State of Nebraska Department of Health and Human Services

Division of Public Health, Division of Behavioral Health, Division of Children & Family Services, Division of Developmental Disabilities, Division of Medicaid & Long -Term Care, and the Office of Economic Assistance

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Revision: 07-01-2025

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The Nebraska Department of Health and Human Services "DHHS" including the health care facilities and medical assistance programs that are affiliated under the common control of the Nebraska Health and Human Services Act, are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of Protected Health Information and to provide notice of its legal duties and privacy practices with respect to Protected Health Information (PHI). The term "medical information" used throughout this document shall include PHI.

DHHS is also required to provide notice to an individual who is the subject of records protected under 42 CFR part 2 (Part 2) regarding their rights of adequate notice of the uses and disclosures of such records, and of the individual's rights and the covered entity's legal duties with respect to such records.

USES AND DISCLOSURES:

DHHS may access, use, and share medical information without your consent for purposes of:

- **Treatment:** We may use your medical information to provide you with medical treatment or services. We may share your information with a nurse, medical professional, or other personnel providing you treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. DHHS may share your medical information to coordinate, support, and/or maintain your continuum of care.
- **Payment:** We may use and disclose your medical information so treatment and services you receive can be billed. For example, we may use your medical information from a surgery you received at the hospital so the hospital can be reimbursed.
- **Operations:** We may use and disclose medical information about you for health care operations. For example, we may use medical information to review your treatment and services and to evaluate the performance of DHHS staff.

OTHER PERMITTED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT INDIVIDUAL'S WRITTEN AUTHORIZATION:

- **Required By Law:** We may use or disclose your medical information to the extent that the use or disclosure is required by law. You will be notified, if required by

law, of any such uses or disclosures.

- **Public Health:** We may use or disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.
- **Communicable Diseases:** We may use or disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may use or disclose your medical information to a health oversight agency for activities authorized by law, or other activities necessary for appropriate oversight of the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- **Abuse or Neglect:** We may disclose your medical information to a public health authority that is authorized by law to receive reports of abuse or neglect. The disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Judicial or Administrative Proceedings:** We may disclose your medical information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose your medical information, so long as applicable legal requirements are met, for law enforcement purposes.
- **Food and Drug Administration (FDA):** We may disclose your medical information as required by the Food and Drug Administration (FDA).
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose your medical information to a coroner or medical examiner for identification purposes, cause of death determinations, or for the coroner or medical examiner to perform other duties authorized by law.
- **Research:** We may use or disclose your medical information to researchers when their research has been approved by an institutional review board to ensure the privacy of your medical information.
- **Criminal Activity:** We may use or disclose your medical information if it is believed that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions:** When the appropriate conditions apply, we may use or disclose medical information of individuals who are Armed Forces personnel for military, national security, and intelligence activities. Medical information may be disclosed for the administration of public benefits purposes.
- **Workers' Compensation:** We may use or disclose your medical information as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** We may use or disclose your medical information if you are an inmate of a correctional facility in the course of providing care to you.
- **Required Uses and Disclosures:** We must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to

investigate or determine compliance with the requirements of 45 CFR, Title II, Section 164, et. seq.

USES AND DISCLOSURES REQUIRING AUTHORIZATION:

There are certain uses and disclosures of medical information that require your authorization. Among them are:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of medical information for marketing purposes; and
- Disclosure of medical information that constitutes a sale.

Other uses and disclosures not described in this notice will be made only with authorization from you. You may revoke this authorization at any time as provided by 45 CFR 164.508(b)(5).

NOTICE OF PRIVACY PRACTICES FOR PART 2 RECORDS

In addition to the privacy protections afforded to medical information under HIPAA, the confidentiality of substance use disorder records are protected by another federal law referred to as Part 2. Certain DHHS facilities operate Part 2 covered programs, and this section is intended to provide individuals with a summary of the laws and regulations governing substance use disorder treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 C.F.R. part 2.

Substance use disorder treatment records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless it is based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record. A court order authorizing the use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

The following is a summary of the limited circumstances under which we may use or disclose Part 2 information about you to individuals outside of DHHS without your permission.

