The Department of Human Services (DHS) provides many types of services, such as health and social services. DHS staff must collect information about you to provide these services. DHS knows that information we collect about you and your health is private. DHS is required to protect this information by Federal and State law. We call this information “protected health information” (PHI).

The Notice of Privacy Practices will tell you how DHS may use or disclose information about you. Not all situations will be described. DHS is required to give you a notice of our privacy practices for the information we collect and keep about you. DHS is required to follow the terms of the notice currently in effect.

**DHS May Use and Disclose PHI Without Your Authorization**

- **For Treatment.** DHS may use or disclose PHI with health care providers who are involved in your health care. For example, PHI may be shared to create and carry out a plan for your treatment.

- **For Payment.** DHS may use or disclose PHI to get payment or to pay for the health care services you receive. For example, DHS may provide PHI to bill your health plan for health care provided to you.

- **For Health Care Operations.** DHS may use or disclose PHI in order to manage its programs and activities. For example, DHS may use PHI to review the quality of services you receive.

- **For Public Health Activities.** DHS may release your PHI, subject to the provisions of applicable state and federal law, for the following kinds of activities:
  - To prevent or control disease, injury or disability or to keep vital statistics records such as births and deaths.
  - To notify social services agencies who are authorized by law to receive reports of abuse neglect or domestic violence.
  - To report reactions to medications or products with products to the Food and Drug Administration (FDA).

- **For Health Oversight Activities.** DHS may use or disclose PHI to inspect or investigate health care providers.

- **As Required by Law and For Law Enforcement.** DHS will use and disclose PHI when required or permitted by federal or state law or by a court order.

- **For Abuse Reports and Investigations.** DHS is required by law to receive and investigate reports of abuse.

- **For Government Programs.** DHS may use and disclose PHI for public benefits under other government programs. For example, DHS may disclose PHI for the determination of Supplemental Security Income (SSI) benefits.

- **To Avoid Harm.** DHS may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

- **For Research.** DHS uses PHI for studies and to develop reports. These reports do not identify specific people.

If you do not object and the situation is not an emergency and disclosure is not otherwise prohibited by stricter laws, DHS is permitted to release your PHI under the following circumstances:

- **Individuals Involved in Your Care:** DHS may disclose PHI to a family member, relative, or other person(s) whom you have identified to be involved in your health care or the payment of your health care.

- **Family:** DHS may use your PHI to notify a family member, a personal representative or a person responsible for your care, of your location, general condition or death.

- **Disaster Relief Agencies:** DHS may release your PHI to an agency authorized by law to assist in disaster relief efforts.

- **As Required by Law:** If you are involved in a lawsuit or a dispute, DHS may release PHI about you in response to a court or administrative order. We may also release PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Coroners, Medical Examiners and Funeral Directors:** The DHS may release PHI to an agency authorized by law to carry out duties as authorized by law.

- **Organ Donations:** If you are an organ donor, the DHS may release your PHI to an organization that procures, banks, or transports organs for the purpose of an organ, eye or tissue donation and transplantation.

- **National Security and Protection of the President:** DHS may release your health PHI to an authorized federal official or other authorized persons for purposes of national security, for providing protection to the President, or to conduct special investigations, as authorized by law.

- **Correctional Institution:** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, DHS may release your PHI to the correctional institution or law enforcement officer. The PHI released must be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

- **Military:** If you are a veteran or a current member of the armed forces, DHS may release your PHI as required by military command or veteran administration authorities.

**Other Uses and Disclosures Require Your Written Authorization**

For other situations, DHS will ask for your written authorization before using or disclosing PHI. You may cancel this authorization at any time in writing. DHS cannot take back any uses or disclosures already made with your authorization.

**Other Laws Protect PHI.** Many DHS programs have other laws for the use and disclosure of PHI about you. When outside the boundaries of treatment, payment, or operations, your written authorization is required for family planning, HIV/AIDS, Sexually Transmitted Diseases, and Women, Infants, and Children (WIC) records.

**Your PHI Privacy Rights**

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

- **Right to Request a Correction or Update of**
Your Records. You may ask DHS to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.

