Department of Health and Human Services  
1301 Young Street - Suite 1169  
Dallas, TX 75202  
Phone: (214) 767-4056  
TDD: (214) 767-8940  
Fax: (214) 767-0432

To email the Office for Civil Rights, send your message to: [OCRCompliant@hhs.gov](mailto:OCRCompliant@hhs.gov)

Under the HIPAA regulations and guidelines, there can be no retaliation for filing a complaint. You should notify EBD and OCR immediately in the event of any retaliatory action.

## Changes to Privacy Practices

If EBD changes its privacy policies and procedures, an updated Notice of Privacy Practices will be provided to you. We are required by law to abide by the terms of this notice. We reserve the right to change this notice and make the revised or changed notice effective for claims or medical information we already have about you as well as any future information we receive. When we make changes, we will notify you by sending a revised notice to the last known address we have for you or by alternative means allowed by law or regulation. We will also post a copy of the current notice on [www.ARBenefits.org](http://www.ARBenefits.org)