



Illinois Cares Rx Program Privacy Notice

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.

The Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191) requires that Healthcare and Family Services (HFS) and the Illinois Department on Aging (IDoA) protect the privacy of your medical information, inform you how HFS and IDoA may use or share your medical information, and inform you of your privacy rights.

HFS and IDoA administer the Illinois Cares Rx program, which provides a prescription drug coverage benefit to qualified Illinois residents. As part of their administrative duties for this program, HFS and IDoA must receive and keep some of your medical information. HFS and IDoA may contract with other vendors (including governmental agencies and coordinating Medicare Prescription Drug Plans) to help provide your prescription coverage. These entities also may receive and keep your medical information, but only if they also protect your rights under HIPAA.

Starting May 1, 2007, HFS and IDoA must follow this notice until it is replaced. HFS and IDoA reserve the right to change the terms of this notice at any time. You will be sent a new notice at the time your identification card is issued if this notice is changed. HFS and IDoA also reserve the right to make the new changes apply to all your medical information kept by us before and after the date of the new notice. The notice is posted on our Web sites: www.hfs.illinois.gov (HFS) and www.cbrx.il.gov (IDoA).

For the Illinois Cares Rx program, HFS and IDoA may use or share your medical information without your permission for the reasons below:

- ◆ **So you may receive prescription coverage through the program.** For example, HFS and IDoA or their vendors may use or share your medical information to
 - ◆ determine your eligibility and issue an identification card to you that validates your enrollment;
 - ◆ collect co-payments and ancillary charges for prescription coverage;
 - ◆ manage your prescription coverage, including “wrap around” benefits and “extra help” available under Medicare Part D through the Social Security Administration;
 - ◆ respond to your inquiries and appeals;
 - ◆ direct and plan our programs and budgets, including the preparation of an annual report; and
 - ◆ contract with and pay participating pharmacies, pharmacy benefit management companies, or companies overseeing financial recovery of third-party liability.
- ◆ **So you can get the appropriate drug therapy.** For example, HFS and IDoA or their vendors may use or share your medical information for purposes of operating a drug utilization review service. Your doctor or pharmacist may be informed of potential problems related to the quality of care, such as the detection of inappropriate dosages, drug prescription duplication, drug interaction, or drugs that are not cost effective.
- ◆ **To help control the cost of drugs in the program.** For example, HFS and IDoA or their vendors may use or share your medical information to
 - ◆ develop preferred drug lists;
 - ◆ negotiate manufacturer drug rebates;
 - ◆ prevent duplicate coverage;
 - ◆ request reimbursement for expenses or matching funds from the federal government, including “wrap around” benefits and “extra help” available under Medicare Part D through the Social Security Administration;
 - ◆ conduct pharmacy audits; or
 - ◆ recover payment from any other private plan of assistance, public assistance program, insurance plan, or from any liable third party for erroneous or unauthorized prescription coverage.

- ◆ **To tell you about program changes and other public benefit programs.** For example, HFS and IDoA may wish to tell you about new laws or changes in the Illinois Cares Rx program and other public benefit programs, including the state AIDS Drug Assistance Program.
- ◆ **To comply with state or federal law as permitted by program confidentiality requirements.** For example, HIPAA requires us to allow the U.S. Department of Health and Human Services to audit our records.
- ◆ **For other reasons.** Examples include:
 - ◆ to coordinate with other public benefit programs, including the state AIDS Drug Assistance Program, and to perform related outreach enrollment efforts using the Aging Network, Immigrant Welcoming Centers, and the Senior Health Insurance Program of the Division of Insurance at the Illinois Department of Financial and Professional Regulation;
 - ◆ for audits and criminal prosecutions for fraud;
 - ◆ to comply with legal proceedings in response to valid court or administrative agency orders, subpoenas, or discovery requests; or
 - ◆ so another person that you authorize (such as a parent, guardian, or legal representative) can prepare your application for prescription coverage or make inquiries regarding the status of your prescription coverage.

HFS and IDoA will not use or share your Illinois Cares Rx program medical information for any other reason unless you give us written permission. You may withdraw this permission in writing at any time. Your permission for us to use or share your information will end on the day HFS and IDoA each get your written withdrawal of permission. You can find forms for these purposes on our Web sites and at our offices.

Your rights. You may ask HFS and IDoA to do any of the following things if you ask in writing. HFS and IDoA will each review and evaluate your request, and respond within a reasonable time.

You may write to ask HFS and IDoA or their vendors to

- ◆ stop using or sharing your medical information in carrying out treatment, payment, or health care operations under the Illinois Cares Rx program. HFS and IDoA do not have to agree to your request.
- ◆ contact you privately about your medical information in a different way or at a different place than HFS and IDoA are currently doing. HFS and IDoA will attempt to reasonably accommodate your request provided the change is necessary to protect you. When you write to ask for this change, you must tell HFS and IDoA how to contact you in private.
- ◆ show or send you copies of your medical information. You may be charged a small fee for copies.
- ◆ amend your medical information. HFS and IDoA do not have to agree to make the change.
- ◆ send you a list of the ways HFS and IDoA shared your medical information since January 1, 2006.
- ◆ send you another copy of this notice.

If you want any of these things done, you may contact the HFS and IDoA Privacy Officers at the addresses shown below. HFS and IDoA will help you make your written request.

Complaints. If you believe HFS and IDoA have not protected the privacy of your medical information, you have the right to complain to us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint at either of the addresses shown below. HFS and IDoA will not hold it against you if you file a complaint.

Privacy Officer. To get more copies of this notice or more information about our privacy practices or your rights, or to file a complaint, contact the Privacy Officers by one of the methods shown below:

IDOA PRIVACY OFFICER
 OFFICE OF THE GENERAL COUNSEL
 ILLINOIS DEPARTMENT ON AGING
 421 E. CAPITOL AVENUE, #100
 SPRINGFIELD IL 62701-1789
 1-800-624-2459
 1-888-206-1327 (TTY)

HFS PRIVACY OFFICER
 HEALTHCARE AND FAMILY SERVICES
 P. O. BOX 19159
 SPRINGFIELD, IL 62794-9159
 1-800-226-0768 (HEALTH BENEFITS & ALL KIDS HOTLINE)
 1-877-204-1012 (TTY)

You do **not** need to respond to this notice. It does **not** affect your coverage. **If you need help to read the notice, please call us at 1-800-624-2459 or 1-888-206-1327 (TTY).**