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Access

[ORGANIZATION] recognizes that individual rights are a critical aspect of maintaining quality care and service, and is committed to allowing individuals to exercise their rights under 45 CFR §164.524, and other applicable federal, state, and/or local laws and regulations. To support this commitment, [ORGANIZATION] will maintain and update, as appropriate, written Policies and Procedures to provide guidance on employee and organizational responsibilities regarding the rights of individuals to access, inspect, and obtain a copy of their Protected Health Information.

Policy

1. [ORGANIZATION] shall take necessary steps to address individual requests to access, inspect, and/or obtain a copy of their Protected Health Information.

2. Individuals may request to access, inspect, and/or obtain a copy of their Protected Health Information that is maintained in a designated record set. In instances where the Protected Health Information is in more than one record set, or at more than one location, [ORGANIZATION] will only produce the Protected Health Information in response to a request for access.

3. Individuals do not have the right to access the following types of information:
   (a) psychotherapy notes;
   (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
   (c) protected Health Information that is:
       Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. §263a, to the extent the provision of access to the individual would be prohibited by law; or
       (d) exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR §493.3(a)(b).

4. The Privacy Officer is responsible for receiving and processing requests for access to Protected Health Information by individuals.
Procedures

1. [ORGANIZATION] shall require individuals to direct requests for access, inspection, or a copy of Protected Health Information to the [RECEPTIONIST], and complete an appropriate form.

2. The individual will be informed that request for access is required to be in writing.

3. An appropriate request from an individual regarding Protected Health Information using an appropriate form will, within a reasonable time period, be reported, along with the form, to Medical Records personnel with appropriate access clearance to Protected Health Information.

4. Upon receipt of a request made, Medical Records personnel with appropriate clearance will act on the request by:
   (a) informing the individual of the acceptance and providing the access requested or
   (b) providing the individual with a written denial.

5. Action taken pursuant to Procedure #4 must be taken:
   (a) no later than 30 days after the request is made; or,
   (b) if the request is for Protected Health Information that is not maintained or accessible on-site to [ORGANIZATION], no later than 60 days after the request.

6. If [ORGANIZATION] cannot take action on a request for access to Protected Health Information within the relevant time periods listed in Procedure #5; [ORGANIZATION] may extend the time required by 30 days.

7. Medical Records personnel with appropriate access clearance will access the individual’s Protected Health Information using proper access and authorization Procedures.

8. The individual will be allowed access, inspection, and/or copies of the requested Protected Health Information in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.
9. [ORGANIZATION] will provide the individual with access to the Protected Health Information in the form or format requested by the individual, if it is readily producible in such form or format.

10. If the requested format is not readily producible, then [ORGANIZATION] will provide the individual with access to the Protected Health Information in a readable hard copy form or such other form as agreed to by the individual.

11. If requested by the individual, [ORGANIZATION] will arrange with the individual for a convenient time and place to inspect or obtain a copy of the Protected Health Information, or mailing of Protected Health Information, within the specified time period.

12. A summary of the requested Protected Health Information will be provided in lieu of access to the information only when the individual agrees in advance to a summary, and to any related fees imposed.

13. An explanation of the requested Protected Health Information to which access has been provided will accompany the access only when the individual agrees in advance to a summary, and to any related fees imposed.

14. If a summary or explanation of the requested information is to be prepared, such summary or explanation will be completed only by Medical Records, or other applicable personnel with appropriate access clearance.

15. Medical Records personnel will appropriately Document the request and delivery of the Protected Health Information.

16. Any fees imposed on the individual for a copy of the Protected Health Information or a summary or explanation of such information will be collected at the time of receipt of the request and the proper completion of the request form.

17. Fees shall be:
   (a) reasonable and cost-based;
   (b) only for the cost of the following:
   (c) copying, including the cost of supplies for and labor of copying, the Protected Health Information requested by the individual;
(d) postage, when the individual has requested the copy, or the summary or explanation, be mailed; and

(e) preparing an explanation or summary of the Protected Health Information.

18. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or [COMPLIANCE OFFICER], or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.524(a), (b) and (c)
Access denial

[ORGANIZATION] recognizes that individual rights are a critical aspect of maintaining quality care and service, and is committed to allowing individuals to exercise their rights under 45 CFR §164.524, and other applicable federal, state, and/or local laws and regulations. To support this commitment, [ORGANIZATION] will maintain and update, as appropriate, written Policies and Procedures to provide guidance on employee and organizational responsibilities with respect to the rights of individuals regarding their Protected Health Information. However, situations may arise when [ORGANIZATION] personnel must make a determination to deny an individual access to their Protected Health Information, in accordance with applicable laws and regulations. The Policies and Procedures herein have been established to assist personnel in evaluating the appropriateness of such a determination.

Policy

1. [ORGANIZATION] shall take necessary steps to address individual requests to access, inspect, and/or obtain a copy of their Protected Health Information.

2. [ORGANIZATION] shall adhere to the Procedures herein when denying access to inspect or obtain a copy of Protected Health Information.

Procedures

1. [ORGANIZATION] shall refer individuals who request access, inspection, or a copy of Protected Health Information to the [RECEPTIONIST] who will instruct the individual to complete the appropriate form.

2. The individual shall be informed that request for access is required to be in writing.

3. An appropriate request from an individual regarding Protected Health Information using the appropriate form will, within a reasonable time period, be reported, along with the form, to Medical Records personnel with appropriate access clearance to Protected Health Information.
4. Medical Records personnel will inform the individual where to direct the request for access if it does not maintain the requested Protected Health Information and knows where the requested information is maintained.

5. Upon receipt of a request, Medical Records personnel with appropriate clearance will act on the request by:
   (a) informing the individual of the acceptance and providing the access requested; or
   (b) providing the individual with a written denial.

6. Action taken pursuant to Procedure #5 must be taken: no later than than 30 days after the request is made; or, if the request is for Protected Health Information that is not maintained or accessible on-site to [ORGANIZATION], no later than 60 days after the request is made.

7. If [ORGANIZATION] cannot take action on a request for access to Protected Health Information within the relevant time periods listed in Procedure #5; [ORGANIZATION] may extend the time required by 30 days.

8. A denial of access will be issued and will not be reviewed if the Protected Health Information is:
   (a) psychotherapy notes;
   (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
   (c) subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. §263a, to the extent the provision of access to the individual would be prohibited by law; or exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR §493.3(a)(b).
   (d) [ORGANIZATION] is acting under the direction of a correctional institution upon an inmate’s request for a copy of the Protected Health Information and obtaining a copy would jeopardize the health, safety, security, custody, or rehabilitation of the individual or of other inmates, or of any officer, employee, or other person at the correctional institution or responsible for the transporting of the inmate;
   (e) access to Protected Health Information that was created or obtained by [ORGANIZATION] in the course of research that includes treatment may be temporarily suspended for as long as the research is in progress, provided that the individual has agreed to the denial of access when consenting to participate in
the research, and has been informed that the right of access will be reinstated upon completion of the research;

(f) the individual’s access to Protected Health Information that is contained in records that are subject to the Privacy Act, 5 U.S.C. §552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law;

(g) the individual’s access may be denied if the Protected Health Information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

9. [ORGANIZATION] will review a denial for access to Protected Health Information when requested by an individual in the following situations:

(a) a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;

(b) the Protected Health Information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or

(c) the request for access is made by the individual’s personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

10. In denying access in whole or in part, to the extent possible, Medical Records personnel will give the individual access to any other Protected Health Information requested, after excluding the Protected Health Information that was denied.

11. When denying an individual access to Protected Health Information, the denial will:

(a) be written in plain language;

(b) contain the basis for the denial;

(c) contain the following statement: THE INDIVIDUAL HAS THE RIGHT TO HAVE THE DENIAL REVIEWED BY A LICENSED HEALTH
CARE PROFESSIONAL, DESIGNATED BY [ORGANIZATION] TO ACT AS A REVIEWING OFFICIAL AND WHO DID NOT PARTICIPATE IN THE ORIGINAL DENIAL DECISION BY SUBMITTING A REQUEST FOR REVIEW TO THE PRIVACY OFFICER DESCRIBING REASONS WHY ACCESS SHOULD BE PROVIDED.

(d) contain a description of how the individual may complain to [ORGANIZATION] pursuant to its complaint Procedures or to the DHHS Secretary.

12. The description of how the individual may complain will include the name, or title, and telephone number of the contact person or office designated to receive such complaints.

13. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or [COMPLIANCE OFFICER], or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.524
Accounting

HIPAA provides that individuals have a right to receive an Accounting of certain instances when Protected Health Information about them is disclosed by us. This requirement is subject to exceptions for disclosures made to the individual; for treatment, payment and health care operations; or authorized by the individual; as well as certain time-limited exceptions for disclosures to law enforcement and oversight agencies. These Policies and Procedures to address instances when an Accounting of disclosures of Protected Health Information must be provided.

Policy

1. [ORGANIZATION] shall allow individuals to receive an Accounting of all instances where Protected Health Information about them is used or disclosed, except for the following purposes:

   (a) to carry out treatment, payment and health care operations;
   (b) under the authority of a written authorization given by the subject of the Protected Health Information;
   (c) to the individuals about their own Protected Health Information;
   (d) for the facility’s directory;
   (e) to persons involved in the individual’s care or other notification purposes;
   (f) for national security or intelligence purposes; to correctional institutions or law enforcement custodial situations.

2. [ORGANIZATION] is not required to include in an Accounting of disclosures that were made incidental to another use or disclosure that is permissible under 45 CFR Part 164, however, to minimize incidental disclosures, [ORGANIZATION] will:

   (a) take precautions to reasonably safeguard Protected Health Information as required by 45 CFR § 164.530(c)(a); and
   (b) disclose only the minimum amount of Protected Health Information necessary to accomplish the intended purpose of the disclosure.
3. In its sole discretion, [ORGANIZATION] may allow individuals to receive an Accounting of instances where Protected Health Information about them is used or disclosed prior to April 13, 2003.

4. [ORGANIZATION] shall Document when patients' Protected Health Information has been disclosed for purposes other than treatment, payment or health care operations.

Procedure

1. [ORGANIZATION] will allow an individual to obtain an Accounting of certain permitted instances when their Protected Health Information has been disclosed.

2. Beginning April 14, 2003, [ORGANIZATION] will allow an individual to receive an Accounting of disclosures of Protected Health Information made by [ORGANIZATION] in the six years prior to the date on which the Accounting is requested.

3. The Accounting will be in writing and will include disclosures made to or by Business Associates of [ORGANIZATION].

4. Each Accounting of a disclosure will include the following:
   (a) the date of disclosure;
   (b) the name of the entity or person who received the Protected Health Information and, if known, the address of such entity or person;
   (c) a brief description of the Protected Health Information disclosed;
   (d) a brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure; or in lieu of such statement:
      (a) a copy of the individual's written authorization to use or disclose the Protected Health Information, or
      (b) a copy of a written request for a disclosure required by the DHHS Secretary to investigate or determine the covered entity's compliance with applicable laws and regulations.

5. [ORGANIZATION] will act on the individual’s request for an Accounting not later than 60 days after receipt of the request by:
(a) providing the individual with the Accounting requested, or
(b) extending the time to provide the Accounting by no more than 30 days.

6. If [ORGANIZATION] extends the time to provide the Accounting, within 60 days after receipt of the request, it will provide the individual with a written statement of the reasons for the delay and the date by which the covered entity will provide the Accounting.

7. [ORGANIZATION] will not extend the time to provide the Accounting more than once.

8. The first Accounting to an individual in any consecutive 12 month period will be without charge.

9. Any fee imposed by [ORGANIZATION] for each subsequent request for an Accounting by the same individual within the 12 month period will be cost-based.

10. Upon imposing a fee [ORGANIZATION] will inform the individual in advance of the fee and provide the individual with an opportunity to withdraw or modify the request for a subsequent Accounting in order to avoid or reduce the fee.

11. [ORGANIZATION] shall Document and retain the following for a period of at least 6 years, or from the date of its creation or the date when it last was in effect, whichever is later:
(a) the information required to be included in an Accounting;
(b) the written Accounting that is provided to the individual;
(c) the title of the persons or officer responsible for receiving and processing requests for an Accounting by individual.

12. The Privacy Officer is responsible for responding to a request from an individual for an audit trail of instances when their Protected Health Information has been disclosed for purposes other than treatment, payment, or health care operations.

Regulatory Authority: 45 CFR §164.528
Amendment denial

Under HIPAA, individuals have the right to request an Amendment or correction to their Protected Health Information, or a record about the individual for as long as that information is contained in a designated record set. We have the right to deny the request to Amend or correct Protected Health Information. Unless the individual provides a reasonable basis to believe that the originator of Protected Health Information is no longer available to act on the requested Amendment, this provision applies to Protected Health Information created by us. [ORGANIZATION] has created Policies and Procedures to address this issue and to comply with any applicable laws.

Policy

1. [ORGANIZATION] shall permit an individual to request an Amendment or correction to his or her Protected Health Information or a record in a designated record set for as long as the information is maintained in the designated record set.

2. [ORGANIZATION] shall deny an individual’s request for Amendment if it determines that the requested Protected Health Information or record:
   (a) was not created by [ORGANIZATION], unless the individual provides a reasonable basis to believe that the originator of Protected Health Information is no longer available to act on the requested Amendment;
   (b) is not part of a designated record set;
   (c) would not be available for inspection under the requirements for individual rights to access Protected Health Information; or
   (d) is accurate and complete.

Procedure

1. Medical Records personnel will be responsible for receiving, processing, and responding to requests for Amendments to Protected Health Information.

2. All individual requests for Amendments to protected or other health information will be in writing and in the appropriate form and directed to Medical Records.
3. Medical Records will inform the individual that it requires individuals to make requests for Amendments in writing.

4. Individuals must document the reason(s) to support the requested Amendment.

5. The request will be referred to a designated health care professional for review, who will be selected by Medical Records on a case by case basis.

6. Medical Records will inform the individual no later than 60 days after the individual’s request if the Amendment is denied.

7. On occasions where [ORGANIZATION] needs more than 60 days to make a decision, the time period for the action will be extended by no more than 30 days provided that:
   (a) no later than 60 days after the request for Amendment is received, [ORGANIZATION] provides the individual with a written statement of the reasons for the delay and the date by which [ORGANIZATION] will complete the action on the request; and
   (b) [ORGANIZATION] extends the time period for action not more than once.

8. Upon denying an Amendment, in whole or in part, [ORGANIZATION] will provide the individual with a written denial in accordance within the timeframes outlined in Procedures #6 and #7.

9. The denial will be written in plain language and will contain the following:
   (a) the basis for the denial (see policy #2 above);
   (b) the individual’s right to submit a written statement disagreeing with the denial;
   (c) a description of how the individual may file such a statement;
   (d) a description of how the individual may file a complaint to [ORGANIZATION] pursuant to its complaint Procedures including the name, or title, and telephone number of the contact person or office designated to receive such complaints;
   (e) a description of how the individual may file a complaint with the Department of Health and Human Services;
   (f) the following statement - IF INDIVIDUAL DOES NOT SUBMIT A STATEMENT OF DISAGREEMENT, THEN INDIVIDUAL MAY REQUEST
[ORGANIZATION] TO PROVIDE THE INDIVIDUAL’S REQUEST FOR AMENDMENT AND THE DENIAL WITH ANY FUTURE DISCLOSURES OF THE PROTECTED HEALTH INFORMATION THAT IS THE SUBJECT OF THE AMENDMENT.

10. If the individual provides a statement of disagreement, [ORGANIZATION] may prepare a written rebuttal to the individual’s statement of disagreement. [ORGANIZATION] will provide the individual with a copy of the above rebuttal.

11. [ORGANIZATION] will append or otherwise link the following to the designated record set or Protected Health Information that is the subject of the disputed Amendment:
   (a) the individual’s request for an Amendment; the denial of the request;
   (b) the individual’s statement of disagreement, if any; and
   (c) [ORGANIZATION]’s rebuttal, if any.

12. Any subsequent disclosures of the Protected Health Information to which an individual’s written disagreement relates will include the following:
   (a) the material appended as described above; or
   (b) an accurate summary of any such information.

13. Subsequent disclosures may be transmitted separately from a standard transaction if the standard transaction does not allow the information in Procedure #12 to be transmitted.

