



## Notice of Privacy Practices

This booklet describes how your medical information may be used or disclosed by the Division of Services for People with Disabilities (DSPD) or contracted providers and how you can get access to this information.

**Please review this information carefully.**

# Your Rights

## When it comes to your health information, you have rights.

This section explains your rights and some of DSPD's responsibilities to help you.

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### Get an electronic or paper copy of your medical record

- You can ask to see your medical record or other health information that DSPD has about you. You must complete the "HIPAA Information Request" form found at [www.dspd.utah.gov](http://www.dspd.utah.gov).
  - DSPD will provide a copy or a summary of your health information, usually within 30 days of your request. DSPD can send it electronically if you prefer.
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### Ask DSPD to correct information in your medical record

- You can ask DSPD to correct health information that you think is incorrect or incomplete. You must complete the "Request for Amendment of Health Records" form found at [www.dspd.utah.gov](http://www.dspd.utah.gov).
  - DSPD may say "no" to this request, but DSPD will tell you why in writing within 60 days.
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### Request confidential communications

- DSPD will say "yes" to all reasonable requests. You must provide DSPD with how you would like for us to direct communication.
  - You can ask DSPD to contact you in a specific way, for example, at your home, your work, cell phone, or by mail.
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### Ask DSPD to limit the information it shares

- You can ask DSPD **NOT** to share or use certain health information for treatment, payment, or other operations. DSPD is **NOT** required to agree with your request if it would affect your care.
- You must complete the "Restriction of Use and Disclosures" form found at [www.dspd.utah.gov](http://www.dspd.utah.gov).

# Your Rights

## Get a list of those with whom DSPD have shared your information.

- You can ask for a list of who DSPD has shared your health information with including when and why DSPD shared it, within the past six years.
- You will must complete the “Accounting of Disclosure Request” form found at [www.dspd.utah.gov](http://www.dspd.utah.gov).

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## Get a copy of this privacy notice

- You can ask for a paper or electronic copy of this notice at any time and DSPD will provide it to you promptly.
- This notice will always be accessible on the DSPD website found at [www.dspd.utah.gov](http://www.dspd.utah.gov).

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## Choose someone to act for you

- If someone is your legal guardian, or has medical power of attorney, that person can exercise your rights and make choices about your health information.

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## File a complaint if you feel your rights are violated

- You can complain if you feel DSPD has violated your rights by using the information provided on the back page of this notice. DSPD will not retaliate against you for filing a complaint.
- You can also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to:

**Region VIII, Office for Civil Rights**

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

**999 18th Street, Suite 417**

**Denver, CO 80202**

**Phone: (800) 368-1019**

**Fax: (303) 844-2025**

**TDD: (800) 537-7697**

**Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)**

# Your Choices

**For certain health information, you can tell DSPD your choices about what to share.**

If you have a preference for how DSPD shares your information, please tell DSPD.

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**You have both the right and the choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Share information on your behalf in an emergency situation in which you are unable to communicate.

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**DSPD will *never* share your information unless you give us written permission:**

- DSPD will never use your information for Marketing purposes.
- DSPD will never sell your information.

# Our Uses and Disclosures

## How does DSPD use and share your health information?

DSPD typically uses or shares your health information in the following ways;

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### Help your service provider treat you

- DSPD can use your health information and share it with other professionals who are treating you. This can include disclosing information that helps your service provider.

*Example: A day or residential program who you have chosen to provide services to you.*

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### Run our organization

- DSPD can use your health information to run the Division of Services for People with Disabilities.

*Example: DSPD use your information to confirm your eligibility for DSPD services.*

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### Bill for services

- DSPD can use your information when DSPD bills for your services.

# Our Uses and Disclosures

## How does DSPD use and share your health information?

DSPD typically uses or shares your health information in the following ways:

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### Help with public health and safety issues

- DSPD can share health information about you for certain situations such as:
  - Preventing disease,
  - Reporting suspected abuse, neglect, or exploitation,
  - Preventing or reducing a serious threat to anyone's health and safety.

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### Do research

- DSPD can use your health information for research with your consent.
- DSPD will not disclose your information for research purposes without contacting you and getting your permission first.

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### Comply with the law

- DSPD will share information about you if State or federal laws require it, including sharing with the Department of Health and Human Services to ensure DSPD is complying with federal privacy law.

# Our Uses and Disclosures

## How does DSPD use and share your health information?

DSPD typically uses or shares your health information in the following ways:

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### Work with a medical examiner

- DSPD can share health information with a coroner or medical examiner.

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### Work with Law enforcement or other government requests

- DSPD can use or share your health information for:
  - Law enforcement purposes or with a law enforcement official.
  - With health oversight agencies for activities authorized by law.
  - For special government functions such as military, national security, and presidential protective services.

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### Respond to lawsuits and legal action

- DSPD can share health information about you in response to a court order, administrative order, or in response to a subpoena.

# DSPD's Responsibilities

## **DSPD has the following responsibilities:**

- DSPD is required by law to maintain the privacy and security of your protected health information.
- DSPD will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- DSPD must follow the duties and privacy practices described in this notice and give you a copy of it.
- DSPD will not use or share your information other than as described here unless you tell DSPD it can in writing. If you tell DSPD it can, you may change your mind at any time. You must let DSPD know in writing if you change your mind.

## **Changes to this notice:**

DSPD can change the terms of this notice, and the changes will apply to all information DSPD have about you. The new notice will be available upon request, in the DSPD office and on the DSPD website.

The Division of Services for People with Disabilities is a business associate of a HIPAA covered entity.

## **For more Information, please contact DSPD:**

Division of Services for People with Disabilities

195 North 1950 West

Salt Lake City, Utah 84116

Amy Huppi HIPAA Privacy Officer 801-538-4154

[amyhuppi@utah.gov](mailto:amyhuppi@utah.gov)

Division of Services for People with Disabilities  
**Acknowledgement of Privacy Practices**

I, \_\_\_\_\_, have received a copy of this DSPD's  
"Notice of Privacy Practices" brochure.

Please print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Guardian (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

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*For office use only*

DSPD attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, however, acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other reason (please specify):

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