

## USE OF PRIVACY FORMS

### Uses and Disclosures Requiring Individual Authorization

A written individual authorization is required whenever the use or disclosure of Protected Health Information (PHI) is not otherwise permitted under the HIPAA Privacy Regulations. ACS requests that you use the forms that we have developed when an authorization is required:

- *Subscriber's (Employee's) Authorization For Spouse Request Form* -- a special authorization form for when a Subscriber wants his or her spouse to have unlimited access to his or her PHI.
- *Member's Authorization Request Form* -- for when any Member wants someone else to have unlimited or specific access to his or her PHI.

### Confidential Communications

If a Member believes that disclosure of his or her PHI could endanger him or her, the Member can request that written communication from the Plan be sent to an address other than the Subscriber's address. ACS requests that you use the forms we have developed when there is a request for confidential communications.

- *Confidential Communications Request Form* – for when a Member wants to have his or her PHI mailed to an address different from the address of the Subscriber (unless the Subscriber is the Member requesting confidential communications) because the Member would be endangered if the PHI went to the Subscriber's address. The Member would receive all written correspondence at the requested alternative address (if such address is a reasonable one).
- We have also developed a *Confidential Communications Change In Alternative Address Request Form*.

### Members' Rights

The HIPAA Privacy Regulations provide for certain rights that individuals have with respect to their health information. ACS requests that you use the forms we have developed when a Member of the Group Health Dental Plan wishes to exercise any of the following rights:

- *Request to Access Protected Health Information Form* – Members have the right to access, inspect and copy PHI in the Designated Record Set. This means that Members may request to see and/or copy all or some of the information that the Group Health Dental Plan and ACS have on file about their PHI.
- *Request to Amend Protected Health Information Form* – If, after reviewing the PHI on file with the Group Health Dental Plan or ACS, the Member disagrees with the accuracy of the information, he or she may ask that it be amended in the Group Dental Plan's or ACS' records.
- *Accounting of Certain Disclosures Request Form* – Members are entitled to know to whom their PHI has been disclosed, if it has been disclosed to someone other than for Treatment, Payment or Health Care Operations and for certain other specific situations as allowed by the HIPAA Privacy Regulations. This would apply to disclosures made by your Group Health Dental Plan or by ACS.
- *Request To Restrict Uses Or Disclosures Of Protected Health Information Form* – Members have the right to request to restrict the uses and disclosures of their PHI; however, the Group Health Dental Plan is not required to grant the request.

***All completed forms should be returned to the Employer. The Employer will retain the original for its files and promptly send a copy to ACS for processing.***