14. If the individual has not submitted a written statement of disagreement, [ORGANIZATION] will include the individual’s request for Amendment and [ORGANIZATION]’s denial, or an accurate summary of such information, with any subsequent disclosure of the Protected Health Information only if the individual has requested such action.

15. The Amendment shall be Documented and retained for a period of at least six years from the date of its creation or the date when it last was in effect, whichever is later.

Regulatory Authority: 45 CFR §164.526
Amendment request

Under HIPAA, individuals have the right to request an Amendment of their Protected Health Information. We have the right to deny the request. Unless the individual provides a reasonable basis to believe that the originator of Protected Health Information is no longer available to act on the requested Amendment, this provision applies to Protected Health Information we created. For both of those situations, [ORGANIZATION] has created Policies and Procedures to address the issue and to comply with any applicable laws.

Policy

1. [ORGANIZATION] shall permit an individual to request an Amendment to his or her Protected Health Information or a record in a designated record set for as long as the information is maintained in a designated record set.

2. [ORGANIZATION] will allow an individual’s request to Amend Protected Health Information that was not created by [ORGANIZATION] if provided a reasonable basis to believe that the originator of the information is no longer available to act on the request.

Procedure

1. Medical Records will be responsible for receiving, processing, and responding to requests for Amendments to Protected Health Information.

2. All individual requests for Amendments to protected or other health information will be in writing, and directed to Medical Records.

3. Medical Records will inform the individual that it requires individuals to make requests for Amendments in writing.

4. Individuals must document the reason(s) and provide written proof to support the requested Amendment.

5. Individuals may orally update their personal, demographic, employment information. All amendments to clinical information must be in writing and consistent with these Policies and Procedures.
6. The request will be referred to a designated health care professional for review, who will be selected by Medical Records on a case by case basis.

7. An individual's request for Amendment shall be denied if the requested Protected Health Information or record:
   (a) is not part of the designated record set;
   (b) would not be available for inspection under the requirements for individual rights to access Protected Health Information; or
   (c) is accurate and complete.

8. If the requested Amendment is denied, use our Policy on denying Amendment Requests.

9. Medical Records will inform the individual no later than 60 days after receipt of such a request if the Amendment is accepted.

10. The time period for the action by [ORGANIZATION] will be extended by no more than 30 days.

11. If the time period for the action is extended, Medical Records will, within 30 days after receipt of the request, provide the individual with a written statement of the reasons for the delay and the date by which [ORGANIZATION] will complete the action on the request.

12. The time period for action will not be extended more than once.

13. If the requested Amendment is accepted, Medical Records will:
   (a) make the appropriate Amendment; or
   (b) arrange to have the necessary health care professional make the Amendment.

14. Upon accepting and completing a requested Amendment, Medical Records will perform the following tasks:
   (a) inform the individual, in a timely manner, and obtain the individual's identification of, and agreement to have [ORGANIZATION] notify, the relevant persons with which the Amendment needs to be shared;
(b) make reasonable efforts to inform and provide the Amendment within a reasonable time to persons identified by the individual as needing the Amendment;
(c) make reasonable efforts to inform and provide the Amendment within a reasonable time to persons, including Business Associates, that we know have the affected Protected Health Information and that may have relied, or could foreseeably rely, on such information to the detriment of the individual.

15. In completing the Amendment, Medical Records will, at a minimum, identify the affected information in the designated record set and append or otherwise provide a link to the location of the Amendment.

16. If another covered entity notifies [ORGANIZATION] of an Amendment to an individual’s Protected Health Information, Medical Records will amend the respective information by, at minimum, identifying the affected information in the designated record set and appending or otherwise providing a link to the location of the Amendment.

17. The Amendment request and supporting documentation shall be Documented and retained for at least six years from the date of its creation or the date when it last was in effect, whichever is later.

Regulatory Authority 45 CFR §164.526
Authorization

For all uses and disclosures of an individual’s Protected Health Information, other than those required by law or for treatment, payment and health care operations, HIPAA requires us to obtain an Authorization that is signed by the individual. The purpose of obtaining an Authorization is to provide the individual with an opportunity to determine how his or her Protected Health Information may be used or disclosed, and to inform the individual of his or her rights under the Privacy rule. To support our commitment to patient confidentiality, we have developed Policies and Procedures for obtaining Authorizations for uses or disclosures of Protected Health Information.

Policy

1. For all uses and disclosures of an individual’s Protected Health Information, [ORGANIZATION] shall obtain a signed Authorization from the individual unless the use or disclosure is required or otherwise permitted without an Authorization, by 45 CFR Part 164.

2. [ORGANIZATION] shall comply with the requirements set forth in 45 CFR § 164.508, to obtain Authorization to use or disclose Protected Health Information.

3. Except as stated in other applicable Policies, [ORGANIZATION] will not condition treatment, payment, enrollment in the health plan, or eligibility for benefits, if applicable, on the provision of an Authorization.

Procedure

1. [ORGANIZATION] shall obtain a signed Authorization from all individuals before using or disclosing their Protected Health Information for purposes other than treatment, payment or health care operations.

2. Prior to all marketing communications, [ORGANIZATION] shall obtain an Authorization from the individuals who would receive such communications, except if:
   (a) the communication is made face-to-face by an employee of [ORGANIZATION];
(b) the communication is a promotional gift of nominal value provided by [ORGANIZATION]; and
(c) the marketing is tailored to the individual’s treatment.

3. Prior to any use or disclosure of psychotherapy notes, including for treatment, payment or health care operations, [ORGANIZATION] shall obtain Authorization from the individual, except if the use or disclosure is for:
(a) the treatment activities of the originator of the psychotherapy notes;
(b) [ORGANIZATION]’s own training programs in which mental health students, trainees or practitioners practice, under supervision, their skills in counseling; or
(c) [ORGANIZATION]’s defense in a legal action or other proceeding brought by the individual.

4. [ORGANIZATION] is not required to obtain Authorization for the following purposes:
(a) to carry out treatment, payment or health care operations;
(b) uses and disclosures required by law;
(c) uses and disclosures for public health activities;
(d) disclosures about victims of abuse, neglect or domestic violence;
(e) uses and disclosures for health oversight activities;
(f) disclosures for judicial and administrative proceedings;
(g) disclosures for law enforcement purposes;
(h) disclosing PHI about decedents;
(i) uses and disclosures for cadaveric organ, eye or tissue donation purposes;
(j) uses and disclosures for research purposes;
(k) uses and disclosures to avert a serious threat to health or safety;
(l) uses and disclosures for specialized government functions; and
(m) disclosures for workers’ compensation.

5. The Authorization shall be written in plain language.
6. The Authorization document shall allow individuals to request that their Protected Health Information be used or disclosed for specific purposes.

7. When [ORGANIZATION] initiates an Authorization to use or disclose Protected Health Information for its own purposes, [ORGANIZATION] shall provide individuals with any facts they need to make an informed decision as to whether to allow release of the information.

8. The Authorization shall not be combined with another document to create a compound Authorization, unless:
   (a) the other document is a similar such Authorization;
   (b) if the Authorization is for the disclosure of psychotherapy notes, the other document is also an Authorization for the disclosure of psychotherapy notes; or
   (c) the Authorization is for the use or disclosure of Protected Health Information created for a research study, and is to be combined with another written permission for the study.

9. An Authorization for the use or disclosure of Protected Health Information requested by the individual subject of that information shall contain the following:
   (a) a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
   (b) the name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;
   (c) the name or other specific identification of the person(s), or class of persons, to whom [ORGANIZATION] may make the requested use or disclosure;
   (d) an expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;
   (e) a statement of the individual’s right to revoke the Authorization in writing and the exceptions to the right to revoke;
   (f) a description of how the individual may revoke the Authorization;
   (g) a statement that we will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an Authorization, except as permitted by law;
(h) a statement that information used or disclosed pursuant to the Authorization may be subject to redisclosure by the recipient and no longer be protected by 45 CFR Part 164;
(i) the signature of the individual and date.

10. If the Authorization is signed by a personal representative of the individual, the Authorization will contain a description of the representative's authority to act for the individual.

11. [ORGANIZATION] shall provide the individual with a copy of the signed Authorization.

12. [ORGANIZATION] shall invalidate the Authorization if: any material information in the Authorization is known by [ORGANIZATION] to be false;
   (a) the Authorization has not been filled out completely;
   (b) the expiration date has passed or the expiration event has occurred.

13. [ORGANIZATION] shall Document and retain the signed Authorization for at least six years from the date of its creation or the date when it last was in effect, whichever is later.

Regulatory Authority: 45 CFR §164.508
Authorization conditions

Generally, we may not condition an individual’s treatment on the provision of an Authorization to use or disclose Protected Health Information. However, certain exceptions apply. [ORGANIZATION] is committed to ensuring that all patients receive the highest quality of care and services, and therefore will take necessary steps to comply with applicable laws and regulations regarding the conditioning of treatment on an Authorization.

Policy

1. [ORGANIZATION] may, if deemed necessary within professional judgment, condition the following on obtaining an Authorization:
   (a) provision of research-related treatment on obtaining an Authorization for Protected Health Information for such research;
   (b) provision of health care that is solely for the purpose of creating Protected Health Information for disclosure to a third party on obtaining an Authorization for the disclosure of the Protected Health Information to such third party.

2. Except as provided in policy #1 of this Policy, [ORGANIZATION] will not condition an individual’s treatment or payment for services on the provision of an Authorization to use or disclose Protected Health Information.

Procedure

1. All requests for disclosures of Protected Health Information that require Authorization will be directed to Medical Records.

2. Patient Accounts, in close consultation with the requesting party, will determine the nature of the request, and whether it is necessary to condition payment or services on obtaining the Authorization. The Policies stated herein will be the deciding factors.

3. If such conditions are determined necessary, then Patient Accounts will inform the enrollee, potential enrollee,
or applicable provider, including the reason for the conditioning of services.

4. All Authorization forms for the use or disclosure of Protected Health Information shall include a statement that the individual’s treatment and payment for services will not be conditioned on provision of the Authorization, except as permitted by law.

5. When [ORGANIZATION] is permitted to condition an individual’s treatment on provision of an Authorization under this Policy, the Authorization form shall state the consequences to the individual of refusing to sign the Authorization.

Regulatory Authority: 45 CFR §164.508(b)(4)
Authorization revocation

After we request and obtain Authorizations from individuals to use their Protected Health Information, there will be cases where individuals will change their minds. In these instances, [ORGANIZATION] has created Policies and Procedures to accommodate individuals who may wish to revoke their Authorization.

Policy

1. [ORGANIZATION] will allow an individual to revoke an Authorization to use or disclose their Protected Health Information, except in situations where:
   (a) [ORGANIZATION] has taken action in reliance thereon;
   (b) the Authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or the policy itself.

2. [ORGANIZATION] will take all necessary steps to honor and comply with an individual revocation of an Authorization to use or disclose Protected Health Information, unless stated otherwise in this Policy.

Procedure

1. [ORGANIZATION] will not impose a time restriction on when an individual may revoke Authorization to use or disclose their Protected Health Information.

2. [ORGANIZATION] shall require a written request by individuals who request the revocation of Authorization.

Regulatory Authority: 45 CFR §164.508(b)(5)
Business Associate assurances

We may disclose Protected Health Information to a Business Associate and may allow a Business Associate to create or receive Protected Health Information on its behalf. This Policy has been developed to ensure the privacy and security of Protected Health Information when [ORGANIZATION] is disclosing Protected Health Information to its Business Associates.

Policy

1. [ORGANIZATION] shall ensure contracts or other arrangements between [ORGANIZATION] and its Business Associates comply with the Policies and Procedures described herein and pursuant to 45 CFR §164.504(e).

2. [ORGANIZATION], upon learning that a pattern of activity or practice of a Business Associate constitutes a material breach or violation of the Business Associate’s obligation under the contract or other arrangement, will take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are unsuccessful, terminate the contract or arrangement, if feasible; or report the problem to the DHHS if termination is not feasible.

Procedures

1. [ORGANIZATION] shall Document satisfactory assurances of compliance with the Policies and Procedures herein through a written contract or other written agreement or arrangement with the Business Associate that establishes permitted and required uses and disclosures of Protected Health Information.

2. The written contract or other written agreement or arrangement with a Business Associate will authorize termination of the contract by [ORGANIZATION] if [ORGANIZATION] determines that the Business Associate has violated a material term of the contract.

3. Written contracts or agreements between [ORGANIZATION] and a Business Associate shall provide that the Business Associate shall:
   (a) not use or further disclose Protected Health Information other than as permitted or required by the contract or as required by law;
(b) use appropriate safeguards to prevent use or disclosure of Protected Health Information other than as provided for by its contract;
(c) report to [ORGANIZATION] any use or disclosure of the information not provided for by its contract of which it becomes aware;
(d) ensure any agents, including subcontractors, to whom it provides Protected Health Information received from, or created or received by a Business Associate on behalf of, the covered entity agrees to the same restrictions and conditions that apply to the Business Associate with respect to such information;
(e) make available Protected Health Information in accordance with the individual's right to access such information, including to incorporate any amendments to Protected Health Information and to provide an Accounting of discloses in accordance with the individual's right to request an amendment or Accounting of Protected Health Information;
(f) make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Business Associate on behalf of [ORGANIZATION] available to the Department of Health and Human Services for purposes of determining [ORGANIZATION]'s compliance with HIPAA regulations;
(g) at termination of a contract, if feasible, return or destroy all Protected Health Information; received from, created, or received by the Business Associate on behalf of the [ORGANIZATION];
(h) furthermore, Business Associates may not retain copies of such information; and
(i) if such return or destruction is not feasible, extend the protections of the contract to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

4. At the sole discretion of [ORGANIZATION], contracts or agreements between [ORGANIZATION] and a Business Associate may permit the Business Associate to do the following:
(a) provide data aggregation services relating to the health care operations of the covered entity;
(b) use the information received in its capacity as a Business Associate to the [ORGANIZATION], if necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate;
(c) use and disclose Protected Health Information if law requires the disclosure; and
(d) use and disclose Protected Health Information if the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person. The person to whom the Protected Health Information is disclosed must notify the Business Associates of any instances of which it is aware that the confidentiality of the information has been breached.

5. Contracts or agreements between [ORGANIZATION] and a Business Associate shall prohibit a Business Associate to use or disclose Protected Health Information in a manner that would violate HIPAA privacy regulations.

6. When a Business Associate is required by law to perform a function on behalf of [ORGANIZATION], and [ORGANIZATION] discloses Protected Health Information to the Business Associate to comply with the legal mandate without meeting the requirements of the HIPAA Privacy rule, [ORGANIZATION] shall attempt in good faith to obtain satisfactory assurances that the requirements applicable to the Business Associate accomplish the objectives of the Business Associate requirements, and, if such attempt fails, Document the attempt and the reasons that such assurances cannot be obtained.

7. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.504
Complaints

HIPAA rules require us to have a mechanism for receiving complaints from individuals regarding our compliance with the HIPAA privacy rules. We are required to accept complaints about any aspect of our practices regarding Protected Health Information. For example, individuals may file a complaint when they believe that Protected Health Information relating to them has been used or disclosed improperly; that an employee has improperly handled the information; that they have wrongfully been denied access to or opportunity to amend the information; or, that our privacy notice does not accurately reflect our information practices.

Policy

1. As specified in 45 CFR §164.530(d), [ORGANIZATION] will provide a process for individuals to make complaints concerning [ORGANIZATION]'s HIPAA Policies and Procedures or our compliance with such Policies and Procedures.

2. The Privacy Contact will be [ORGANIZATION]'s designated contact for individuals to file complaints pursuant to this Policy.

3. [ORGANIZATION] shall not require individuals to waive their right to file a complaint with the Department of Health and Human Services as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

Procedures

1. [ORGANIZATION] shall document and retain all complaints received, and their disposition, for at least six years from the date of receipt or disposition, whichever is later.

2. The Privacy Contact shall be contacted in order to file a complaint concerning [ORGANIZATION]'s Policies and Procedures required by the HIPAA privacy rule, or its compliance with such Policies and Procedures.

3. The name, or title, and telephone number of the Privacy Contact designated to receive complaints concerning
[ORGANIZATION]’s Policies and Procedures required by the HIPAA privacy rule, or its compliance with such Policies and Procedures will be Documented.