- **Medical Emergencies**. We may disclose your Part 2 information to medical personnel to the extent necessary to meet a bona fide medical emergency

during which you are unable to provide prior informed consent of the disclosure. We may also disclose your Part 2 information to Food and Drug Administration (FDA) personnel who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under Food and Drug Administration (FDA) jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

- **Research.** Under certain circumstances, we may use or disclose your Part 2 information for scientific research, subject to certain safeguards.
- **Audit and Evaluations**. We may use or disclose your Part 2 information to others for specific audits or evaluations, including those who conduct audits and evaluations necessary under federally funded health care programs and federal agencies with oversight of those programs.
- **Reporting Certain Criminal Conduct**. The following information is not protected by Part 2:
    - Information related to your commission of a crime on the premises of a DHHS facility;
    - Information related to your commission of a crime against DHHS staff; and
    - Reports of suspected child abuse and neglect made under state law to the appropriate state or local authorities.
- **Individuals Involved in Your Care.** Depending on your age and mental capacity and the location of your services, we may be permitted to make certain disclosures of your Part 2 information to your guardian, for payment purposes. Your guardian may also be permitted to consent to disclosures of your information.
- **Deceased Patients.** We may disclose your Part 2 information relating to cause of death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.
- **Judicial Proceedings**. We may disclose Part 2 information about you in response to a court order and subpoena that comply with the requirements of the regulations.
- **Qualified Service Organizations.** We may disclose your Part 2 information to our qualified service organizations to the extent necessary for these entities to provide services to DHHS.

YOUR RIGHTS TO PRIVACY:

- **Right to Inspect and Copy.** You have the right to inspect and copy your medical information. Usually, this includes medical and billing records but does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. To inspect and copy your medical information, you must submit a written request to the DHHS HIPAA Office. If you request a copy, we may charge a fee for the cost of copying, mailing, and other supplies associated with your request. We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical

information, you may request the denial be reviewed.

- **Right to Amend.** If you feel that medical information about you is incorrect or incomplete, you may ask us to amend (correct) the information. You have the right to request an amendment as long as the information is kept by or for DHHS. To request an Amendment, your request must be made in writing and submitted to the DHHS HIPAA Office**.** In addition, you must provide a reason which supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that:
    - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
    - Is not part of the medical information kept by or for DHHS;
    - Is not part of the information which you would be permitted to inspect and copy; or
    - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request a list of the disclosures we made of your medical information. You must submit your request in writing to the DHHS HIPAA Office. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list to be provided to you.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information used or disclosed about you for treatment, payment, health care operations, or to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request for restrictions unless it is for payment or health care operations and you use your own funds to pay, in full, for a health care item or service**.** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the DHHS HIPAA Office. In your request you must include: (1) what information you want to limit, (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply.
- **Right to Request Confidential Communications**. You have the right to receive confidential communications about your medical information and can request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communication, you must make your request in writing to the DHHS HIPAA Office. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You have a right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at https://dhhs.ne.gov/Pages/HIPAA.aspx or by contacting the DHHS HIPAA Office.
- **Right to Opt Out of Fundraising Communications**. If we should conduct fundraising activities, you have a right to opt out of this communication. If we intend to use or disclose records subject to Part 2 for fundraising for the benefit of DHHS,

you must first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

- **Breach notification**. We will notify you of any unauthorized use or disclosure of your medical information that results in a breach, as defined by HIPAA.

Please note there is a potential that information disclosed pursuant to this Notice of Privacy Practices may be subject to redisclosure by the recipient. Information redisclosed by the recipient is no longer protected under the terms of this Notice of Privacy Practices.

