

Division of Public Health Services

Office of the Assistant Director

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JANET NAPOLITANO, GOVERNOR
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Attachment 2

NOTICE OF PUBLIC HEALTH CERTIFICATION FOR TOBACCO TAX PRIMARY CARE PROGRAM AND EVALUATION UNIT

PLEASE NOTE: FEDERAL LAW DOES NOT RELIEVE YOU FROM YOUR OBLIGATION TO PROVIDE THE INFORMATION REQUIRED UNDER ARIZONA LAW.

Arizona Revised Statutes Sections 36-2907.05, 36-2907.06, and 36-2907.07 require that the contractors for the Tobacco Tax Primary Care Program and Evaluation Unit (“Program”) submit information required to conduct Program evaluations for the purposes of public health and health oversight activities, including but not limited to:

1. Random sampling,
2. Audits,
3. Data aggregation,
4. Reporting,
5. Research,
6. Cost benefit analysis, and
7. Claims processing.

HIPAA permits disclosure of protected health information and related records to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. 45 CFR 164.512(a). HIPAA also allows disclosure for public health activities and health care oversight activities. 45 CFR 164.512(b)(1)(i); 45 CFR 164.512(d).

This disclosure is required by law and, as such, the contractor is not required to make a minimum necessary determination. 45 CFR 164.514(d).

Arizona Revised Statutes Sections 36-2907.05, 36-2907.06, and 36-2907.07 mandate that the Arizona Department of Health Services (“Department”) award state funded grants for primary care services for low income at risk residents of this state and to indigent or uninsured (e.g., non-Title XVIII, XIX, or XXI) residents. Because the principal activity of the Program is the making of grants to fund the direct provision of health care, this government-funded program is exempt from the definition of health plan under HIPAA and, thus, is not a covered entity under HIPAA. See 45 CFR 160.103.

The Department and authorized representative(s) of the Department certify that protected health information and related records collected and received by this request will be used solely for the purposes allowed under HIPAA and stated herein.

Arizona Department of Health Services

Authorized Individual for Program Date

Printed Name and Title