Regulatory Authority: 45 CFR §164.530(d)
Decedents

We are permitted to disclose Protected Health Information to coroners and medical examiners and to funeral directors, as necessary and consistent with applicable law. This Policy is designed to give guidance and ensure compliance with applicable laws and regulations when disclosing Protected Health Information to coroners, medical examiners, and funeral directors.

Policy

[ORGANIZATION] may disclose Protected Health Information to coroners, medical examiners, and funeral directors to carry out their professional duties.

Procedures

1. [ORGANIZATION] may disclose Protected Health Information about a deceased person, without individual Authorization, to coroners, medical examiners, or funeral directors for the following purposes:
   (a) identifying a deceased person, determining a cause of death, or other duties as authorized by law; and
   (b) to assist funeral directors in carrying out their duties with respect to the decedent including, if necessary, disclosing Protected Health Information prior to, and in reasonable anticipation of, the individual’s death.

2. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize [ORGANIZATION]’s database to determine whether the requesting individual is a person with whom [ORGANIZATION] has an existing relationship.

3. Personnel shall follow appropriate Policies and Procedures for verifying the identity and authority of individuals requesting Protected Health Information.

4. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual’s Protected Health Information using proper access and Authorization Procedures.
5. The requested Protected Health Information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

6. Medical Records personnel shall appropriately Document the request and delivery of the Protected Health Information.

7. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel shall refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

8. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.512(g)
De-Identified information

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. Federal law allows use or disclosure of Protected Health Information for the purpose of creating de-identified information. De-identified information is information which has been stripped of any elements that may identify the patient, such as name, birth date, or social security number. [ORGANIZATION] will, from time to time, use de-identified data for various purposes such as utilization review. In doing so, we will ensure that the appropriate administrative and technical processes are in place to properly de-identity Protected Health Information, as well as to secure any methods of re-identification, as required under 45 CFR §164.514(a) and other applicable federal, state, and/or local laws and regulations.

Policy

1. [ORGANIZATION] may create de-identified information for utilization review and for other purposes as authorized by the Board of [ORGANIZATION].

2. De-identification of information will be performed only under the close supervision of the Privacy Officer or designee, who shall have appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable. [ORGANIZATION] shall not use or disclose the code or other means of record identification or mechanism used to re-identify health information for any other purpose than internal operations.

3. De-identified information shall not be disclosed if those [ORGANIZATION] employees creating or disclosing the information, or any other employees of [ORGANIZATION], have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

Procedures

1. The Privacy Officer shall make decisions as to whether Protected Health Information should be de-identified.
2. The reason for de-identification shall be Documented and maintained.

3. The following individually identifying elements will be removed or otherwise concealed from Protected Health Information in order to create de-identified information:
   (a) name;
   (b) all elements of dates (except year) for dates directly related to an individual, including:
   (c) birth date
   (d) admission date
   (e) discharge date
   (f) date of death
   (g) all ages over 89
   (h) all elements of dates (including year) indicative of age 89, except that such ages and elements may be aggregated into a single category of age 90 or older;
   (i) telephone number;
   (j) fax number;
   (k) electronic mail address;
   (l) social security number;
   (m) medical record number;
   (n) health plan beneficiary number;
   (o) account number;
   (p) certificate/license number;
   (q) vehicle identifiers and serial numbers, including license plate number;
   (r) device identifiers and serial number;
   (s) web Universal Resource Locators (URL);
   (t) Internet Protocol (IP) address number;
   (u) biometric identifiers, including finger and voice print;
   (v) full face photographic image and any comparable image;
   (w) all geographic subdivisions smaller than a State, including:
   (x) street address
   (y) city
   (z) county
   (aa) precinct
   (bb) zip code, and their equivalent geocodes
   (cc) any other unique identifying number, characteristic, or code other than a code assigned to a record to permit [ORGANIZATION] to re-identify the information.
4. The initial three digits of a zip code may be used if, according to the current publicly available data from the Bureau of the Census:
   (a) the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
   (b) the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000).

5. [ORGANIZATION] shall adopt a uniform process for purposes of removing identifying elements from Protected Health Information.

6. If any of the listed identifiers are not removed, then the information will only be disclosed when the Privacy Officer determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information, and Documents the methods and results of the analysis that justify such determination.

7. The code or other means of record identification used to re-identify information will not be derived from or related to information about the individual and should not otherwise be capable of being translated so as to identify the individual.

8. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.514(a) and (b)
Documentation

This Policy is designed to give guidance and ensure compliance with provisions of HIPAA requiring us to maintain documentation of Policies, Procedures, and other administrative documents.

Policy

1. [ORGANIZATION] shall implement Policies and Procedures with respect to Protected Health Information that are designed to comply with then-applicable standards, implementation specifications, or other requirements of the HIPAA Privacy regulations.

2. [ORGANIZATION] shall maintain documentation, in written or electronic form, of Policies, Procedures, communications, and other administrative documents as required by 45 CFR §164.530 (i) and (j), for a period of at least six years from the date of creation or the date when last in effect, whichever is later.

3. [ORGANIZATION] shall promptly incorporate into its Policies, Procedures and other administrative documents any changes in law.

4. [ORGANIZATION] shall properly document and implement any changes to Policies and Procedures as necessary.

Procedures

1. [ORGANIZATION]'s Policies have been reasonably designed to take into account the size and type of activities undertaken by [ORGANIZATION] with respect to Protected Health Information.

2. [ORGANIZATION] may change Policies or Procedures that do not affect the content of the Notice of Privacy Practices, provided that the policy or procedure complies with the Privacy regulations and is documented as required in this Policy.

3. The following Documentation will be maintained in an organized manner:
   (a) Policies and Procedures related to the use or disclosure of Protected Health Information;
(b) forms for the authorization to use or disclose Protected Health Information;
(c) requests for the use or disclosure of Protected Health Information;
(d) agreements with Business Associates referring to the use or disclosure of Protected Health Information;
(e) Notice of Privacy Practices and any changes made thereto; and
(f) All [ORGANIZATION]'s HIPAA Policies, Procedures, forms and protocols.

4. Documentation shall be maintained in a manner that allows necessary availability, while also ensuring the security of information.

Regulatory Authority: 45 CFR §164.530(i)(j)
Family involvement

For the benefit of patient care and public health, [ORGANIZATION] sometimes needs to use or disclose Protected Health Information to a patient’s family member or others involved in the patient’s care in order to ensure quality care, or to notify family members or others of the patient’s condition or location.

In these situations, when the patient is present and capacitated, [ORGANIZATION] must provide the patient with an opportunity to agree or disagree to the use or disclose of such information, and if agreement is obtained, is not required to obtain the written authorization of the patient.

Employees may orally inform the individual of and obtain the individual’s oral agreement or objection to such uses or disclosures.

Policy

1. [ORGANIZATION] may disclose to a family member, other relative, close personal friend, or any other person identified by the patient, Protected Health Information that is directly relevant to such person’s involvement with or payment related to the patient’s care.

2. [ORGANIZATION] may use or disclose a patient’s Protected Health Information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the patient, or another person responsible for the care of the patient of the patient’s location, general condition, or death.

3. [ORGANIZATION] shall follow all applicable laws and regulations when disclosing Protected Health Information relevant to a patient’s care or for notification to the patient’s family member, friend, or any other person identified by the individual.

Procedures

1. [ORGANIZATION] will seek agreement from all individuals upon admission to disclose their Protected Health Information relevant to the patient’s care to the patient’s
identified family member, friend, or any other person identified by the patient.

2. If necessary, given the condition of the patient or critical circumstances involved, [ORGANIZATION] may reasonably infer from the circumstances, based on the exercise of professional judgment, that the individual does not object to the disclosure of health information relevant to the patient’s care to the patient’s family member, friend, or any other person identified by the individual.

3. [ORGANIZATION] may reasonably infer from the circumstances, based on the exercise of professional judgment, that Protected Health Information relevant to the patient’s care may be disclosed to notify, or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual’s death.

4. [ORGANIZATION] may use or disclose Protected Health Information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with the entity to notify, or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual’s location, general condition, or death.

5. If the individual is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual’s incapacity or an emergency circumstance, [ORGANIZATION] may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the Protected Health Information that is directly relevant to the person’s involvement with the individual’s health care.

6. Appropriate [ORGANIZATION] personnel may use professional judgment and their experience with common practice to make reasonable inferences of a patient’s best interest in allowing a person to act on behalf of the patient to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of Protected Health Information.

7. Appropriate [ORGANIZATION] personnel will exercise professional judgment in determining that disclosing Protected
Health Information pursuant to the applicable Policies and Procedures herein, when the patient is present or when the patient is not present, will interfere with the ability to respond to the emergency circumstances.

8. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.510(b)
Fundraising

From time to time, [ORGANIZATION] may engage in limited fundraising activities. Under certain circumstances, we may use or disclose Protected Health Information without the written Authorization of individuals. [ORGANIZATION] is committed to ensuring the privacy and security of individual health information when conducting fundraising activities. To support this commitment, [ORGANIZATION] will ensure any use or disclosure of Protected Health Information for fundraising activities is in compliance with 45 CFR §164.514(f), and other applicable federal, state, and/or local laws and regulations.

Policy

1. [ORGANIZATION] may disclose Protected Health Information for activities related to fundraising only pursuant to an Authorization by the individual of such information, except as stated in this Policy and Procedure.

2. Disclosures of Protected Health Information for which individual Authorization is not required pursuant to 45 CFR §163.514(f) shall comply with the Policies and Procedures described herein.

3. [ORGANIZATION]'s Notice of Privacy Practices will include a statement that the [ORGANIZATION] may contact an individual to raise funds for [ORGANIZATION].

Procedures

1. [ORGANIZATION] shall obtain individual Authorizations before using or disclosing Protected Health Information to a Business Associate or to an institutionally related foundation for the purpose of fundraising, except in the following situations:

   (a) [ORGANIZATION] may, without obtaining individual Authorization, use or disclose demographic information relating to an individual to a Business Associate or to an institutionally related foundation for the purpose of raising funds for [ORGANIZATION]'s own benefit;

   (b) [ORGANIZATION] may, without obtaining individual Authorization, use or disclose dates of health care provided to an individual to a Business Associate or to an institutionally
related foundation for the purpose of raising funds for [ORGANIZATION]’s own benefit.

2. All fundraising materials that are sent to individuals will include a description of how the individual may opt out of receiving any further fundraising communications.

3. [ORGANIZATION] shall make reasonable efforts to ensure that individuals who decide to opt out of receiving future fundraising communications are not sent such communications, by utilizing [ORGANIZATION]’s data base to identify and track individuals who are receiving fundraising communications and those who opt out.

4. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.514(f)
Health oversight release

We may use or disclose Protected Health Information without individual Authorization for health oversight activities pursuant to 45 CFR §164.512. [ORGANIZATION] is committed to ensuring the privacy of patient health information. To support this commitment, [ORGANIZATION] will ensure any use or disclosure of Protected Health Information for health oversight release is in compliance with all applicable laws and regulations.

This Policy is designed to provide guidance when using or disclosing Protected Health Information for health oversight activities, while protecting patient health information in our possession.

Policy

1. [ORGANIZATION] may disclose Protected Health Information to a health oversight agency for oversight activities authorized by law, including:
   (a) audits;
   (b) civil, administrative, or criminal investigations;
   (c) inspections;
   (d) licensure or disciplinary actions; and
   (e) civil, administrative, or criminal proceedings; except as otherwise stated in this Policy and Procedure.

2. If a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits unrelated to health, [ORGANIZATION] considers the joint activity or investigation to be a health oversight activity.

3. [ORGANIZATION] shall not disclose Protected Health Information without Authorization in cases where an individual is the subject of the investigation or other activity; if such investigation or other activity does not arise out of and is not directly related to:
   (a) the receipt of health care;
   (b) a claim for public benefits related to health;
   (c) qualification for or receipt of public benefits or services when a patient's health is integral to the claim for public benefits or services.
Procedures

1. [ORGANIZATION] may disclose Protected Health Information to a health oversight agency for oversight activities authorized by law, including:
   (a) audits;
   (b) civil, administrative, or criminal investigations;
   (c) inspections;
   (d) licensure or disciplinary actions;
   (e) civil, administrative, or criminal proceedings or actions; or
   (f) other activities necessary for appropriate oversight of the following:
      (g) the health care system;
      (h) government benefit programs for which health information is relevant to beneficiary eligibility;
      (i) entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards;
      (j) entities subject to civil rights laws for which health information is necessary for determining compliance.

2. [ORGANIZATION] may disclose Protected Health Information without Authorization to a health oversight agency if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health.

3. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize [ORGANIZATION]'s database to determine whether the requesting individual is a person with whom [ORGANIZATION] has an existing relationship.

4. Personnel shall follow appropriate Policies and Procedures for verifying the identity and authority of individuals requesting Protected Health Information.

5. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual's Protected Health Information using proper access and Authorization Procedures.
6. The requested Protected Health Information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

7. Medical Records personnel will appropriately Document the request and delivery of the Protected Health Information.

8. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

9. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.512(d)
Judicial and administrative release

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. For most disclosures other than the usual course of treatment, payment, or health care operations, we must obtain individual Authorization before using or disclosing the individual’s Protected Health Information.

However, Protected Health Information may be disclosed pursuant to a judicial or administrative process without the written Authorization of the individual, or the opportunity for the individual to agree or object, in the situations and subject to the applicable requirements of 45 CFR §164.512.

To support our commitment to patient confidentiality, [ORGANIZATION] will ensure any use or disclosure of Protected Health Information for judicial and/or administrative release is in compliance with all applicable laws and regulations. From time to time an order from a court or administrative tribunal may request Protected Health Information. [ORGANIZATION]’s legal counsel is to be immediately consulted in connection with each request.

This Policy has been developed to provide guidance and to ensure full compliance with such requests, while protecting patient health information in our possession.

Policy

1. [ORGANIZATION] shall comply with all lawful and appropriate requests from regulatory and judicial authorities and disclose Protected Health Information necessary to response to:

   (a) a subpoena, grand jury subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal;

   (b) a subpoena, discovery request, or other lawful process that is accompanied by an order of a court or administrative tribunal.

2. Disclosures will be made of only that Protected Health Information that is expressly authorized in an appropriate request, such as in response to a subpoena, discovery request,
or other lawful process that is not accompanied by an order of a court or administrative tribunal.

3. [ORGANIZATION]’s legal counsel is to be immediately consulted upon receipt of any request from regulatory and judicial authorities.

Procedures

1. [ORGANIZATION] shall disclose Protected Health Information only after consulting [ORGANIZATION]’s legal counsel and obtaining satisfactory assurance from the requesting party that they have made reasonable efforts to provide notice to the individual who is the subject of the requested Protected Health Information or to secure a qualified protective order.

2. [ORGANIZATION] shall obtain a written statement and accompanying documentation demonstrating that a notice has been given to the individual that contained sufficient information about the litigation or proceeding in which the Protected Health Information is requested to permit the individual to raise an objection to the court or administrative tribunal.

3. Where reasonable efforts have been made to ensure that the individual has been given notice of the request, [ORGANIZATION] shall obtain from the requesting party a written statement and accompanying documentation demonstrating that:
   (a) time for raising objections to the court or administrative tribunal has elapsed; and
   (b) no objections were filed; or
   (c) the court has resolved all objections filed by the individual or the administrative tribunal and the disclosures being sought are consistent with such resolution.

4. Where reasonable efforts have been made to secure a qualified protective order, [ORGANIZATION] shall obtain from the requesting party a written statement and accompanying documentation demonstrating that:
   (a) parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or
   (b) the party seeking the Protected Health Information has requested a qualified protective order from such court or administrative tribunal.
5. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize [ORGANIZATION]'s database to determine whether the [ORGANIZATION] has an existing relationship with the requesting individual.

6. Personnel will follow appropriate Policies and Procedures for verifying the identity and authority of individuals requesting Protected Health Information.

7. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual's Protected Health Information using proper access and Authorization Procedures.

