- **For Government Programs.**
- We may use and disclose information for public benefits under other government programs. For example, we may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **Health Oversight Activities**
  - **To Recover Amounts Owed to the State or Federal Government.**
    We may disclose information to other third-party payment sources for the purposes of recovering amounts owed to the state or federal government as a result of overpayments or over-issuances of program benefits.
  - **For Eligibility.**
    We may use your protected health information to determine eligibility for and/or the level of assistance for programs operated by the Department, such as: Medicaid, Children's Health Insurance Program (CHIP), Low Income Families (LIF) Program, homemaker services, home health services, and personal care services.
  - We may use or disclose information to inspect or investigate health care providers.
- **We will not share public assistance records, including your application, except:**
  - For inspection by any person duly authorized by this state or the United States in connection with the person's official duties; or
  - For the purpose of fair hearings as provided by law.
- **Alcohol or substance use disorder (SUD) treatment records use and disclosure.**
  - SUD records received from programs subject to 42 CFR part 2 shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order with a subpoena or other legal requirement compelling disclosure.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time, but understand that we cannot take back any uses or disclosures already made with your authorization. Let us know in writing if you change your mind.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

How to Contact us to Review, Correct, or Limit Your Protected Health Information

You may contact your local Department of Social Services' office or contact:

Department of Social Services
Privacy Officer
700 Governors Drive
Pierre, South Dakota 57501
Phone: 605.773.3305
Email: dssprivacyofficer@state.sd.us

How to File a Complaint or Report a Problem

You may contact those listed above if you would like to file a complaint or report a problem with how we have used or disclosed information about you. **Your benefits will not be affected by any complaints you make.** The Department cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at:

Region VII, Office for Civil Rights
HHS/Office for Civil Rights
1961 Stout St., Room 08-148
Denver, CO 80294
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.305.9673 (TTY: 711).

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.305.9673 (TTY: 711).

Printed on recycled paper | June 2026
Alphagraphics | 5,000 copies | $$0.11 per copy
DSS08

South Dakota Department of Social Services

South Dakota Department of Social Services

NOTICE OF PRIVACY PRACTICES

(Effective: June 1, 2026)

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your health and claims record.**
  - You can ask to see or get an electronic or paper copy of your health and claims record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your health and claims records.**
  - You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
  - We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communications.**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
- **Ask us to limit what we use or share.**
  - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurance. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information.**
  - You can ask for a list of the times we've shared your health information for the six years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice.**
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy.

- **Choose someone to act for you.**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights have been violated.**
  - You can file a complaint if you feel we have violated your rights by contacting us using the information on the last page of this brochure.
  - We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written authorization:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for:

- Reminders for medical care or checkups or information concerning health services that may be of interest to you.

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways:

- **For Treatment.** We may use your health information and share it with professionals who are involved in your health care.
  - For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** We may use or disclose your health information to obtain payment or to pay for the health care services you receive.
  - For example, we may provide protected health information to your health plan in order to coordinate payment for health care services provided to you.
- **For Health Care Operations**. We may use or disclose your health information in order to manage our programs and activities and to contact you when necessary.
  - For example, we may use protected health information to review the quality of services you receive, disclose it to our business associates so they can perform tasks on our behalf, or use or disclose it in a fraud/abuse investigation.

OTHER USES AND DISCLOSURES

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- **Help with public health and safety issues**
  We can share health information about you for certain situations such as:
  - Preventing disease.
  - Helping with product recalls.
  - Reporting adverse reactions to medications.
  - Reporting suspected abuse, neglect, or domestic violence.
  - Preventing or reducing a serious threat to anyone's health or safety.
- **Research purposes**
  - We may use your health information for studies and to develop reports. Any studies or reports prepared for research purposes would not identify specific people.
- **To comply with the law.**
  - We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests and work with a medical examiner or funeral director.**
  - We can share health information about you with organ procurement organizations.
  - We can share health information with a coroner, medical examiner or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests.**
  - For workers' compensation claims.
  - To a law enforcement official for certain law enforcement purposes.
  - With health oversight agencies for activities authorized by law.
  - For special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions**
  - We can share health information about you in response to a court or administrative order, or in certain circumstances to a subpoena.
- **For Abuse Reports and Investigations.**
  - We are required by law to receive and investigate reports of abuse and neglect.
  - Investigative case records and files relating to reports of child abuse and neglect are confidential under South Dakota law and we will disclose such records or files consistent only with South Dakota law.