

# Health Insurance Portability and Accountability Act of 1996



**(HIPAA)**

# Which Version?

Special Health Care Needs uses Department of Health and Senior Services (DHSS) forms. Access the following link to obtain printable versions of:

- Notice of Privacy Practice
- Acknowledgement
- HIPAA Authorization for Disclosure

<http://www.dhss.mo.gov/>

The screenshot shows the Missouri Department of Health & Senior Services website. At the top, it features the department's name and a search bar. Below the header is a navigation menu with categories like Healthy Living, Senior & Disability Services, Licensing & Regulations, Disaster & Emergency Planning, Data & Statistics, and Online Services. The main content area includes a 'Take the Challenge' section for the 100 Missouri Miles campaign, a 'How do I ...' section with a list of services, a 'Recent News' section with an alert about undeclared milk, a 'Find a program for...' section with various health services, and a 'Healthy Living Podcasts' section with a video player for 'REPORT ADULT ABUSE'.

# DHSS Web Page

Select the appropriate language link to obtain a PDF version of the Notice of Privacy Practices form.

The screenshot shows the Missouri Department of Health & Senior Services website. The header includes the department name, a search bar, and the names of the Governor and Director. A navigation menu contains links for Healthy Living, Senior & Disability Services, Licensing & Regulations, Disaster & Emergency Planning, Data & Statistics, and Online Services. The main content area is titled "Health Insurance Portability and Accountability Act of 1996" and includes a breadcrumb trail, a list of links (Laws, Regulations & Manuals; More Related Links; Legal Disclaimer), and language selection options for English, Bosnian, Spanish, and Vietnamese. The text explains that HIPAA is the acronym for the Health Insurance Portability and Accountability Act, passed in 1996, and describes its purpose and the standards it sets. It also mentions that the Missouri Department of Health and Senior Services is a "hybrid covered entity" and provides contact information for the Privacy Officer.

Missouri Department of Health & Senior Services

Jay Nixon, Governor  
Gail Vasterling, Director

Search Health Search

Healthy Living Senior & Disability Services Licensing & Regulations Disaster & Emergency Planning Data & Statistics Online Services

### Health Insurance Portability and Accountability Act of 1996

Home » Information » Health Insurance Portability and Accountability Act (HIPAA)

- [Laws, Regulations & Manuals](#)
- [More Related Links](#)
- [Legal Disclaimer](#)

Notice of Privacy Practices: [English](#) -- [Bosnian](#) -- [Spanish](#) -- [Vietnamese](#)

HIPAA is the acronym for the Health Insurance Portability and Accountability Act. This Act, passed by Congress in 1996, established a framework for the changing health information system. The United States Department of Health and Human Services (HHS) has established several different sets of regulations to implement the mandates of the Act. These regulations include

- Standards for Electronic Transactions, also known as the **Transactions and Code Sets**
- Standards for Privacy of Individually Identifiable Health Information, also known as the **Privacy Standards**
- Security Standards for the Protection of Electronic Protected Health Information, also known as the **Security Standards**
- Standard Unique Health Identifier for Health Care Providers, also known as the **National Provider Identifier**
- Standard Unique Employer Identifier, also known as the **National Employer Identifier**

While these regulations affect every consumer of health care services, only a "covered entity" as defined by the regulations, must comply with the standards.

The Missouri Department of Health and Senior Services is a "hybrid covered entity." The Department reviewed the regulations and determined that only a few specific bureaus and units satisfy the definition of "covered entity." The Department has developed and implemented compliance components for these areas. In addition to the confidentiality provisions required by HIPAA, the Department continues to comply with all applicable state and federal laws addressing the confidentiality of health information.

While maintaining compliance with the Privacy Regulations, the Department continues to provide public health services efficiently and effectively to all Missourians.

#### News & Information

- News Releases
- Health Alerts Archive
- Food and Drug Recalls
- Newsletters
- Public Notices
- Podcasts
- Employment
- Boards, Commissions & Councils
- Institutional Review Board Guidelines
- Epi Grand Rounds
- Health Insurance Portability and Accountability Act (HIPAA)
- Toll Free Numbers

#### Related Links

- Food & Drug Recalls
- Product Recalls
- Missouri Fish Advisories

**Privacy Officer**  
Missouri Department of Health and Senior Services  
912 Wildwood  
PO Box 570  
Jefferson City, MO 65102-0570

# Notice of Privacy Practices

- The Notice of Privacy Practices PDF (in English) can be printed from the website.
- It is also available in three (3) other languages.