8. The requested Protected Health Information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

9. Medical Records personnel will appropriately Document the request and delivery of the Protected Health Information.

10. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

11. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.512(e)
Law enforcement release

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. For most disclosures other than for treatment, payment, or health care operations, [ORGANIZATION] must obtain individual Authorization before using or disclosing the individual’s Protected Health Information. However, pursuant to a law enforcement process, and subject to the applicable requirements of 45 CFR §164.512, Protected Health Information may be disclosed without the written Authorization of the individual, or the opportunity for the individual to agree or object.

To support our commitment to patient confidentiality, [ORGANIZATION] will ensure any use or disclosure of Protected Health Information for law enforcement release is in compliance with all applicable laws and regulations. From time to time a law enforcement agency or court may request Protected Health Information. [ORGANIZATION]’s legal counsel is to be immediately consulted in connection with each request.

This Policy has been developed to provide guidance and to ensure full compliance with such requests, while protecting patient health information in [ORGANIZATION]'s possession.

Policy

1. [ORGANIZATION] may disclose Protected Health Information for law enforcement purposes to a law enforcement official if all applicable conditions have been met.

2. In the case of a medical emergency that [ORGANIZATION] believes to be the result of abuse, neglect or domestic violence, or for reports relating to child abuse or neglect, refer to [ORGANIZATION]'s policy governing victims of abuse, neglect or domestic violence.

Procedures

1. [ORGANIZATION] may disclose Protected Health Information without individual Authorization in compliance with and as limited by the relevant requirements of a court order, court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena.
2. [ORGANIZATION] may disclose requested Protected Health Information pursuant to an administrative request made by a law enforcement official, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, under the following conditions:

(a) [ORGANIZATION] determines, in conjunction with the requesting party, that the information sought is relevant and material to a legitimate law enforcement inquiry;

(b) [ORGANIZATION] determines, in conjunction with the requesting party, that the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

(c) [ORGANIZATION] determines, in conjunction with the requesting party, that de-identified information could not reasonably be used.

3. Other than stated within this Policy, [ORGANIZATION] shall not disclose any Protected Health Information related to an individual’s DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue in response to a law enforcement official’s request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.

4. [ORGANIZATION] may disclose the following Protected Health Information in response to a law enforcement official’s request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that [ORGANIZATION] only discloses the following:

(a) name and address;
(b) date and place of birth;
(c) social security number;
(d) ABO blood type and rh factor;
(e) type of injury;
(f) date and time of treatment;
(g) date and time of death, if applicable; and
(h) a description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

5. [ORGANIZATION] may disclose to a law enforcement official Protected Health Information that [ORGANIZATION]
believes in good faith constitutes evidence of criminal conduct that occurred on the premises of [ORGANIZATION].

6. [ORGANIZATION] may, in providing emergency health care in response to a medical emergency, other than emergency care provided on the premises of [ORGANIZATION], disclose Protected Health Information to a law enforcement official if such disclosure appears necessary to alert law enforcement to:

(a) the commission and nature of a crime;
(b) the location of such crime or of the victim(s) of such crime; and
(c) the identity, description, and location of the perpetrator of such crime.

7. [ORGANIZATION] may disclose Protected Health Information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if [ORGANIZATION] has a suspicion that such death may have resulted from criminal conduct.

8. [ORGANIZATION] may disclose Protected Health Information in response to a law enforcement official’s request for such information about an individual who is or is suspected to be a victim of a crime if the individual agrees to the disclosure.

9. In cases where the individual is suspected to be a victim of a crime and where [ORGANIZATION] is unable to obtain the individual’s agreement because of incapacity of other emergency circumstance, [ORGANIZATION] will:

(a) obtain representation from the requesting law enforcement official that such information is needed to determine whether a violation of law by a person other than the victim occurred, and such information is not intended to be used against the victim;
(b) obtain representation from the law enforcement official that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
(c) in the exercise of professional judgment, make a determination that the disclosure is in the best interest of the individual before disclosing Protected Health Information.
10. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize [ORGANIZATION]’s database to determine whether the requesting individual is a person with whom [ORGANIZATION] has an existing relationship.

11. Personnel will follow appropriate Policies and Procedures for verifying the identity and authority of individuals requesting Protected Health Information.

12. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual’s Protected Health Information using proper access and Authorization Procedures.

13. The requested Protected Health Information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

14. Medical Records personnel will appropriately Document the request and delivery of the Protected Health Information.

15. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

16. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory authority: 45 CFR 164.512(f)
Limited data sets

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. Federal law allows us to create and use a limited data set under certain conditions. A limited data set contains information from which all direct identifiers, such as name, have been removed, but which may contain some indirect identifiers. [ORGANIZATION] will, from time to time, use or disclose limited data sets for the purposes of research, public health and health care operations. In doing so, we will ensure that the appropriate administrative and technical processes are in place to properly remove direct identifiers from Protected Health Information as required under 45 CFR §164.514(e) and other applicable federal, state, and/or local laws and regulations.

Policy

1. [ORGANIZATION] may use Protected Health Information to create, or may disclose Protected Health Information to a Business Associate to create, a limited data set for the following purposes:
   (a) research;
   (b) public health; or
   (c) health care operations.

2. [ORGANIZATION] shall enter into a data use agreement that meets the requirements of 45 CFR § 164.514(e) with any proposed recipients of a limited data set before disclosing any information contained in such limited data set to the recipient.

3. If [ORGANIZATION] has knowledge that a limited data set recipient has breached or violated a data use agreement, [ORGANIZATION] shall take steps to cure the breach or end the violation, and, in the event such actions are unsuccessful, [ORGANIZATION] shall:
   (a) discontinue disclosure of Protected Health Information to the recipient; and
   (b) report the problem to the Secretary of Health and Human Services.

4. If [ORGANIZATION] is the recipient of a limited data set, [ORGANIZATION] will enter into and comply with the terms of a data use agreement consistent with the Policies and Procedures herein.
Procedures

1. The Privacy Officer shall decide if a limited data set should be created and/or disclosed. The reason for creating and/or disclosing information in a limited data set shall be documented and maintained.

2. The following individually identifying elements of an individual, relatives, employers and household members of the individual will be removed or otherwise excluded from Protected Health Information in order to create a limited data set:
   (a) name;
   (b) postal address information, other than town or city, State, and zip code;
   (c) telephone number;
   (d) fax number;
   (e) electronic mail addresse;
   (f) social security number;
   (g) medical record number;
   (h) health plan beneficiary number;
   (i) account number;
   (j) certificate/license number;
   (k) vehicle identifiers and serial number, including license plate number;
   (l) device identifiers and serial number;
   (m) web Universal Resource Locators (URL);
   (n) Internet Protocol (IP) address number;
   (o) biometric identifiers, including finger and voice prints; and
   (p) full face photographic image and any comparable image.

3. [ORGANIZATION] will comply with its Disclosure Policies and Procedures in determining what information to include in a limited data set.

4. [ORGANIZATION] shall adopt processes for purposes of removing identifying elements from Protected Health Information

5. The data use agreement, which shall be in the form of a contract, shall not authorize the limited data set recipient to use or further disclose the information in a manner that is inconsistent with the requirements of 45 CFR Part 164.
6. The data use agreement between [ORGANIZATION] and the limited data set recipient shall establish:
(a) who is permitted to use or receive the limited data set; and
(b) the permitted uses and disclosures of such information by the recipient consistent with the limited purposes of research, public health or health care operations.

7. The data use agreement between [ORGANIZATION] and the limited data set recipient shall provide [ORGANIZATION] with adequate assurances that the recipient of the limited data set will:
(a) not attempt to re-identify or contact the individuals whose information is contained in the limited data set;
(b) use appropriate safeguards to prevent uses or disclosures outside the terms of the data use agreement;
(c) ensure that any subcontractors or other tertiary recipients of the data agree to and abide by the terms of the data use agreement; and
(d) report any breaches of the information or agreement to us in a timely manner.

8. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.514(e)
Marketing

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. To enhance our services, we will routinely engage in limited marketing activities, which may serve to solicit feedback relative to patient care and services. To support our commitment to patient confidentiality, [ORGANIZATION] shall ensure that any Protected Health Information used or disclosed for marketing purposes will comply fully with 45 CFR § 164.508 and other applicable federal, state, and/or local laws and regulations.

Policy

1. [ORGANIZATION] shall obtain individual Authorizations to use and disclose patient health information for the purpose of marketing, except as otherwise stated in this Policy and Procedure.

2. [ORGANIZATION] may, without obtaining individual Authorization, use and disclose patient health information for the purpose of marketing only in accordance with the Procedures stated herein.

Procedures

1. Except as otherwise provided in these Procedures, [ORGANIZATION] shall obtain individual Authorization for the purpose of marketing in accordance with our Policies for obtaining an Authorization.

2. If applicable, the Authorization for marketing will state that remuneration to [ORGANIZATION] is involved in the marketing activity, regardless of whether such remuneration is direct or indirect.

3. Blanket Authorizations for marketing shall be considered by [ORGANIZATION] to be defective.

4. [ORGANIZATION] shall Document and retain the signed Authorization for at least six years from the date of its creation or the date when it last was in effect, whichever is later.
5. [ORGANIZATION] may, without obtaining individual Authorization, use or disclose Protected Health Information for the following purposes:
   (a) to make a face-to-face marketing communication to an individual; and
   (b) to provide a promotional gift of nominal value to an individual.

6. [ORGANIZATION] shall not disclose Protected Health Information to a Business Associate or other third party, in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a marketing communication that promotes that entity’s products or services.

7. Consistent with the Policies and Procedures herein, [ORGANIZATION] may otherwise disclose Protected Health Information to a Business Associate to assist in [ORGANIZATION]’s marketing activities.

8. [ORGANIZATION] may, without Authorization, communicate information to individuals:
   (a) to describe a health-related product or service, or payment for such product or service, that is provided by, or included in a plan of benefits of [ORGANIZATION];
   (b) for treatment of the individual;
   (c) for case management or care coordination for the individual; or
   (d) to direct or recommend to the individual alternative treatments, therapies, health care providers or settings of care.

9. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.508(a)(3)
Minimum Necessary Information

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. While patient information must be available to health care professionals in the process of ensuring proper care, we should avoid disclosing more patient information than needed to perform our respective duties. To support our commitment to patient confidentiality, [ORGANIZATION] will ensure that the appropriate steps are taken to disclose only the minimum amount of Protected Health Information necessary to accomplish the particular use or disclosure, as required under 45 CFR §164.502(b), and other applicable federal, state, and/or local laws and regulations.

Policy

1. [ORGANIZATION] employees shall follow proper procedures to ensure that only the minimum amount of patient health information necessary to accomplish the specific purpose of a use or disclosure is actually used or disclosed.

2. [ORGANIZATION] employees shall request only the minimum amount of patient health information necessary to accomplish the specific purpose of the request.

3. This Policy does not apply to the following uses or disclosures:
   (a) disclosure to or requests by a provider for treatment;
   (b) uses or disclosure made to the individual who is the subject of the information;
   (c) uses or disclosure pursuant to an authorization;
   (d) disclosure made to the Department of Health and Human Services;
   (e) uses or disclosures required by law; and
   (f) uses or disclosure required for compliance with applicable laws and regulations.

Procedures

1. All proposed uses or disclosures of patient health information shall be reviewed by persons having an understanding of [ORGANIZATION]'s privacy Policies and practices, and sufficient expertise to understand and weigh the necessary factors.
2. [ORGANIZATION] shall only use, disclose, or request an entire medical record when the entire medical record is specifically justified as being reasonably necessary to accomplish the purpose of the use, disclosure, or request.

3. Within [ORGANIZATION], the following classes of personnel require and will maintain the indicated levels of access to Protected Health Information on a routine basis to appropriately accomplish their duties and responsibilities:

| Insert extent of access rights for personnel in the chart below and then delete this table. |
| For example, Medical Records may have complete access to clinical and case management records but only partial access to patient account information; Reimbursement personnel may have complete access to clinical and case management records but only partial access to patient account information, etc. |

<table>
<thead>
<tr>
<th>[ORGANIZATION]'s Designation of Employee Access Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee class</td>
</tr>
<tr>
<td>----------------</td>
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</table>

4. Access to Protected Health Information will be reasonably limited to that described in Procedure #3.

5. The following criteria will be used in limiting the amount of Protected Health Information requested or disclosed by [ORGANIZATION] personnel:

<table>
<thead>
<tr>
<th>Does the individual who is requesting (disclosing) the Protected Health Information have complete</th>
</tr>
</thead>
</table>

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understanding of the purpose for the use or disclosure of the Protected Health Information?

Are all of the individuals identified for whom the requested use or disclosure of the Protected Health Information is required?

6. Requests for disclosures of Protected Health Information will be reviewed on an individual basis in accordance with criteria listed in the applicable Policy.

7. [ORGANIZATION] personnel may reasonably rely on requests by:
   (a) public health and law enforcement agencies in determining the minimum necessary information for certain disclosures;
   (b) other covered entities in determining the minimum necessary information for certain disclosures; or
   (c) a professional who is a member of its workforce or is a Business Associate of [ORGANIZATION] for the purpose of providing professional services to [ORGANIZATION], if the professional represents that the information requested is the minimum necessary for the stated purpose.

8. In the event of disclosures for research purposes, [ORGANIZATION] shall review the documentation of required Institutional Review Board or other approval in determining the minimum amount of Protected Health Information necessary.

9. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §§*164.502(b)
Mitigation

We must take steps to mitigate any harmful effect that is known to us by a use or disclosure of Protected Health Information in violation of our Policies and Procedures whether by us or by our Business Associates. This Policy is designed to give guidance and ensure compliance with all applicable laws and regulations related to mitigating the effect of the unauthorized release of information.

Policy

Pursuant to 45 CFR §164.530(f), we shall take all necessary steps to mitigate any harmful effect that is known to us of a use or disclosure of Protected Health Information in violation of our Policies and Procedures.

Procedures

1. [ORGANIZATION] will immediately report to Privacy Officer upon discovery of the unauthorized release of Protected Health Information by an employee.

2. [ORGANIZATION] will immediately report to Privacy Officer upon discovery of the unauthorized release of Protected Health Information by a contractor, and/or Business Associate.

3. Any unauthorized release of Protected Health Information will be reported to the Privacy Officer immediately upon discovery of the release.

Regulatory Authority: 45 CFR §164.530(f)
Organ, eye, or tissue donation

We may use or disclose Protected Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation. This Policy is designed to provide guidance and ensure compliance with applicable laws when disclosing Protected Health Information for purposes of cadaveric organ, eye, or tissue donation.

Policy

1. [ORGANIZATION] may use or disclose Protected Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

2. [ORGANIZATION] may make a use or disclosure under this Policy without obtaining Authorization, or giving the individual the opportunity to agree or object.

Procedures

1. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize [ORGANIZATION]'s database to determine whether the requesting individual is a person with whom [ORGANIZATION] has an existing relationship.

2. Personnel will follow appropriate Policies and Procedures for verifying the identity and authority of individuals requesting Protected Health Information.

3. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual's Protected Health Information using proper access and authorization Procedures.

4. The requested Protected Health Information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.
5. Medical Records personnel will appropriately Document the request and delivery of the Protected Health Information.

6. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

7. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.512(h)
Personal representative

We must treat a personal representative of an individual as the individual if the law requires and if the person has authority under law to act on behalf of the individual. This Policy is designed to give guidance when [ORGANIZATION] is dealing with a personal representative of an individual and to ensure compliance with applicable laws and regulations.

Policy

1. If under applicable law a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, [ORGANIZATION] shall treat such person as a personal representative, with respect to Protected Health Information relevant to such personal representation.

2. With respect to unemancipated minors, deceased individuals, and others, [ORGANIZATION] shall follow these Procedures in determining whether to treat a person as a personal representative of an individual.

Procedures

1. [ORGANIZATION] shall treat a person as a personal representative of an individual with respect to disclosure of Protected Health Information if under applicable law:
   (a) a parent, guardian, or other person acting in loco parentis (in the place of a parent) has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care; or
   (b) an executor, administrator, or other person has authority to act on behalf of a deceased individual or of the individual's estate.

2. [ORGANIZATION] shall treat a person as a personal representative of a deceased individual with respect to the Protected Health Information relevant to such representation, if under applicable law the person is an executor, administrator, or other person with authority to act on behalf of the deceased individual or of the individual's estate.