- **Right to Get a List of Disclosures.** You have the right to ask DHS for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you, your family, or guardian, PHI that was sent with your authorization.

- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that DHS limit how your PHI is used or disclosed. You must make the request in writing and tell DHS what PHI you want to limit and to whom you want the limits to apply. DHS is not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.

- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose PHI, you can cancel that authorization at any time. You must make the request in writing. This will not affect PHI that has already been shared.

- **Right to Choose How We Communicate with you.** You have the right to ask that DHS share PHI with you in a certain way or in a certain place. For example, you may ask DHS to send PHI to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how DHS has used or disclosed PHI about you.

- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

**How to contact DHS to Review, Correct, or Limit Your Protected Health Information (PHI)**

You may contact your local DHS office or the DHS Privacy Officer at the address listed at the end of this notice to:

- Ask to look at or copy your records
- Ask to correct or change your records
- Ask to limit how information about you may be used or disclosed
- Ask for a list of the times DHS disclosed is used or disclosed information about you
- Ask to cancel your authorization

DHS may deny your request to look at, copy or change your records. If DHS denies your request, DHS will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with DHS or with the U.S. Department of Health and Human Services, Office for Civil Rights.

**How to File a Complaint or Report a Problem**

You may contact any of the people listed below if you want to file a complaint or to report a problem with how DHS has used or disclosed PHI about you. Any complaints you make. DHS cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

The **Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.** This letter is available in other languages and alternate formats.

**Medical Privacy, Complaint Division**

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

HHH Building, Room 509H

Washington, D.C. 20201

Phone: 866-627-7748 TTY: 886-788-4989

Email: ocrmail@hhs.gov

**How to contact DHS to Review, Correct, or Limit Your Protected Health Information (PHI)**

You may contact your local DHS office or the DHS Privacy Officer at the address listed at the end of this notice to:

- Ask to look at or copy your records
- Ask to correct or change your records
- Ask to limit how information about you may be used or disclosed
- Ask for a list of the times DHS disclosed is used or disclosed information about you
- Ask to cancel your authorization

DHS may deny your request to look at, copy or change your records. If DHS denies your request, DHS will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with DHS or with the U.S. Department of Health and Human Services, Office for Civil Rights.

**How to File a Complaint or Report a Problem**

You may contact any of the people listed below if you want to file a complaint or to report a problem with how DHS has used or disclosed PHI about you. Any complaints you make. DHS cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

The **Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.** This letter is available in other languages and alternate formats.

**Medical Privacy, Complaint Division**

**ACKNOWLEDGEMENT OF RECEIPT**

**NOTICE OF PRIVACY PRACTICES**

I, ___________________________ (print client’s name or legal representative) have been given a copy of DHS’ Notice of Privacy Practices and have had a chance to ask questions about how my PHI will be used.

Client’s Signature: ___________________________

Date: ___________________________

Parent/Guardian: ___________________________

Relationship: ___________________________

Relationship: ___________________________

Explanation for lack of acknowledgement signature:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

File the original signed copy in the case record; give the recipient of this notice a copy of this document.

**Arkansas Department of Human Services**

DHS Privacy Officer

Department of Human Services

P.O. Box 1437, Slot S260

Little Rock, Arkansas 72203-1437

Telephone: 1-800-482-8988

Email: DHSPrivacyOfficer@arkansas.gov

**Office for Civil Rights**

Medical Privacy, Complaint Division

**ACKNOWLEDGEMENT OF RECEIPT**

**NOTICE OF PRIVACY PRACTICES**

I, ___________________________ (print client’s name or legal representative) have been given a copy of DHS’ Notice of Privacy Practices and have had a chance to ask questions about how my PHI will be used.

Client’s Signature: ___________________________

Date: ___________________________

Parent/Guardian: ___________________________

Relationship: ___________________________

Explanation for lack of acknowledgement signature:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

File the original signed copy in the case record; give the recipient of this notice a copy of this document.

