Q. Does DSS disclose my protected health information to others?

A. DSS may share health information about you before we pay providers for your treatment and services; to see if you are eligible for other services from DSS; and to operate the Medicaid, HUSKY and other DSS programs. This includes looking into possible fraud by or overpayments to providers and defending DSS in lawsuits. For example, we may share your health information with the following:

- professionals we hire to see if your treatment is necessary and if we can pay for it;
- companies we contract with to help run our programs, pay medical bills and find out if you are eligible for any other health benefit programs;
- providers or agencies, if necessary to help you get benefits from DSS;
- medical providers and other individuals and entities to make sure you are getting the most appropriate treatment and benefits; and
- health insurance companies we bill if DSS has paid for services that those companies should have paid for.

We may also share your health information, without your approval, in an emergency, in response to a court order or when the law requires that we share it. For example, the law may require that we share your information with:

- the Labor Commissioner if it is directly related to unemployment compensation or to serve certain people receiving help from DSS;
- the Commissioner of Mental Health and Addiction Services when necessary to operate some of its programs;
- the Commissioner of Administrative Services or Emergency Services and Public Protection to collect overpayments or amounts owed to DSS; to investigate fraud; and to locate absent parents of children who are on benefits;
- the Commissioner of Children and Families if there is immediate danger to a child’s health or safety or the Department of Public Health to coordinate certain benefits;
- other state agencies, the police, or the federal government.

Does DSS need my approval before it shares my protected health information?

A. When you applied for benefits from DSS, you agreed that DSS could share your information for purposes of operating its programs and paying for your benefits. We need your separate approval to share information about you that is not related to payment of claims, treatment, or operating the programs that you are on, except if the law requires us to share it. For example, we would usually need you to agree in order for DSS to give out any psychotherapy notes we have about you. If we wanted to use or give out protected health information about you for marketing purposes or if we were to sell your protected health information, we would also need you to agree. Even if you give your approval for us to give out your information, you may change your mind as long as you do so, in writing, before we have given it out.
Q. What are DSS’s duties?

A. DSS is required by law to keep your protected health information private, to provide you with notice of our legal duties and privacy practices concerning your protected health information and to notify you following a breach of unsecured protected health information. DSS must also follow all of the rules listed in this notice and send or give you a new notice if we make important changes to our privacy rules and practices. DSS reserves the right to change its privacy practices. If the privacy practices change, DSS will send you a new notice. The new privacy practices will apply to the information DSS already has about you.

Q. What are my rights?

A. You have the right to:

• have a paper copy of this notice, upon request, even if you got it electronically;

• ask us to limit uses and sharing of your information to carry out treatment, payment or health care operations, although the only time we must follow your wishes is if you ask us not to disclose such information to another health plan about a health care item or service that you paid for yourself;

• an accounting. DSS keeps a list of persons or agencies we have given your protected health information to if you did not ask us to share it or if we shared it for reasons other than payment, treatment or operation of our programs. You may get that list for 6 years back from the date you ask for it;

• ask us to contact you in a special way. For example, you may ask us to contact you at work or by mail only;

• look at and copy, upon written request, the health information we have about you, except if we think it would be harmful to you; if the information was collected for use in a civil or criminal proceeding; or you would learn the names of people who gave us information about you without your knowing it and we agreed not to share those names with you;

• ask us to change information we have about you in your DSS record. You must ask us in writing and state the reason you are asking for the change. We may not agree to change the information in your record.

We may contact you about your appointments, treatment alternatives or health-related benefits and services.

Q. What if I have questions?

A. If you have questions about privacy concerning your health information, need this notice provided in an alternative format, or wish to exercise your rights as stated above, you may call the DSS Privacy Officer at the DSS Central Office at 1-888-760-8883 or email PrivacyOfficer.dss@ct.gov.

Q. What if I think DSS shared my information incorrectly?

A. You may complain by writing to the DSS Privacy Officer at 25 Sigourney Street, Hartford, CT 06106 or by emailing to PrivacyOfficer.dss@ct.gov. You may also complain to the Boston office of the federal Office for Civil Rights, U.S. Department of Health and Human Services, J.F. Kennedy Federal Building, Room 1875, Boston, MA 02203, or email OCRComplaint@hhs.gov within 180 days of when the problem happened. Your benefits will not be affected if you make a complaint.