3. In the following circumstances [ORGANIZATION] shall not treat a person as a personal representative of an
unemancipated minor when the minor has authority to act with
respect to their Protected Health Information pertaining to a
health care service if:

(a) the minor consents to such health care service,
no other consent is required by applicable law, and the minor
has not requested that another person be treated as the personal
representative;

(b) applicable law permits the minor to obtain such
health care service without the consent of a parent, guardian,
or other person acting in loco parentis;

(c) and the minor, a court, or another person
authorized by law consents to such health care service; or

(d) a parent, guardian, or other person acting in
loco parentis asserts to an agreement of confidentiality between
a covered health care provider and the minor with respect to
such health care service.

4. [ORGANIZATION] shall not treat a person as the
personal representative of an individual if:

(a) [ORGANIZATION] has a reasonable belief that the
individual has been or may be subjected to domestic violence,
abuse, or neglect by such person; or

(b) treating such person as the personal
representative could endanger the individual; and

(c) [ORGANIZATION], in the exercise of professional
judgment, decides that it is not in the best interest of the
individual to treat the person as the individual’s personal
representative.

5. [ORGANIZATION] shall follow the requirements and/or
permissions of applicable state and other law in determining
whether to provide or deny access to a minor’s Protected Health
Information to a parent, guardian, or other person acting in
loco parentis.

Regulatory Authority: 45 CFR §164.502(g)
Privacy Notice

HIPAA Rules require that notice be given to individuals about use and disclosure of Protected Health Information as well as the individual’s rights and our legal duties with respect to Protected Health Information. This Policy is designed to give guidance and to ensure compliance with all laws and regulations regarding our Privacy Notice. This Policy is not applicable to inmates.

Policy

1. [ORGANIZATION] shall furnish a Privacy Notice to individuals regarding the use or disclosure of Protected Health Information pursuant to 45 CFR §164.520.

2. [ORGANIZATION] shall attempt, in good faith, to obtain a written Acknowledgement that the individual has received the Privacy Notice at the earliest opportunity.

3. Terms of the Privacy Notice will comply with the Policies and Procedures described herein.

Procedures

1. The Privacy Notice shall be provided to individuals with whom [ORGANIZATION] has a direct treatment relationship as follows:
   (a) no later than the date of the first service delivery, including service delivered electronically, to such individual after April 14, 2003;
   (b) upon request;
   (c) on or after the effective date of a revision; and
   (d) automatically and contemporaneously for electronic Privacy Notices, when the response is to the individual’s first request for service and the first service delivery is delivered electronically.

2. The individual who is the recipient of an electronic Privacy Notice must also be permitted to retain the right to obtain a paper copy of the Privacy Notice from us upon request.

3. Except in an emergency treatment situation, [ORGANIZATION] shall attempt to obtain Acknowledgement of the individual’s receipt of the Privacy Notice as follows:
(a) upon initial delivery of the Privacy Notice to the individual, [ORGANIZATION] will utilize [FORM, NOTICE OF PRIVACY PRACTICES] to request written acknowledgment from the individual that he or she has received [ORGANIZATION'S] Notice of Privacy Practices; and

(b) when Acknowledgement is obtained, [ORGANIZATION] will retain the individual's written Acknowledgement in accordance with Procedure #10 below; or

(c) if Acknowledgement is not obtained, [ORGANIZATION] shall Document its good faith efforts to obtain such written Acknowledgement and the reasons why the Acknowledgement was not obtained, in accordance with Procedure #11 below.

4. Following an emergency treatment situation, [ORGANIZATION] will provide the individual with the Privacy Notice as soon as reasonably practicable, and will attempt to obtain written Acknowledgement of receipt of the Privacy Notice in accordance with Procedure #3 above, at such time.

5. [ORGANIZATION] shall make the Privacy Notice promptly available at the service delivery site for individuals to request and to take with them upon request.

6. [ORGANIZATION] shall post the Privacy Notice in a clear and prominent location where it is reasonable to expect individuals seeking service to be able to read the Privacy Notice.

7. [ORGANIZATION] will only use a joint Privacy Notice when both it and the other covered entities participating in an organized health care arrangement agree to abide by the terms of the Privacy Notice with respect to Protected Health Information created or received by [ORGANIZATION] as part of its participation in the organized health care arrangement.

8. All joint Privacy Notices will:
   (a) contain all of the specifications required of a single-entity Privacy Notice and describe with reasonable specificity the covered entities, or class of entities, and service delivery sites, or classes of service delivery sites, to which the joint Privacy Notice applies;
   (b) contain all of the specifications required of a single-entity Privacy Notice and, if applicable, state that the covered entities participating in the organized health care
arrangement will share Protected Health Information with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement;

(c) be provided to individuals within the same requirements as a single-entity Privacy Notice.

9. [ORGANIZATION] will prominently post its Privacy Notice on any web site that it maintains that provides information about its customer services or benefits, and will make the Privacy Notice available electronically through the web site.

10. When providing the Privacy Notice to an individual by e-mail or another electronic means, [ORGANIZATION] will:

(a) ensure that the individual has agreed to electronic Privacy Notice and such agreement has not been withdrawn;

(b) provide a paper copy of the Privacy Notice to the individual if [ORGANIZATION] knows that an e-mail transmission of the electronic Privacy Notice has failed.

11. [ORGANIZATION] shall Document compliance with and maintain the Privacy Notice, or joint Privacy Notice as applicable, by retaining copies of the Privacy Notices issued by [ORGANIZATION] for at least six years from the date of its creation or the date when it last was in effect, whichever is later.

12. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.520
Privacy Notice contents

HIPAA Privacy Rules require that notice be given to individuals, except for inmates, of the use and disclosure of Protected Health Information as well as the individual’s rights and our legal duties with respect to Protected Health Information. This Policy is designed to give guidance and to ensure compliance with all laws and regulations regarding the content of our Privacy Notice.

Policy

1. [ORGANIZATION] shall give adequate notice to individuals regarding the use or disclosure of their Protected Health Information, their rights with respect to such use or disclosure, and [ORGANIZATION]’s legal duties pursuant to 45 CFR §164.520.

2. The content of the notice regarding the use and disclosure of Protected Health Information pursuant to 45 CFR §164.520 shall comply with the Policies and Procedures that are described herein.

Procedures

1. Notice given to an individual regarding the use and disclosure of Protected Health Information must be written in plain language and contain the statement prominently displayed: "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."

2. The notice must contain descriptions in sufficient detail to place the individual on notice of the uses and disclosures that are permitted or required by HIPAA and other applicable laws, including:
   (a) A description and at least one example of the types of uses and disclosures that [ORGANIZATION] is permitted by law to make for treatment, payment, and health care operations.
   (b) A description of each of the other purposes for which [ORGANIZATION] is permitted or required by the Privacy regulations to use or disclose Protected Health Information without the individual’s written Authorization including:
      (c) uses and disclosures required by law;
(d) uses and disclosures for public health activities;
  (e) disclosures about victims of abuse, neglect or domestic violence;
  (f) uses and disclosures for health oversight activities;
  (g) disclosures for judicial and administrative proceedings;
  (h) disclosures for law enforcement purposes;
  (i) uses and disclosures about decedents;
  (j) uses and disclosures for cadaveric organ, eye or tissue donation purposes;
  (k) uses and disclosures for research purposes;
  (l) uses and disclosures to avert a serious threat to health or safety;
  (m) uses and disclosures for specialized government functions; and
  (n) disclosures for workers compensation.

3. If a use or disclosure described of this Procedure is prohibited or materially limited by other laws, the description of the disclosure must reflect the more stringent law.

4. The notice must also contain the following statements or information:

(a) a statement indicating other uses and disclosures will be made only with the individual's written Authorization and that the individual may revoke such Authorization as permitted by the individual's rights under HIPAA;

(b) a statement of the individual’s rights with respect to Protected Health Information and a brief description of how the individual may exercise those rights:

(c) the right to request restrictions on certain uses and disclosures of Protected Health Information;

(d) a statement that [ORGANIZATION] is not required to agree to a requested restriction;

(e) the individual's right to receive confidential communications of Protected Health Information, as applicable;

(f) a statement and a brief description of how the individual may exercise his/her right to inspect, copy, amend, and receive an Accounting of disclosure of Protected Health Information;

(g) a statement and a brief description of how the individual may exercise his/her right to obtain a paper copy of
the notice from us, even if the individual has agreed to receive the notice electronically;

(h) a statement that we are required by law to maintain the privacy of Protected Health Information and to provide individuals with notice of our legal duties and privacy practices with respect to Protected Health Information;

(i) a statement that we are required to abide by the terms of the notice that is currently in effect;

(j) a statement indicating that, for Protected Health Information that it created or received prior to issuing a revised notice, [ORGANIZATION] reserves the right to change the terms of its notice and to make the new notice provisions effective for all Protected Health Information that we maintain;

(k) a statement that [ORGANIZATION] will promptly revise and distribute its notice whenever there is a material change to the uses or disclosures, the individual's rights, our legal duties, or other privacy practices stated in the notice, and how we will provide individuals with the revised notice;

(l) a statement that individuals may complain to [ORGANIZATION] and to the Department of Health and Human Services if they believe their privacy rights have been violated;

(m) a brief description of how an individual may file a complaint with [ORGANIZATION];

(n) a statement that [ORGANIZATION] will not retaliate against the individual for filing a complaint;

(o) the name, or title, and telephone number of a person or office within [ORGANIZATION] to contact for further information concerning the notice of privacy practices;

(p) the date on which the notice is first in effect, which is not to be earlier than the date on which the notice is printed or otherwise published; and

(q) upon making a change to a notice and Policies and Procedures due to a change in law, [ORGANIZATION] may use the notice revision date as the new effective date.

5. The description in the notice of the types of uses and disclosures that the [ORGANIZATION] is permitted to make for purposes of treatment, payment, and health care operations must also include a separate statement indicating that we may contact the individual to raise funds for [ORGANIZATION].

6. [ORGANIZATION] may contact the individual to provide appointment reminders or information about treatment
alternatives or other health-related benefits and services that may be of interest to the individual.

7. If [ORGANIZATION] chooses to apply and describe more limited uses or disclosure in its notice than required under 45 CFR Part 164, then we shall ensure that it does not include in the notice a limitation affecting our right to make a use or disclosure that is required by law or permitted to avert a serious threat to health and safety.

8. [ORGANIZATION] will promptly revise and redistribute its notice whenever there is a material change to the uses or disclosures, the individual's rights, [ORGANIZATION]'s legal duties, or other privacy practices stated in the notice.

9. [ORGANIZATION] shall not implement a material change to any term of the notice prior to the effective date of the notice in which such material change is reflected, except when required by law.

10. Upon making a change to a notice and Policies and Procedures, due to a change in law, [ORGANIZATION] may use the notice revision date as the new effective date.

11. The notice shall contain a statement that a revised notice is effective upon posting.

12. In implementing a change in the Notice of Privacy Practices, [ORGANIZATION] shall:
   (a) ensure that the policy or procedure, as revised to reflect a change in [ORGANIZATION]'s privacy practice, complies with the standards, requirements, and implementation specifications of the HIPAA Privacy regulations;
   (b) Document the policy or procedure as revised; and
   (c) revise the notice to state the changes in practice and make the revised notice available.

13. [ORGANIZATION] will not implement a change in policy or procedure prior to the effective date of the revised notice.

14. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.520
Privacy Officer designation

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. In order to manage the facilitation and implementation of activities related to the privacy and security of Protected Health Information, [ORGANIZATION] will appoint and maintain an internal Privacy Officer position. The Privacy Officer will be trained on all Policies and Procedures necessary to fulfill his or her responsibilities in ensuring the security and privacy of Protected Health Information.

Policy

[ORGANIZATION] will designate a Privacy Officer responsible for oversight of the Policies and Procedures regarding the privacy of health information.

Procedures

1. The Privacy Officer will be trained according to current HIPAA privacy and security rules regarding Policies and Procedures for the secure transmission and storage of individual health information, including:
   (a) secure transmission and storage of individual health information in any form;
   (b) controlling access to individual health information;
   (c) proper use and disclosure of Protected Health Information at the request of the individual;
   (d) proper use and disclosure of Protected Health Information without the authorization of the individual; initiating authorization for the use or disclosure of Protected Health Information;
   (e) individual rights regarding Protected Health Information;
   (f) developing and maintaining contracts with Business Associates regarding the use and disclosure of Protected Health Information;
   (g) proper use of the notice of privacy practices; use of incident and contingency plan;
   (h) auditing access to individual health information;
   (i) maintenance of records regarding access to individual health information.
2. Initial training will be conducted immediately upon the Privacy Officer’s employment with [ORGANIZATION] and before April 2003. Subsequent Privacy Officers will be trained immediately upon employment.

3. Training will incorporate the unique specifications and implications of [ORGANIZATION]’s routine business activities.

4. Designation of the Privacy Officer will be Documented and retained consistent with [ORGANIZATION]’s Documentation and Retention Policies and Procedures.

Regulatory Authority: 45 CFR §164.530
Privacy Officer responsibilities

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. In order to manage the facilitation and implementation of activities related to the privacy and security of Protected Health Information, [ORGANIZATION] will appoint and maintain a Privacy Officer position.

The Privacy Officer will be responsible and shall serve as the focal point for all privacy compliance-related activities. In general, the Privacy Officer is charged with implementing [ORGANIZATION]’s Policies and Procedures, conducting educational programs, and administering reviews relating to our HIPAA privacy and confidentiality Policies and Procedures.

The Privacy Officer must demonstrate familiarity with the legal requirements relating to privacy and health care operations, as well as the ability to communicate effectively with and coordinate the efforts of medical, technical, management and clerical personnel.

Responsibilities

1. Provides leadership to [ORGANIZATION]’s committees, work groups, and task forces charged with creating and implementing an enterprise-wide privacy program.

2. Develops [ORGANIZATION]’s privacy Policies and Procedures consistent with applicable laws, rules, and regulations.

3. Ensures that processes are implemented to maintain compliance with Federal and State laws related to privacy, security, confidentiality, and protection of information resources and health care information. This includes coordination with the Security Officer in evaluating and monitoring operations and systems development for security and privacy requirements.

4. Develops, implements, and administers [ORGANIZATION]-wide authorization Procedures for access to, use, and disclosure of Protected Health Information.
5. Develops, implements, and administers a [ORGANIZATION]-wide procedure to allow individuals to exercise their rights to Protected Health Information under applicable State and Federal Laws.

6. Develops and implements [ORGANIZATION]-wide privacy training programs and, in conjunction with the Security Officer, a security awareness and training program.

7. Coordinates with the Compliance Officer and Human Resources to develop appropriate sanctions for employees or business partners that fail to comply with the [ORGANIZATION]'s privacy Policies and Procedures.

8. Coordinates with Quality Improvement Program to measure effectiveness, performance and quality of the [ORGANIZATION]'s privacy program.

9. Coordinates with the Compliance Officer regarding corporate complaints and information relating [ORGANIZATION]'s privacy program and regarding investigation of all allegations of non-compliance with the [ORGANIZATION]'s privacy Policies.

10. Coordinates with Compliance Officer, Security Officer and other applicable departments regarding the mitigation of the effects of any unauthorized or otherwise inappropriate released of health information.

11. On a periodic basis reports the status of the privacy program to the Board.

12. Serves as resource to the [ORGANIZATION]'s designated liaisons to regulatory and accrediting bodies for matters relating to privacy and security.

Regulatory Authority: 45 CFR §164.530
Protecting health information

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. To support this commitment, [ORGANIZATION] will ensure that the appropriate steps are taken to properly identify and secure individuals’ Protected Health Information, as required under 45 CFR Part 164, and other applicable federal, state, and/or local laws and regulations.

Policy

1. The following information will be designated as Protected Health Information:
   (a) any health information, including demographic information collected from an individual, transmitted or maintained in any form or medium, that:
   (b) is created or received by us; and
   (c) relates to the past, present, or future physical or mental health or condition of an individual;
   (d) the provision of health care to an individual; or
   the past, present, or future payment for the provision of health care to an individual; and
   (e) that identifies the individual; or
   (f) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

2. Health information meeting the above definition will be automatically designated as Protected Health Information immediately upon its creation or receipt by [ORGANIZATION].

3. [ORGANIZATION] shall adhere to all applicable laws, regulations, Policies, and Procedures when maintaining, using, and disclosing Protected Health Information.