**Arkansas Department of Human Services**

DHS Privacy Officer

Department of Human Services

P.O. Box 1437, Slot S260

Little Rock, Arkansas 72203-1437

Telephone: 1-800-482-8988

Email: DHSPrivacyOfficer@arkansas.gov

**Office for Civil Rights**

Medical Privacy, Complaint Division

**ACKNOWLEDGEMENT OF RECEIPT**

**NOTICE OF PRIVACY PRACTICES**

I, ___________________________ (print client’s name or legal representative) have been given a copy of DHS’ Notice of Privacy Practices and have had a chance to ask questions about how my PHI will be used.

Client’s Signature: ___________________________

Date: ___________________________

Parent/Guardian: ___________________________

Relationship: ___________________________

Explanation for lack of acknowledgement signature:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

File the original signed copy in the case record; give the recipient of this notice a copy of this document.

**Arkansas Department of Human Services**

DHS Privacy Officer

Department of Human Services

P.O. Box 1437, Slot S260

Little Rock, Arkansas 72203-1437

Telephone: 1-800-482-8988

Email: DHSPrivacyOfficer@arkansas.gov

**Office for Civil Rights**

Medical Privacy, Complaint Division

**ACKNOWLEDGEMENT OF RECEIPT**

**NOTICE OF PRIVACY PRACTICES**

I, ___________________________ (print client’s name or legal representative) have been given a copy of DHS’ Notice of Privacy Practices and have had a chance to ask questions about how my PHI will be used.

Client’s Signature: ___________________________

Date: ___________________________

Parent/Guardian: ___________________________

Relationship: ___________________________

Explanation for lack of acknowledgement signature:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

File the original signed copy in the case record; give the recipient of this notice a copy of this document.

**Arkansas Department of Human Services**

DHS Privacy Officer

Department of Human Services

P.O. Box 1437, Slot S260

Little Rock, Arkansas 72203-1437

Telephone: 1-800-482-8988

Email: DHSPrivacyOfficer@arkansas.gov

**Office for Civil Rights**

Medical Privacy, Complaint Division

**ACKNOWLEDGEMENT OF RECEIPT**

**NOTICE OF PRIVACY PRACTICES**

I, ___________________________ (print client’s name or legal representative) have been given a copy of DHS’ Notice of Privacy Practices and have had a chance to ask questions about how my PHI will be used.

Client’s Signature: ___________________________

Date: ___________________________

Parent/Guardian: ___________________________

Relationship: ___________________________

Explanation for lack of acknowledgement signature:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

File the original signed copy in the case record; give the recipient of this notice a copy of this document.

**Arkansas Department of Human Services**

DHS Privacy Officer

Department of Human Services

P.O. Box 1437, Slot S260

Little Rock, Arkansas 72203-1437

Telephone: 1-800-482-8988

Email: DHSPrivacyOfficer@arkansas.gov

**Office for Civil Rights**

Medical Privacy, Complaint Division

**ACKNOWLEDGEMENT OF RECEIPT**

**NOTICE OF PRIVACY PRACTICES**

I, ___________________________ (print client’s name or legal representative) have been given a copy of DHS’ Notice of Privacy Practices and have had a chance to ask questions about how my PHI will be used.

Client’s Signature: ___________________________

Date: ___________________________

Parent/Guardian: ___________________________

Relationship: ___________________________

Explanation for lack of acknowledgement signature:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

File the original signed copy in the case record; give the recipient of this notice a copy of this document.

**Arkansas Department of Human Services**

DHS Privacy Officer

Department of Human Services

P.O. Box 1437, Slot S260

Little Rock, Arkansas 72203-1437

Telephone: 1-800-482-8988

Email: DHSPrivacyOfficer@arkansas.gov

**Office for Civil Rights**

Medical Privacy, Complaint Division

**ACKNOWLEDGEMENT OF RECEIPT**

**NOTICE OF PRIVACY PRACTICES**

I, ___________________________ (print client’s name or legal representative) have been given a copy of DHS’ Notice of Privacy Practices and have had a chance to ask questions about how my PHI will be used.

Client’s Signature: ___________________________

Date: ___________________________

Parent/Guardian: ___________________________

Relationship: ___________________________

Explanation for lack of acknowledgement signature:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

File the original signed copy in the case record; give the recipient of this notice a copy of this document.