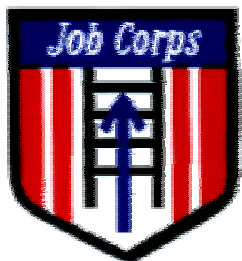


About HIPAA

HIPAA, the Health Insurance Portability and Accountability Act was passed by Congress in 1996. The *portability* section of the law means that people are able to take their health insurance with them when they leave their job or move to another location. The *accountability* section of the law means that the federal government is now regulating ALL health care providers, including Job Corps health and wellness centers, for complete privacy and security of your health information. If a health provider gives out information regarding your health status without your consent, that provider can be fined or even go to prison.

HIPAA is designed to protect you and information regarding your health status.



HIPAA INFORMATION

Center Phone Number

Name of Center Health and Wellness Manager

Name of Center Privacy Officer

Secretary
U.S. Department of Health and Human Services
ATTN: Office for Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Office of Job Corps
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20010

HIPAA HEALTH PRIVACY RULE

AND

JOB CORPS STUDENTS



HIPAA: Health Insurance
Portability and Accountability
Act of 1996

WHAT IS THE PRIVACY RULE AND DOES IT ONLY APPLY TO JOB CORPS?

The **Privacy Rule** is a law, effective April 14, 2003, that all health care providers must follow. It protects personal health information. Job Corps has always protected your personal health information, but the law states that (1) you must now be advised of how your protected health information will be used or disclosed, and (2) we must obtain your signed **Authorization** to disclose any information about your health to others.

WHAT INFORMATION CAN BE SHARED WITHOUT MY AGREEMENT?

Three types of information can be shared without your consent:

- Information that could be used to treat your medical condition
- Information that could be used to obtain payment for medical care
- Information to assist in health care operations, such as reminding you about a medical appointment

You will be given a **Notice** to sign that goes into detail about what personal health information can be shared without your consent. We ask you to sign this **Notice**, but it is not mandatory.

WHAT AM I SIGNING AND WHY?

You will be asked to sign an **Authorization**. Your personal health information may need to be shared with others to (1) provide for your specific health needs, and (2) carry out Job Corps program requirements. Before we can share certain types of information, you (or if you are under 18, an **Authorization** will be mailed to your parent or legal guardian) must agree by signing the **Authorization**.

You should read the **AUTHORIZATION** and **NOTICE** carefully and ask questions if you have any concerns about your medical information or records.

WHAT INFORMATION WILL BE SHARED AND WITH WHOM WILL IT BE SHARED?

The **Authorization** gives detailed information about what information can be shared and with whom it will be shared. NOTE: This information is only shared with others as necessary or on a need-to-know basis. For example, the residential staff may need to know that you take medicine for asthma or allergies so that they can help you set up and monitor your medication schedule in the dormitory.

WHAT IF I CHANGE MY MIND ABOUT SHARING MY CONFIDENTIAL MEDICAL INFORMATION AFTER I SIGN THE AUTHORIZATION?

You or your parent/legal guardian have the right to withdraw your **Authorization** at anytime during your enrollment in the Job Corps program. However, if consent is withdrawn, the Job Corps center may decide to separate you from the program because center staff may not be able to adequately provide for your ongoing health needs. For example, if you require a special diet because of a medical condition, and do not allow staff to be informed of your special requirements, the center cannot ensure your medical safety.

WHAT CAN I DO IF I THINK THAT MY CONFIDENTIAL PROTECTED HEALTH INFORMATION WAS RELEASED WITHOUT MY CONSENT?

Each center has a **Privacy Officer** who you can contact if you believe information was released without your consent. Also, you can contact the Secretary for the U.S. Department of Health and Human Services. The address, shown on the back of this pamphlet, can also be obtained from the **Privacy Officer**.