Procedures

In the event of a discrepancy, the following persons, respectively, shall be responsible for designating routine health information as Protected Health Information:
   (a) Medical Records
   (b) Reimbursement
   (c) Clinical operations
   (d) Privacy Officer
Regulatory Authority: 45 CFR §160.103
Psychotherapy notes

In most cases, HIPAA requires that we obtain individual Authorizations before using or disclosing psychotherapy notes. [ORGANIZATION] is committed to ensuring that it obtains valid Authorizations for its use or disclosure of Protected Health Information, specifically psychotherapy notes.

Psychotherapy notes are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a counseling session. Psychotherapy notes are separate from the rest of the individual's medical record and do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Policy

1. [ORGANIZATION] shall obtain an individual's Authorization prior to use or disclosure of psychotherapy notes.

2. [ORGANIZATION] may use or disclose psychotherapy notes in the following instances without obtaining Authorization:
   (a) to carry out treatment, payment or healthcare operations;
   (b) use of the psychotherapy notes by the originator for treatment;
   (c) use or disclosure by [ORGANIZATION] in training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling;
   (d) use or disclosure by [ORGANIZATION] to defend itself in a legal action or other proceeding brought by the individual.
   (e) use or disclosure that is require by 45 CFR §164.502(a)(b)(ii), compliance investigations;
   (f) use or disclosure permitted by 45 CFR §164.512(a), as required by law;
   (g) use or disclosure permitted by 45 CFR §164.512(d), health oversight, with respect to the oversight of the originator of the psychotherapy notes;
(h) use or disclosure permitted by 45 CFR §164.512(g)(a), decedents; or
(i) use or disclosure permitted by 45 CFR §164.512(j)(a)(i), threat to public safety.

Procedure

1. [ORGANIZATION] shall not condition treatment, payment, enrollment or eligibility for benefits of an individual on a requirement that the individual provide a specific Authorization for the disclosure of psychotherapy notes.

2. The Authorization shall be written in plain language.

3. The Authorization may only be combined with another Authorization for a use or disclosure of psychotherapy notes.

4. Any Authorization for the use or disclosure of psychotherapy notes will contain the following:
   (a) a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
   (b) the name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;
   (c) the name of other specific identification of the person(s), or class of persons, to whom we may make the requested use or disclosure;
   (d) the signature of the individual and date;
   (e) an expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;
   (f) a statement of the individual's right to revoke the Authorization in writing and the exceptions to the right to revoke;
   (g) a description of how the individual may revoke the Authorization and a reference to [ORGANIZATION]'s Notice of Privacy Practices, if applicable;
   (h) a statement that information used or disclosed pursuant to the Authorization may be subject to redisclosure by the recipient and no longer be protected by 45 CFR Part 164; and
   (i) a statement that [ORGANIZATION] will not condition treatment, payment, enrollment or eligibility for benefits of an individual on a requirement that the individual
provide a specific Authorization, except to the extent the law permits:

(j) conditioning of research-related treatment on provision of an Authorization for disclosures related to such research; or

(k) conditioning of health care that is solely for the purpose of creating Protected Health Information for disclosure to a third party, on an Authorization to disclose such information to the third party.

5. If the Authorization is signed by a personal representative of the individual, the Authorization will contain a description of the representative’s authority to act for the individual.

6. [ORGANIZATION] shall invalidate the Authorization if:
   (a) the expiration date has passed or the expiration event is known by [ORGANIZATION] to have occurred;
   (b) the Authorization is known by [ORGANIZATION] to have been revoked;
   (c) any material information in the Authorization is known by us to be false;
   (d) the requirements of the Authorization have not been filled out completely.

7. [ORGANIZATION] shall Document and retain the signed Authorization for at least 6 years from the date of its creation or the date when it last was in effect, whichever is later.

Regulatory Authority: 45 CFR §164.508(a)(b)
Public health release

According to 45 CFR §164.512(b), we are permitted to disclose Protected Health Information to public health authorities for a full range of public health activities carried out by federal, state, and local public health authorities. The actual authorities and terminology used for public health activities will vary from jurisdiction to jurisdiction. This Policy is designed to provide guidance and to ensure full compliance with all applicable laws related to the use and disclosure of Protected Health Information for public health release purposes.

Policy

[ORGANIZATION] may disclose Protected Health Information for public health activities and purposes to public health authorities, entities, and persons authorized by law to receive such information.

Procedures

1. [ORGANIZATION] may disclose Protected Health Information to a public health authority that is authorized by law to collect or receive such information (or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority) for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to the reporting of:
   (a) disease;
   (b) injury;
   (c) vital events such as birth or death; and
   (d) the conduct of public health surveillance, public health investigations, and public health interventions.

2. [ORGANIZATION] may disclose Protected Health Information to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.

3. [ORGANIZATION] may disclose Protected Health Information relating to a product or service regulated by the Food and Drug Administration (FDA), to a person subject to the jurisdiction of the FDA in order to assist such person in
activities to ensure the quality, safety or effectiveness of such product or service.

4. [ORGANIZATION] may disclose Protected Health Information to a person who may have been exposed to a communicable disease; or may otherwise be at risk of contracting or spreading a disease, if [ORGANIZATION] or a public health authority is authorized by law to notify such person in the conduct of a public health intervention or investigation.

5. [ORGANIZATION] may disclose Protected Health Information to an employer about an individual who is a member of the employer’s workforce if [ORGANIZATION] either provides health care to the individual at the request of the employer; or is a member of the employer’s workforce:
   (a) to conduct an evaluation relating to medical surveillance of the workplace; or
   (b) to evaluate whether the individual has a work-related illness or injury;
   (c) if the Protected Health Information that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance;
   (d) if the employer needs such findings in order to comply with its obligations, under 29 CFR parts 1904 through 1928, 30 CFR parts 50 through 90, or under state law having a similar purpose, to record such illness or injury or to carry out responsibilities for workplace medical surveillance.

6. [ORGANIZATION] provides written notice to the individual that Protected Health Information relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer:
   (a) by giving a copy of the notice to the individual at the time the health care is provided; or if the health care is provided on the work site of the employer,
   (b) by posting the notice in a prominent place at the location where the health care is provided.

7. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize [ORGANIZATION]’s database to determine whether the requesting individual is a person with whom [ORGANIZATION] has an existing relationship.
8. Personnel will follow appropriate Policies and Procedures for verifying the identity and authority of individuals requesting Protected Health Information.

9. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual’s Protected Health Information using proper access and authorization Procedures.

10. The requested Protected Health Information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

11. Medical Records personnel will appropriately Document the request and delivery of the Protected Health Information.

12. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

13. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.512(b)
Required by law

We may use or disclose Protected Health Information 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. This Policy is designed to give guidance and ensure compliance with all relevant laws and regulations when using or disclosing Protected Health Information as required by law.

Policy

1. If federal, state, and/or local law require a use or disclosure of Protected Health Information, [ORGANIZATION] may use or disclose Protected Health Information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law.

2. [ORGANIZATION] shall refer to specific Policies and Procedures to determine whether or not [ORGANIZATION] must obtain Authorization, or give the individual the opportunity to agree or object to use or disclose Protected Health Information.

3. If two or more laws or regulations governing the same use or disclosure conflict, [ORGANIZATION] shall confer with its counsel who shall determine which laws or regulations shall govern.

Procedures

1. [ORGANIZATION] may use or disclose Protected Health Information to the extent that such use or disclosure is required by law including, but not limited to:
   (a) for public health activities required by law;
   (b) for disclosures about victims of abuse, neglect, or domestic violence;
   (c) in order to comply with judicial release;
   (d) to comply with law enforcement;
   (e) for health release;
   (f) to avert a serious threat to health or safety;
   (g) to comply with special government functions or requests.

2. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information
will utilize [ORGANIZATION]'s database to determine whether the requesting individual is a person with whom [ORGANIZATION] has an existing relationship.

3. Personnel will follow appropriate Policies and Procedures for verifying the identity and authority of individuals requesting Protected Health Information.

4. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual’s Protected Health Information using proper access and authorization Procedures.

5. The requested Protected Health Information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

6. Medical Records personnel will appropriately Document the request and delivery of the Protected Health Information.

7. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

8. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.512 (a)
Research

We may use or disclose Protected Health Information for research as provided under 45 CFR §164.512(i). [ORGANIZATION] is committed to ensuring the privacy and security of protected patient health information. To support this commitment, [ORGANIZATION] will ensure any use or disclosure of Protected Health Information for research purposes is in compliance with all applicable laws and regulations.

Policy

1. [ORGANIZATION] may use or disclose Protected Health Information for research, regardless of the source of funding for the research, except as otherwise stated in this Policy.

2. Documentation shall be obtained indicating that an alteration to or waiver of the individual Authorization required by 45 CFR §164.508 for use or disclosure of Protected Health Information, has been approved by [ORGANIZATION]’s Institutional Review Board (IRB) or [ORGANIZATION]’s privacy board.

3. [ORGANIZATION] shall obtain from the researcher representations required by law as described in the following Procedures, and consistent with 45 CFR §164.512(i)(a)(ii) and (iii).

Procedures

1. Documentation shall be obtained indicating that an alteration to or waiver, in whole or in part, of the individual Authorization required by 45 CFR §164.508 for use or disclosure of Protected Health Information has been approved by [ORGANIZATION]’s Institutional Review Board (IRB) or Privacy Board.

2. Documentation of approval of an alteration or waiver must include the following information:
   (a) a statement identifying the IRB or privacy board and the date on which the alteration or waiver of authorization was approved;
   (b) a brief description of the Protected Health Information for which use or access has been determined to be necessary by the IRB or privacy board;
(c) a statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review Procedures following the requirements of the Common Rule, including the normal review Procedures;

(d) a statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review Procedures by a privacy board which reviews the proposed research at convened meetings at which a majority of the privacy board members are present, including at least one member who is not affiliated with us, not affiliated with any entity conducting or sponsoring the research, and not related to any person who is affiliated with any of such entities, and the alteration or waiver of authorization is approved by the majority of the privacy board members present at the meeting, unless the privacy board elects to use an expedited review procedure;

(e) a statement that the IRB or privacy board has determined that the alteration or waiver, in whole or in part, of authorization indicating:

(f) the use or disclosure of Protected Health Information involves no more than minimal risk to the privacy of individuals, based on, at least, the presence of the following elements:

(g) an adequate plan to protect the identifiers from improper use and disclosure;

(h) an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers, or such retention is otherwise required by law; and

(i) adequate written assurances that the Protected Health Information will not be re-used or disclosed to any other person or entity, except as required by law, for authorized oversight of the research project, or for other research for which the use or disclosure of Protected Health Information would be permitted by the Privacy rule; and

(j) the research could not practicably be conducted without access to and use of the Protected Health Information.

3. Documentation of the alteration or waiver of authorization must be signed by the chair or other member, as designated by the chair, of the IRB or the privacy board as applicable.
4. Prior to a review preparatory to research, [ORGANIZATION] shall obtain from the researcher representations that:
   (a) use or disclosure is sought solely to review Protected Health Information as necessary to prepare a research protocol or for similar purposes preparatory to research;
   (b) no Protected Health Information is to be removed from us by the researcher in the course of the review; and
   (c) the Protected Health Information for which use or access is sought is necessary for the research purposes.

5. Prior to research using information relating to decedent(s), [ORGANIZATION] will obtain from the researcher:
   (a) representations that the use or disclosure sought is solely for research on the Protected Health Information of decedents;
   (b) documentation, at the request of [ORGANIZATION], of the death of such individuals; and
   (c) representation that the Protected Health Information for which use or disclosure is sought is necessary for the research purposes.

6. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize [ORGANIZATION]’s database to determine whether the requesting individual is a person with whom [ORGANIZATION] has an existing relationship.

7. Personnel will follow appropriate Policies and Procedures for verifying the identity and authority of individuals requesting Protected Health Information.

8. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the Protected Health Information using proper access and authorization Procedures.

9. The requested Protected Health Information will be delivered to the requesting individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

10. Medical Records personnel will appropriately Document the request and delivery of the Protected Health Information.
11. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

12. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.512(i)
Restriction on Uses and Disclosures

HIPAA requirements provide an individual with the right to request restrictions to the use and disclosure of his or her Protected Health Information. While we are not required to permit the requested restrictions, we are required to permit the request. If we agree to the requested restrictions, we may not make uses or disclosures that are inconsistent with such restrictions, unless such uses or disclosures are mandated by law. This provision does not apply to health care provided to an individual on an emergency basis.

Policy

[ORGANIZATION] shall allow an individual to request that uses and disclosures of his or her Protected Health Information be restricted.

Procedure

1. [ORGANIZATION] shall allow an individual to request a restriction on the use and disclosure of Protected Health Information.

2. Upon agreeing to such a restriction, [ORGANIZATION] will comply with such agreed restriction, unless as specified within this Policy and procedure.

3. [ORGANIZATION] is not required to honor an individual’s request in the following situation(s):
   (a) when the individual who requested the restriction is in need of emergency treatment and the restricted Protected Health Information is needed to provide the emergency treatment;
   (b) if restricted Protected Health Information is disclosed to a health care provider for emergency treatment, [ORGANIZATION] will request that such health care provider not further use or disclose the information.

4. If [ORGANIZATION] agrees to an individual’s requested restriction, the restriction does not apply to the following uses and disclosures:
   (a) to an individual accessing their own Protected Health Information;
   (b) to an individual requesting an Accounting of their own Protected Health Information;
(c) facility directories;
(d) instances for which an authorization, or opportunity to agree or object is not required.

5. [ORGANIZATION] may terminate its agreement to a restriction in the following situations:
   (a) the individual agrees to or requests the termination in writing;
   (b) the individual orally agrees to the termination and the oral agreement is Documented;
   (c) [ORGANIZATION] informs the individual that it is terminating its agreement to a restriction. Such termination is only effective with respect to Protected Health Information created or received after it has so informed the individual.

6. [ORGANIZATION] shall Document and retain the restriction for a period of at least six years from the date of its creation or the date when it last was in effect, whichever is later.

Regulatory Authority 45 CFR §164.522(a)
Retaliation

[ORGANIZATION] shall take all necessary steps to prohibit intimidating, threatening, coercing, discriminating against, or taking any other retaliatory action against any employee, individual, or other for the exercise of any right under, or for participation in, any process established applicable HIPAA laws and/or regulations.

Policy

1. It is the responsibility of all [ORGANIZATION] employees to report perceived misconduct, including actual or potential violations of laws, regulations, Policies, Procedures, or [ORGANIZATION]’s Policies and Procedures.

2. [ORGANIZATION] shall maintain an “open-door policy” at all levels of management to encourage employees to report problems and concerns.

3. [ORGANIZATION] shall follow all necessary Procedures to protect against any retaliation toward any employee, individual, or other for exercising their rights or participating in any process pursuant to internal Policies, applicable law, and/or regulation.

4. Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.

Procedures

1. [ORGANIZATION] shall not retaliate against employees, individuals, or others for:

   (a) exercising any right under, or participating in any process established by federal, state, or local, law, regulations, or policy;

   (b) filing a complaint with [ORGANIZATION] and/or the Department of Health and Human Services;

   (c) testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing;

   (d) opposing in good faith any act or practice made unlawful by federal, state, or local law, regulation, or policy, provided that the manner of the opposition is reasonable and does not itself violate law.
Regulatory Authority: 45 CFR §164.530(g)
Review of access denial

[ORGANIZATION] recognizes that individual rights are a critical aspect of maintaining quality care and service, and is committed to allowing individuals to exercise their rights under 45 CFR §164.524, and other applicable federal, state, and/or local laws and regulations. To support this commitment, [ORGANIZATION] will maintain and update, as appropriate, written Policies and Procedures to provide guidance on employee and organizational responsibilities with respect to the rights of individuals regarding their Protected Health Information. However, situations may arise when [ORGANIZATION] personnel must make a determination to deny an individual access to their Protected Health Information, in accordance with applicable laws and regulations. In certain circumstances, individuals may request that the denial be reviewed. The Policies and Procedures herein have been established to assist personnel in such a review.

Policy

1. [ORGANIZATION] shall take necessary steps to address individual requests to access, inspect, and/or obtain a copy of their Protected Health Information that is maintained in a designated record set in a timely and professional manner.