OTHER PRIVACY AND CONFIDENTIALITY STATUTES AND REGULATIONS

DHHS complies with HIPAA, as well as any federal or state law that gives greater privacy protections than HIPAA. In addition to HIPAA, DHHS follows: 42 CFR part 2, which protects the confidentiality of substance use disorder patient records; the Child Protection and Family Safety Act, which restricts records related to allegations of child abuse, Neb. Rev. Stat. § 28-710 to 28-727; the Adult Protective Services Act, which restricts access to records related to allegations of vulnerable adult abuse, Neb. Rev. Stat § 28-348 to 28-387; Neb. Rev. Stat. § 83-109, which restricts access to records of individuals in all state institutions; the Nebraska Health and Human Services Act, which restricts the solicitation, disclosure or use of information related to persons applying for or receiving general assistance, medically handicapped children's services, medical assistance, assistance to the aged, blind or disabled, aid to dependent children, or social services, Neb. Rev. Stat. § 68-313 & Neb. Rev. Stat. § 68-1209; the Food Stamp Act, which restricts the disclosure of information for recipients of the Supplemental Nutrition Assistance Program, 7 U.S.C.§ 2020(e)(8); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which provides for greater protections for information related to the Temporary Assistance to Needy Families/Aid to Dependent Children program, 42 U.S.C. § 602(a)(1)(A)(iv) & 45 CFR § 205.50(a); the Refugee Act of 1980, which restricts information related to individuals of the Refugee Resettlement program to only uses and disclosures related to the administration of the program, 45 CFR § 400.27; 465 NAC 2-003, which provides that information concerning applicants, recipients, or other persons under any program administered by DHHS providing assistance, benefits, or services is confidential; and the Social Security Act, which places restrictions on the release of

information regarding child support enforcement, 45 CFR § 302.35, 45 CFR § 303.15, 45 CFR § 303.21, 45 CFR § 303.70, & Neb. Rev. Stat § 43-512.06.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with DHHS or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with DHHS, contact the DHHS HIPAA Office by email at DHHS.HIPAAOffice@Nebraska.gov, by phone at 402-471-4068, or by mail at HIPAA Office, 301 Centennial Mall S., Lincoln, NE 68508. To file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, visit: www.hhs.gov/hipaa/filing-a-complaint/index.html. You will not be penalized for filing a complaint.

CHANGES TO THE NOTICE OF INFORMATION PRACTICES

DHHS reserves the right to amend this Notice at any time in the future. Until such amendment is made, DHHS is required by law to abide by the terms of this Notice. DHHS will provide notice of any material change in the revision of these policies either electronically or in paper format.

CONTACT INFORMATION

This notice fulfills the "Notice" requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Privacy Rule. If you have questions about any part of this Notice of Privacy Practices or desire to have further information concerning information practices at DHHS, please direct them to: HIPAA Office, 301 Centennial Mall South, 3rd Floor, Lincoln, NE, 68509-5026, by phone at 402-471-4068, or by email at DHHS.HIPAAOffice@Nebraska.gov. If you have questions about your benefits, please call 800-383-4278.

Effective: ___, 2025.

Acknowledgement of receipt of this DHHS Notice of Privacy Practices:

_____ Date: _____
Signature of Recipient

_____
Name of Recipient (printed or typed)

_____
Relationship to recipient (if signed by anyone other than recipient)

English
The Nebraska Department of Health and Human Services provides language assistance services and auxiliary aids and services, free of charge. For language assistance services or auxiliary aids, please call (402) 471-3121 or speak to someone at the front desk.

Spanish
El Departamento de Salud y Servicios Humanos de Nebraska proporciona servicios de asistencia lingüística y ayudas y servicios auxiliares, de forma gratuita. Para servicios de asistencia lingüística o ayudas auxiliares, por favor llame al (402) 471-3121 o hable con alguien en la recepción.

Vietnamese
Sở Y tế và Dịch vụ Nhân sinh Nebraska cung cấp dịch vụ hỗ trợ ngôn ngữ và các thiết bị hỗ trợ bổ trợ, hoàn toàn miễn phí. Để được hỗ trợ ngôn ngữ hoặc sử dụng các thiết bị hỗ trợ bổ trợ, vui lòng gọi số (402) 471-3121 hoặc trao đổi với nhân viên tại quầy lễ tân.

Arabic
تقدّم دائرة الصحة والخدمات الإنسانية في نبراسكا خدمات المساعدة اللغوية والوسائل المساعدة والخدمات الإضافية مجانًا. للحصول على خدمات المساعدة اللغوية أو الوسائل المساعدة، يُرجى الاتصال على الرقم (402) 471-3121 أو التحدث إلى أحد الموظفين في مكتب الاستقبال.