**THIS NOTICE DESCRIBES HOW THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES MAY USE AND/OR DISCLOSE MEDICAL INFORMATION ABOUT YOU, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Department of Health and Senior Services' (DHSS) mission is to protect and promote the health of the population of Missouri. To accomplish this mission, Missouri has enacted a number of state laws and/or rules that require reporting of individually identifiable protected health information (PHI) to the DHSS. DHSS continuously assesses the health of the population by evaluating this and other health information. These laws also detail what data are confidential, under what circumstances the data may be disclosed, and penalties for inappropriate disclosures. DHSS staff and their associates are mandated to comply with these laws.

DHSS may disclose public health related individually identifiable health information to health care providers to carry out treatment, payment or health care operations. This information will only be shared with health care providers that have signed an agreement with the DHSS or who have a direct treatment relationship with the individual. It will not be used for any other purpose except in an aggregate form, without specific written consent of the individual, guardian, durable power of attorney for health care, or parent, if a minor. The confidentiality of the information will be maintained as required by applicable state and federal laws. An example of these types of disclosures would be sharing the results of your infant's heel blood test with the health care provider you visit for medical care. The results would only be disclosed to appropriate health care providers and not the general public or merchants that have a product they wish to sell you. Another example of a disclosure would be sharing health information with an in-home services provider in order to coordinate care and services an individual receives.

# Applications & Forms

Use the Applications and Forms link for the English version of the:

- Acknowledgement
- HIPAA Authorization for Disclosure

Both forms are available in three (3) other languages.

## Applications & Forms

Acknowledgement Form: [English](#)  -- [Bosnian](#)  -- [Spanish](#)  -- [Vietnamese](#) 

HIPAA Authorization for Disclosure Form: [English](#)  -- [Bosnian](#)  -- [Spanish](#)  -- [Vietnamese](#) 

# Privacy Policies Acknowledgement Form

The Privacy Policies Acknowledgement Form is a Word document that can be printed, in the selected language.

 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES → → .....RELAY MISSOURI for Hearing.....  
P.O. BOX 570 JEFFERSON CITY, MO 65102-0570 → → → → .....and Speech Impaired 1-800-735-2966--¶  
TELEPHONE: 573-751-6400 --- FAX: 573-751-6010 → → → → .....VOICE: 1-800-735-2466¶

**PRIVACY POLICIES ACKNOWLEDGEMENT FORM¶**

1.-CLIENT NAME (PRINT CLIENT'S FIRST NAME, MIDDLE INITIAL AND LAST NAME)¶ ¶ ¶		
2.-CLIENT DATE OF BIRTH (MM/YY)¶ ¶ ¶	3.-CLIENT SOCIAL SECURITY NUMBER¶ ¶ ¶	4.-CLIENT DCN (IF APPLICABLE)¶ ¶ ¶
¶ I acknowledge that I have been given a copy of the Missouri Department of Health and Senior Services Notice of Privacy Policies and have been told where I can obtain any revisions made to this Notice.¶ ¶ ¶		
PRINT THE FIRST NAME, MIDDLE INITIAL AND LAST NAME OF THE CLIENT PARENT/GUARDIAN/DURABLE POWER OF ATTORNEY FOR HEALTH CARE¶ ¶ ¶		
SIGNATURE OF THE CLIENT PARENT/GUARDIAN/DURABLE POWER OF ATTORNEY FOR HEALTH CARE (DPOA-HC)¶ ¶ ¶	DATE:¶ ¶ ¶	

# Authorization for Disclosure of Consumer Medical/Health Information Form

The Authorization for Disclosure of Consumer Medical/Health Information form is a two (2) page PDF that can be printed, in the selected language.



STATE OF MISSOURI  
AUTHORIZATION FOR DISCLOSURE OF CONSUMER MEDICAL/HEALTH INFORMATION

I, \_\_\_\_\_ authorize and request  
(NAME OF CONSUMER, PARENT, GUARDIAN/LEGAL REPRESENTATIVE)

**Check all that apply:**

Department of Mental Health (DMH)  Department of Health and Senior Services (DHSS)

Department of Social Services (DSS)  Department of Elementary and Secondary Education (DESE)

Other \_\_\_\_\_  
(NAME OF FACILITY, AGENCY, MENTAL HEALTH CENTER, PERSON)

to **disclose/release** the below specified information of:

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
WHO RECEIVED SERVICES FROM (DATE(S))		

to (check all that apply)

Department of Mental Health (DMH)  Department of Health and Senior Services (DHSS)

Department of Social Services (DSS)  Department of Elementary and Secondary Education (DESE)

Other \_\_\_\_\_  
(NAME OF FACILITY, AGENCY, MENTAL HEALTH CENTER, PERSON)

- Questions?
- Comments?

Jennifer Braun, Training Coordinator  
Missouri Department of Health and Senior Services  
Division of Community and Public Health  
Section for Special Health Services  
920 Wildwood, Jefferson City, MO 65102  
573/751-6246  
[jennifer.braun@health.mo.gov](mailto:jennifer.braun@health.mo.gov)