Procedures

1. [ORGANIZATION] will review a denial for access to Protected Health Information when requested by the individual, in the following situations:
   (a) a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
   (b) the Protected Health Information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
   (c) the request for access is made by the individual’s personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal
representative is reasonably likely to cause substantial harm to the individual or another person.

2. All denial reviews will be conducted by a licensed health care professional who is designated by [ORGANIZATION] to act as a reviewing official and who did not participate in the original decision to deny.

3. The designated reviewing official will be determined on a case by case basis by the Privacy Officer.

4. Medical Records personnel will promptly refer a request for review to the designated reviewing official.

5. The designated reviewing official will determine, within a reasonable period of time, whether or not to deny the access requested based on the applicable standards.

6. Medical Records personnel will promptly provide written notice to the individual of the determination of the designated reviewing official and take other action as required to carry out the designated reviewing official’s determination.

7. The denial will be Documented and retained for a period of at least six years from the date of its creation or the date when it last was in effect, whichever is later.

8. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.524(a)
Sanctions

[ORGANIZATION] has established and will apply appropriate sanctions against members of its workforce, as well as other agents and contractors, who fail to comply with its Policies and Procedures. This Policy is designed to give guidance and ensure compliance with all applicable laws and regulations related to sanctions for violating [ORGANIZATION]'s Policies and Procedures. Under HIPAA, penalties for misuse or misappropriation of health information include both civil monetary penalties and criminal penalties.

Civil penalties range from $100 for each violation to a maximum of $25,000 per year for the same violations.

Criminal penalties vary from $50,000 and/or one year imprisonment to $250,000 and/or ten years imprisonment (42 USC §§ 1320d-5 and 1320d-6).

Policy

1. [ORGANIZATION] shall apply appropriate sanctions against every member of its workforce that fails to comply with the [ORGANIZATION] Policies and Procedures.

2. The type and severity of sanction applied shall depend on whether the violation was intentional or unintentional, whether the violation indicates a pattern or practice of improper access, use or disclosure of health information, and similar factors.

3. Employees, agents, and other contractors should be aware that violations of a severe nature may result in notification to law enforcement officials as well as regulatory, accreditation, and/or licensure organizations.

4. The policy and Procedures contained herein do not apply specifically when members of [ORGANIZATION]'s workforce exercise their right to:
   (a) file a complaint with DHHS;
   (b) testify, assist, or participate in an investigation, compliance review, proceeding, or hearing under Part C of Title XI; or
   (c) oppose any act made unlawful by the HIPAA Privacy rule; provided the individual or person has a good faith belief
that the act opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of Protected Health Information in violation of the HIPAA privacy rule;

(d) disclose Protected Health Information as a whistleblower and the disclosure is to a health oversight agency; public health authority; or an attorney retained by the individual for purposes of determining the individual's legal options with regard to the whistleblower activity; or

(e) an employee who is a victim of a crime and discloses Protected Health Information to a law enforcement official, provided that the Protected Health Information is about a suspected perpetrator of the criminal act; and is limited to the information listed in our Policy for disclosing Protected Health Information for law enforcement release.

Procedures

1. The following sanctions apply for failure to comply with [ORGANIZATION] Policies or Procedures or with the requirements of HIPAA regulations:

   (a) First offense = [FIRST OFFENSE]
   (b) Second offense = [SECOND OFFENSE]

2. The Privacy Officer, with consultation by Personnel, is responsible for determining the severity of sanctions necessary.

3. All sanctions shall be Documented and retained for a period of at least six years from the date of its creation or the date when it was last in effect, whichever is later.

Regulatory Authority: 45 CFR §164.530(e)
Specialized government functions

Under certain circumstances, and if certain requirements are met, we may use and disclose Protected Health Information for specialized government functions. This Policy has been developed to provide guidance and ensure compliance with all applicable laws and regulations when disclosing Protected Health Information for specialized government functions.

Policy

1. [ORGANIZATION] may use and disclose Protected Health Information without individual authorization for the following specialized government functions:
   (a) military and veterans activities;
   (b) national security and intelligence activities;
   (c) protective services for the President and others;
   (d) medical suitability determinations;
   (e) correctional institutions and
   (f) other law enforcement custodial situations.

2. [ORGANIZATION] shall comply with all requirements under 45 CFR §164.512(k) when using or disclosing Protected Health Information for specialized government functions.

Procedures

1. [ORGANIZATION] may disclose Protected Health Information of individuals in the Armed Forces without individual authorization for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, provided that the appropriate military command authorities and the purposes for which the Protected Health Information may be used or disclosed is published in the Federal Register.

2. [ORGANIZATION] may use and disclose the Protected Health Information of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces personnel under Procedure #1.

3. [ORGANIZATION] may disclose Protected Health Information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national
security activities authorized by the National Security Act (50
USC 401, et seq.) and implementing authority (e.g., Executive
Order 12333), or;
(a) for the provision of protective services to the
President or other persons authorized by 18 USC 3056, or;
(b) to foreign heads of state or other persons
authorized by 22 USC 2709(a)(3), or for the conduct of
investigations authorized by 18 USC 871 and 879.

4. [ORGANIZATION] may disclose Protected Health
Information to a correctional institution, or a law enforcement
official having lawful custody of an inmate or other individual,
if the correctional institution or law enforcement official
represents that such information is necessary for:
(a) the provision of health care to such individuals;
(b) the health and safety of such individual or other
inmates;
(c) the health and safety of the officers or
employees of or others at the correctional institution;
(d) the health and safety of such individuals and
officers or other persons responsible for the transporting of
inmates or their transfer from one institution, facility, or
setting to another;
(e) law enforcement on the premises of the
correctional institution; and
(f) the administration and maintenance of the safety,
security, and good order of the correctional institution.

5. Personnel will follow appropriate Policies and
Procedures for verifying the identity and authority of
individuals requesting Protected Health Information.

6. Once it is determined that use or disclosure is
appropriate, Medical Records personnel with appropriate access
clearance will access the individual’s Protected Health
Information using proper access and authorization Procedures.

7. The requested Protected Health Information will be
delivered to the individual in a secure and confidential manner,
such that the information cannot be accessed by employees or
other persons who do not have appropriate access clearance to
that information.

8. Medical Records personnel will appropriately Document
the request and delivery of the Protected Health Information.
9. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

10. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.512(k)
Suspension of Accounting rights

HIPAA provides that individuals have a right to receive an Accounting of certain instances when Protected Health Information about them is disclosed by a covered entity. This requirement is subject to exceptions for disclosures made to the individual; for treatment, payment and health care operations; or authorized by the individual; as well as certain time-limited exceptions for disclosures to law enforcement and oversight agencies. However, there are certain instances where the right to an Accounting right may be suspended. These Policies and Procedures have been developed to address the instances when the right to obtain an Accounting has been suspended.

Policy

1. [ORGANIZATION] shall comply with the requirements set forth in 45 CFR §164.528, to allow individuals to receive an Accounting of all instances where Protected Health Information about them is used or disclosed, except where otherwise noted in this Policy and procedure.

2. [ORGANIZATION] will allow individuals to receive an Accounting of instances where Protected Health Information about them is used or disclosed except for the following purposes:
   (a) to carry out treatment, payment and health care operations;
   (b) under the authority of a written authorization given by the subject of the Protected Health Information;
   (c) to the individuals about their own Protected Health Information;
   (d) for the facility’s directory;
   (e) to persons involved in the individual’s care or other notification purposes;
   (f) for national security or intelligence purposes; to correctional institutions or law enforcement custodial situations.

3. [ORGANIZATION] will not allow individuals to receive an Accounting of instances where Protected Health Information about them is used or disclosed prior to April 14, 2003.

Procedure
1. [ORGANIZATION] will temporarily suspend an individual's right to receive an Accounting of disclosures to a health oversight agency or law enforcement official for the time specified by such agency official.

2. [ORGANIZATION] will obtain from such agency or official a written statement that such an Accounting to the individual would be reasonably likely to impede the agency's activities and specifying the time for which such a suspension is required.

3. If the health oversight agency or law enforcement official statement to suspend an individual's right to receive an Accounting of disclosures to that agency or official is made orally, [ORGANIZATION] will:
   (a) Document the statement; and
   (b) Document the identity of the agency or official making the statement.

4. If an individual's right to an Accounting of disclosures subject to the statement is temporarily suspended, [ORGANIZATION] will limit the temporary suspension to not longer than 30 days from the date of the oral statement.

5. [ORGANIZATION] will extend the temporary suspension only pursuant to a written statement submitted from the agency or official during that time.

Regulatory Authority: 45 CFR §164.528
Threat to health and safety

We are permitted, consistent with applicable law and standards of ethical conduct, to disclose Protected Health Information based on a reasonable belief that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. This Policy provides guidance to ensure full compliance with all laws when using or disclosing Protected Health Information to prevent or lessen a threat to the health or safety of a person or the public.

Policy

1. [ORGANIZATION], consistent with all applicable laws, may use or disclose Protected Health Information, if [ORGANIZATION], in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

2. [ORGANIZATION] may make disclosures to persons or entities that are reasonably able to prevent or lessen the threat, including to the target of the threat. Further, [ORGANIZATION] will make such disclosures only when the belief is based upon [ORGANIZATION]'s actual knowledge, or in reliance on a credible representation by a person with apparent knowledge or authority.

Procedures

1. Consistent with applicable law, standards of ethical conduct, and this Policy, [ORGANIZATION] may use or disclose Protected Health Information under the following circumstances:
   (a) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public;
   (b) for law enforcement authorities to identify or apprehend an individual because of a statement by an individual admitting participation in a violent crime that [ORGANIZATION] reasonably believes may have caused serious physical harm to the victim;
   (c) for law enforcement authorities to identify or apprehend an individual where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody;
(d) to identify or apprehend an individual made pursuant to a statement by the individual admitting participation in a violent crime that [ORGANIZATION] reasonably believes may have caused serious physical harm to the victim.

2. The disclosure shall contain only that specific statement, and shall contain only the following Protected Health Information:
   (a) name and address;
   (b) date and place of birth;
   (c) social security number;
   (d) ABO blood type and rh factor;
   (e) type of injury;
   (f) date and time of treatment;
   (g) date and time of death, if applicable; and
   (h) a description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

3. [ORGANIZATION] will not use or disclose Protected Health Information for law enforcement authorities to identify or apprehend an individual because the individual makes a statement admitting participation in a violent crime that [ORGANIZATION] reasonably believes may have caused serious physical harm to the victim:
   (a) if such admission in participation is learned by [ORGANIZATION] in the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure, or counseling or therapy; or
   (b) if such admission in participation is learned by us through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy to affect the propensity to commit the criminal conduct that is the basis for the disclosure.

4. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize [ORGANIZATION]‘s database to determine whether the requesting individual is a person with whom [ORGANIZATION] has an existing relationship.

5. Personnel will follow appropriate Policies and Procedures for verifying the identity and authority of individuals requesting Protected Health Information.
6. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual’s Protected Health Information using proper access and authorization Procedures.

7. The requested Protected Health Information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

8. Medical Records personnel will appropriately Document the request and delivery of the Protected Health Information.

9. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

10. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.512(j)
Time extension

[ORGANIZATION] recognizes that individual rights are a critical aspect of maintaining quality care and service, and is committed to allowing individuals to exercise their rights under 45 CFR §164.524, and other applicable federal, state, and/or local laws and regulations. To support this commitment, [ORGANIZATION] will maintain and update, as appropriate, written Policies and Procedures to provide guidance on employee and organizational responsibilities to the rights of individuals regarding their Protected Health Information. However, situations may arise when the requested information is not readily available for access, and therefore, the time period for responding to the request may be extended. The Policies and Procedures herein have been established to assist personnel in the provision of such an extension.

Policy

[ORGANIZATION] shall take necessary steps to address individual requests to access, inspect, and/or obtain a copy of their Protected Health Information.

Procedures

1. Upon receipt of a request, Medical Records personnel with appropriate clearance will act on the request within 30 days after receipt of the request by
   (a) informing the individual of the acceptance and providing the access requested; or
   (b) providing the individual with a written denial.

2. If the request is for access to Protected Health Information that is not maintained or accessible to the facility on-site, then [ORGANIZATION] will act on the individual's request no later than 60 days from the receipt of such a request.

3. If the time period for the action must be extended, then [ORGANIZATION] will, within the time allowed in procedure #1, provide the individual with a written statement of the reasons for the delay and the date by which [ORGANIZATION] will complete its action on the request.
4. If necessary, [ORGANIZATION] may extend the time period for the action by no more than 30 days. [ORGANIZATION] will not extend the time period more than once.

5. Medical Records personnel with appropriate access clearance will access the individual’s Protected Health Information using proper access and authorization Procedures.

6. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or [COMPLIANCE OFFICER], or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.524(b) and (c)
Verification

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. In the normal course of business and operations, we will receive requests to disclose patient health information for various purposes. To support our commitment to patient confidentiality, [ORGANIZATION] will ensure that appropriate steps are taken to verify the identity and authority of individuals and entities requesting Protected Health Information, as required under 45 CFR §164.514(h) and other applicable federal, state, and/or local laws and regulations.

Policy

[ORGANIZATION] shall take necessary steps to verify the identity and legal authority of persons requesting disclosure of Protected Health Information.

Procedures

1. In verifying the identity and legal authority of a public official or a person acting on behalf of the public official requesting disclosure of Protected Health Information, [ORGANIZATION] personnel may rely on the following, if such reliance is reasonable under the circumstances, when disclosing Protected Health Information:

(a) documentation, statements, or representations that, on their face, meet the applicable requirements for a disclosure of Protected Health Information;

(b) presentation of an agency identification badge, other official credentials, or other proof of government status if the request is made in person;

(c) a written statement on appropriate government letterhead that the person is acting under the government's authority;

(d) other evidence or documentation from an agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official;

(e) a written statement of the legal authority under which the information is requested;

(f) if a written statement would be impracticable, an oral statement of such legal authority;

(g) a request that is made pursuant to a warrant, subpoena, order, or other legal process issued by a grand jury
or a judicial or administrative tribunal that is presumed to constitute legal authority.

2. [ORGANIZATION] personnel may rely on the exercise of professional judgment and follow the requirements of applicable Mississippi state law and other law in making the following uses or disclosures of Protected Health Information:
   (a) use or disclosure for facility directories;
   (b) use or disclosure to others for involvement in the individual's care; or
   (c) disclosure to avert a serious threat to health and safety.

3. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize [ORGANIZATION]'s database to determine whether [ORGANIZATION] has an existing relationship with the requesting individual.

4. Personnel will report any discrepancies in the verification of the identity and/or legal authority of an individual or entity requesting Protected Health Information to the Privacy Officer in a timely manner.

5. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual's Protected Health Information using proper access and authorization Procedures.

6. The requested Protected Health Information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

7. Medical Records personnel will appropriately document the request and delivery of the Protected Health Information.

8. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

9. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.
Regulatory Authority: 45 CFR §164.514 (h)
Victims of abuse, neglect, or domestic violence

We are required to exercise professional judgment in conjunction with applicable statutes and regulations when disclosing Protected Health Information regarding an individual who is a possible victim of abuse, neglect, or domestic violence. These this Policy to ensure any use or disclosure of Protected Health Information related to victims of abuse, neglect, or domestic violence is in compliance with all applicable laws and regulations.

Policy

[ORGANIZATION] may disclose Protected Health Information about an individual whom it reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive such reports.

Procedures

1. [ORGANIZATION] may disclose Protected Health Information about an individual whom the we reasonably believe to be a victim of abuse, neglect, or domestic violence:
   (a) if the individual agrees to the disclosure (communication between [ORGANIZATION] and individual, including agreement, may be oral);
   (b) to the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law; or
   (c) to the extent the disclosure is expressly authorized by statute or regulation and:
   (d) [ORGANIZATION], in the exercise of professional judgment, believes the disclosure to be necessary to prevent serious harm to the individual or other potential victims; or
   (e) if the individual is incapacitated and unable to agree to disclosing their Protected Health Information, a law enforcement or public official authorized to receive the report represents that the Protected Health Information for which disclosure is sought is not intended to be used against the individual, and that immediate enforcement activity is dependent upon the disclosure and would be adversely affected by waiting until the individual is able to agree to the disclosure.