French
Le Département de la Santé et des Services Sociaux du Nebraska propose gratuitement des services d'assistance linguistique et des aides et services auxiliaires. Pour obtenir ces services, veuillez appeler le (402) 471-3121 ou vous adresser à l'accueil.

Chinese
內布拉斯加州衛生和公共服務部免費提供語言援助服務和輔助工具和服務。如需語言輔助服務或輔助工具，請致電（402） 471-3121 或與前臺人員聯系。

German
Das Gesundheits- und Sozialministerium von Nebraska bietet kostenlose Sprachunterstützung sowie Hilfsmittel und Dienstleistungen an. Für Sprachunterstützung oder Hilfestellungen wenden Sie sich bitte an die Telefonnummer (402) 471-3121 oder sprechen Sie mit einem Mitarbeiter an der Rezeption.

Somali
Waaxda Caafimaadka iyo Adeegyada Aadanaha ee Nebraska waxay bixiyaan adeegyada kaalmada luqadda iyo qalabka caawiyo dadka wax maqalka ku adeegyahay oo bilaash ah. Adeegyada kaalmada luqadda ama qalabka caawiyo dadka wax maqalka ku adeegyahay, fadlan wac (402) 471-3121ama la hadal qofka jooga soo dhaweynta.

Swahili
Idara ya Afya na Huduma za Kibinadamu ya Nebraska hutoa huduma za usaidizi wa lugha na usaidizi wa ziada na huduma, bila malipo. Kwa huduma za usaidizi wa lugha au usaidizi wa ziada, tafadhali piga simu (402) 471-3121 au zungumza na mtu aliye kwenye dawati la mapokezi.

Nepali
नेब्रास्का स्वास्थ्य तथा मानव सेवा विभागले भाषा सहायता सेवाहरू र सहायक सहायता र सेवाहरू नि:शुल्क प्रदान गर्दछ। भाषा सहायता सेवाहरू वा सहायक सहायताहरूको लागि, कृपया (402) 471-3121 मा कल गर्नुहोस् वा फ्रन्ट डेस्कमा कसैसँग कुरा गर्नुहोस्।

Tagalog
Nagbibigay ang Nebraska Department of Health and Human Services ng mga serbisyong pantulong sa wika at mga karagdagang tulong at serbisyo, nang walang bayad. Para sa mga serbisyong pantulong sa wika o mga karagdagang tulong, mangyaring tumawag sa (402) 471-3121 o makipag-usap kaninuman sa front desk.

Russian
Департамент здравоохранения и социальных служб штата Небраска предоставляет бесплатные услуги языковой поддержки, а также вспомогательные средства и услуги. Для получения услуг языковой поддержки или вспомогательных средств позвоните по телефону (402) 471-3121 или обратитесь к кому-нибудь на стойке регистрации.

Ukranian
Департамент охорони здоров'я та соціальних служб штату Небраска надає безкоштовні послуги мовної підтримки, а також допоміжні засоби та послуги. Для отримання послуг мовної підтримки або допоміжних засобів зателефонуйте (402) 471-3121 або зверніться до когось на стійці реєстрації.

Telugu
నెబ్రాస్కా డిపార్ట్‌మెంట్ ఆఫ్ హెల్త్ అండ్ హ్యూమన్ సర్వీసెస్ భాషా సహాయ సేవలు మరియు సహాయక సహాయాలు మరియు సేవలను ఉచితంగా అందిస్తుంది. భాషా సహాయ సేవలు లేదా సహాయక సహాయాల కోసం, దయచేసి (402) 471-3121 కు కాల్ చేయండి లేదా ముందు డెస్క్ వద్ద ఉన్న ఎవరితోనైనా మాట్లాడండి.

Hindi
द नेब्रास्का डिपार्टमेंट ऑफ हेल्थ एंड ह्यूमन सर्विसेज़ मुफ़्त भाषा सहायता सेवाएं तथा सहायक साधन एवं सेवाएं प्रदान करता है। भाषा सहायता सेवाओं या सहायक साधनों के लिए, कृपया (402) 471-3121 पर कॉल करें या फ्रंट डेस्क पर किसी से बात करें।