2. If [ORGANIZATION] discloses Protected Health Information about an individual, in accordance with Procedure #1, [ORGANIZATION] shall promptly inform the individual that
such a disclosure has been or will be made except when [ORGANIZATION]:

(a) in the exercise of professional judgment, believes informing the individual would place him/her at risk of serious harm; or

(b) would be informing a personal representative, and [ORGANIZATION] reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by [ORGANIZATION] in the exercise of professional judgment.

3. [ORGANIZATION] shall report child abuse or neglect without restriction to the public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.

4. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize [ORGANIZATION]'s database to determine whether the requesting individual is a person with whom [ORGANIZATION] has an existing relationship.

5. Personnel will follow appropriate Policies and Procedures for verifying the identity and authority of individuals requesting Protected Health Information.

6. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual's Protected Health Information using proper access and Authorization Procedures.

7. The requested Protected Health Information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

8. Medical Records personnel shall appropriately Document the request and delivery of the Protected Health Information.

9. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.
10. Knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer or to the employee compliance hotline.

Regulatory Authority: 45 CFR §164.512(c)
Workforce training

[ORGANIZATION] is committed to ensuring the privacy and security of patient health information. Federal, state, and/or local laws and regulations have established standards with which we must comply to ensure the security and confidentiality and use and disclosure of Protected Health Information. [ORGANIZATION] also recognizes that individual rights are a critical aspect of maintaining quality care and service, and is committed to allowing individuals to exercise their rights under 45 CFR §164.524, and other applicable federal, state, and/or local laws and regulations. To support our commitment, all employees of [ORGANIZATION] will receive appropriate training, as required under 45 CFR §164.530(b) and other applicable federal, state, and/or local laws and regulations, regarding [ORGANIZATION]’s HIPAA Policies and Procedures.

Policy

1. All employees of [ORGANIZATION] will be trained, as appropriate for their jobs, on [ORGANIZATION]’s Policies and Procedures regarding individuals’ Protected Health Information. These Policies pertain to use and disclosure of, and access to individual’s Protected Health Information.

2. Training will occur upon initial employment and before April 2003, and thereafter at least annually and as necessary to reflect any changes in HIPAA rules or changes in [ORGANIZATION]’s Policies and Procedures.

Procedures

1. Employee training regarding individuals’ Protected Health Information and use and disclosure of, and access to, their Protected Health Information will include the following:
   (a) allowing individuals to file complaints concerning [ORGANIZATION]’s Policies and Procedures required by the HIPAA privacy rule, or its compliance with such Policies and Procedures;
   (b) allowing individuals to receive an appropriate Accounting of disclosures of their Protected Health Information;
   (c) allowing individuals to access, inspect, and/or obtain a copy of their Protected Health Information maintained in a designated record set;
   (d) denying a request from an individual to access, inspect, and/or obtain a copy of their Protected Health Information;
(e) providing an individual with a written statement for the reason of a denial to inspect and copy his/her Protected Health Information;
(f) allowing individuals to request confidential communications of Protected Health Information;
(g) allowing individuals to request restriction of the uses and disclosures of their Protected Health Information;
(h) allowing individuals to request an amendment or correction to their Protected Health Information that is erroneous or incomplete;
(i) denying a request from an individual to amend or correct to their Protected Health Information that is erroneous or incomplete.

2. Training regarding the privacy and confidentiality of individual health information will include the following:
   (a) uses and disclosure of Protected Health Information for treatment, payment, and health care operations;
   (b) uses and disclosure of Protected Health Information pursuant to individual authorization;
   (c) uses and disclosure of Protected Health Information pursuant to the individual's opportunity to agree or disagree with the use or disclosure;
   (d) uses and disclosure of Protected Health Information that do not require individual authorization, or opportunity to agree or disagree;
   (e) individuals' rights concerning their Protected Health Information;
   (f) any other information as necessary for the respective members of the workforce to carry out their duties and responsibilities with respect to the proper use or disclosure of Protected Health Information.

3. Employee training regarding use and disclosure of Protected Health Information will include the following:
   (a) the process by which an individual may request access to Protected Health Information;
   (b) the documents to be used for individuals to request access to Protected Health Information;
   (c) the process by which [ORGANIZATION] may request the use or disclosure of an individual's Protected Health Information;
   (d) the documents to be used for [ORGANIZATION] to solicit a request for an individual's Protected Health Information;
   (e) the right of an individual to revoke an Authorization.
(f) the identification of defective Authorizations; the recognition of when [ORGANIZATION] may condition the provision to an individual of treatment, payment, enrollment, or eligibility for benefits on the provision of obtaining an Authorization.

4. Training will be conducted by the Privacy Officer or designee.

5. Training of each employee will be Documented and Retained by [ORGANIZATION] consistent with its Documentation and Retention Policies and Procedures.

6. Documentation of the training of each employee will be placed in the personnel file of each employee.

Regulatory Authority: 45 CFR §164.530(b)
ACKNOWLEDGEMENT OF RECEIPT OF [ORGANIZATION]'S
NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of [ORGANIZATION’S] Notice of Privacy Practices.

________________________
Individual’s signature

________________________
Individual’s name

________________________
Date

[ORGANIZATION] Use Only

Date acknowledgement received: __________________________
-OR-
Reason acknowledgement was not obtained:

________________________

________________________

________________________
AUTHORIZATION FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION

I hereby authorize the use or disclosure of my Protected Health Information as described below. I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by federal privacy regulations.

1. Specific description of information that may be used or disclosed:

2. The information will be used or disclosed for the following purpose(s):

3. Persons or organizations authorized to use or disclose the information:

4. Persons or organizations authorized to receive the information:

5. The person or organization authorized to use or disclose the information will receive compensation for doing so. Yes____ No____

6. I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment, payment for or coverage of services, or ability to obtain treatment, except as provided under numbers 7 and 8 on this form.

7. If the purpose of this authorization is for the use and/or disclosure of health information for a research study, and I refuse to sign this authorization, [ORGANIZATION] reserves the right to deny treatment associated with such research.

8. If the purpose of this authorization is to disclose health information to another party based on health care that is provided solely to obtain such information, and I refuse to sign this authorization, [ORGANIZATION] reserves the right to deny that health care.

9. I understand that I may inspect or copy the information that is used or disclosed.

10. I understand that I may revoke this authorization at any time by notifying [ORGANIZATION] in writing, except to the extent that:
a) action has been taken in reliance on this authorization; or
b) if this authorization is obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

11. I understand that I have a right to request and receive a Notice of Privacy Practices from [ORGANIZATION].

12. This authorization expires on the following date ___________________ or the following event: ___________________.

_________________________________________  __________________________
Signature of Individual or Individual’s representative  Date

_________________________________________  __________________________
Printed name of Individual or Individual’s representative  Relationship to Individual, or representative’s authority to act for the Individual, if applicable

A copy of this signed form will be provided to the Individual.
COMPLAINT FORM

Individual’s name: ___________________________________________

Individual’s address: _________________________________________

Individual’s telephone number: ________________________________

Individual’s record number: _________________________________

What is the complaint that you have? ____________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What documents should we review in considering this complaint? ____________________

________________________________________________________________________

________________________________________________________________________

Who else might have information about the complaint? ____________________________

________________________________________________________________________

________________________________________________________________________

We will act on your complaint in a prompt manner and we will advise you of its outcome.

________________________________________________________________________

[ORGANIZATION] Use Only:

Name of Staff Member: _______________________________ Title: ________________

Resolution of complaint:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Healthcare Practitioner ____________________________ Date ___________
[ORGANIZATION] NOTICE OF PRIVACY PRACTICES

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.

[ORGANIZATION] uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of [ORGANIZATION].

How [ORGANIZATION] May Use or Disclose Your Health Information

For Treatment. [ORGANIZATION] may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions take by them in the course of your treatment and note how you respond to the actions.

For Payment. [ORGANIZATION] may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. [ORGANIZATION] may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

Appointments. [ORGANIZATION] may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund Raising. [ORGANIZATION] may use your information to contact you to raise funds for [ORGANIZATION].

Required by law. [ORGANIZATION] may use and disclose information about you as required by law. For example, [ORGANIZATION] may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
• to report information related to victims of abuse, neglect or domestic violence; and
• to assist law enforcement officials in their law enforcement duties;

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents. Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research. [ORGANIZATION] may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions. Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Workers’ Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers’ Compensation.

Other uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent [ORGANIZATION] has taken action in reliance on the authorization.

Your Health Information Rights

You have the right to:
• request a restriction on certain uses and disclosures or your information as provided by 45 C.F.R. §164.522; however, [ORGANIZATION] is not required to agree to a requested restriction;
• obtain a paper copy of the notice of information practices upon request;
• inspect and obtain a copy of your health record as provided for in 45 C.F.R. §164.524;
• request that your health record be amended as provided in 45 C.F.R. §164.526;
• request communications of your health information by alternative means or at alternative locations; and
• receive an accounting of disclosures made of your health information as provided by 45 C.F.R. §164.528.
Complaints

You may complain to [ORGANIZATION] and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of [ORGANIZATION]

[ORGANIZATION] is required by law to:

• maintain the privacy of protected health information;
• provide you with this notice of its legal duties and privacy practices with respect to your health information;
• abide by the terms of this notice;
• notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
• accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and

[ORGANIZATION] reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by posting a copy of this notice in a prominent place on our premises.

Effective date

This notice is effective as of: [INSERT DATE].

Contact Information

If you have any questions or complaints, please contact: [ORGANIZATION] Privacy Contact

Name

Address

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Telephone Number
REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

As provided by the Health Insurance Portability and Accountability Act, you have a right of access to inspect and obtain a copy of your health information contained in a designated record set. This right does not apply to:

1) Psychotherapy notes;
2) Information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; and
3) Protected health information that is:
   a) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access to you would be prohibited by law; or
   b) Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).

Please indicate specifically the information to which you are requesting access:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

[ORGANIZATION] will act on this request within 30 days of the date listed above or, within 60 days if the requested information is not maintained or accessible to [ORGANIZATION] on-site. Such action will either inform you of the acceptance of the request and provide you with the requested access; or provide a written denial explaining the reasons for the denial and whether you are entitled to have the denial reviewed.

If the requested information is contained in more than one designated record set or at more than one location, and access is granted, [ORGANIZATION] needs only to provide you with access to information contained on one of the designated record sets.

Please indicate the form or format in which you would like to receive your requested information:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please indicate the means by which you wish to inspect or obtain a copy of the requested information (fax, mail, on-site, etc.), and provide the necessary numbers or address:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If [ORGANIZATION] cannot readily produce the information in the form or format you have requested such information will be made available to you in a readable hard copy form or other form or format agreed to.
Do you agree to receive a summary of the requested information in lieu of access?  
___Yes  ___No

[ORGANIZATION] may impose a fee of $__________ to cover the cost of labor, copying, postage, and preparing a summary of the requested information. Do you agree to such fees?  ___Yes  ___No

________________________________________  _____________________________
Name                                                        Today’s Date

________________________________________
Signature

FOR [ORGANIZATION] USE: Date received: __________________________
REQUEST FOR AMENDMENT

Individual Name: ____________________________ Individual Birth Date: __________________

Individual Address: ________________________________________________________________

Individual Number: ____________________________ Date of Entry to be amended: __________

Explain how the information entered on your health record is incorrect or incomplete. Include what the information should say to be more accurate or complete.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What information have you included with this request?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Who in our organization, if anyone, might have additional information we might need to process your request?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Do you need this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please indicate the name and address of the individual or organization.

Name and Address:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Signature of Individual or Legal Representative ____________________________ Date __________

________________________________________________________________________________

(Give requestor a copy. Forward completed form to Medical Records.)
FOR [ORGANIZATION]'S USE ONLY:

Individual Name: ____________________________

Date Amendment Request received: __________ Amendment Status: ___ Accepted ___ Denied

If Amendment Request is denied, check reason for denial:

____ The Protected Health Information was not created by this organization

____ The Protected Health Information is not available to the Individual for inspection as required by law (e.g., psychotherapy notes)

____ The Protected Health Information is not part of the Individual's health record

____ The Protected Health Information is accurate and complete

Name of Staff Member: ____________________________ Title:

__________________________

Comments of Healthcare Practitioner:

________________________________________

________________________________________

________________________________________

Signature of Healthcare Practitioner ____________________________ Date ____________

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Sample Business Associate Contract Provisions

Definitions

(Alternative Approaches) (Note: Words or phrases contained in brackets are intended as either optional language or as instructions to the users of these sample provisions and are not intended to be included in the contractual provisions.)

Catch-all definition: Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy Rule.

Examples of specific definitions:

(a) Business Associate. "Business Associate" shall mean [Insert Name of Business Associate].
(b) Covered Entity. "Covered Entity" shall mean [Insert Name of Covered Entity].
(c) Individual. "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as personal representative in accordance with 45 CFR 164.502(g).
(d) Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
(e) Protected Health Information. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
(f) Required By Law. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR 164.501.
(g) Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

Obligations and Activities of Business Associate

(a) Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required By Law.
(b) Business Associate agrees to use appropriate safeguards to prevent use disclosure of the Protected Health Information other than as provided for by this Agreement.
(c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement. [This provision may be included if it is appropriate for the Covered Entity to pass on its duty to mitigate damages to Business Associate.]
(d) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
(e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
(f) Business Associate agrees to provide access, at the request of Covered Entity, and in the time and manner [Insert negotiated terms], to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524. [Not necessary if business associate does not have protected health information in a designated record set.]

(g) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of Covered Entity or an Individual, and in the time and manner [Insert negotiated terms]. [Not necessary if business associate does not have protected health information in a designated record set.]

(h) Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available [to the Covered Entity, or] to the Secretary, in a time and manner [Insert negotiated terms] or designated by the Secretary, for purposes of the Secretary determining Covered Entity’s compliance with the Privacy Rule.

(i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(j) Business Associate agrees to provide to Covered Entity or an Individual, in time and manner [Insert negotiated terms], information collected in accordance with Section [Insert Section Number in Contract Where Provision (i) Appears] of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

Permitted Uses and Disclosures by Business Associate General Use and Disclosure Provisions

[(a) and (b) are alternative approaches].

(a) Specify purposes: Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information on behalf of, or to provide services to, Covered Entity for the following purposes, if such use or disclosure of Protected Health Information would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity: [List Purposes].

(b) Refer to underlying services agreement: Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in [Insert Name of Services Agreement], provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

Specific Use and Disclosure Provisions [only necessary if parties wish to allow Business Associate to engage in such activities].

(a) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
(b) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 42 CFR 164.504(e)(2)(i)(B).

(d) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with § 164.502(j)(1).

Obligations of Covered Entity
Provisions for Covered Entity To Inform Business Associate of Privacy Practices and Restrictions [provisions dependent on business arrangement].

(a) Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR 164.520, to the extent that such limitation may affect Business Associate’s use or disclosure of Protected Health Information.

(b) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate’s use or disclosure of Protected Health Information.

(c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate’s use or disclosure of Protected Health Information. Permissible Requests by Covered Entity Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity. [Include an exception if the Business Associate will use or disclose protected health information for, and the contract includes provisions for, data aggregation or management and administrative activities of Business Associate].

Term and Termination
(a) Term. The Term of this Agreement shall be effective as of [Insert Effective Date], and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section. [Term may differ.]

(b) Termination for Cause. Upon Covered Entity’s knowledge of a material breach by Business Associate, Covered Entity shall either:

(1) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement [and the ☐☐☐Agreement/ sections ☐☐☐of the ☐☐☐Agreement] if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

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(2) Immediately terminate this Agreement [and the □ □ □ Agreement/ sections □ □ of the □ □ □ Agreement] if Business Associate has breached a material term of this Agreement and cure is not possible; or
(3) If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary. [Bracketed language in this provision may be necessary if there is an underlying services agreement. Also, opportunity to cure is permitted, but not required by the Privacy Rule.]
(c) **Effect of Termination.**
(1) Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
(2) If Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon [Insert negotiated terms] that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

**Miscellaneous**
(a) **Regulatory References.** A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended.
(b) **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104–191.
(c) **Survival.** The respective rights and obligations of Business Associate under Section [Insert Section Number Related to “Effect of Termination”] of this Agreement shall survive the termination of this Agreement.
(d) **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.