

DEPARTMENT: Information Protection	POLICY DESCRIPTION: Notice of Privacy Practices
PAGE: 1 of 4	REPLACES POLICY DATED: 4/1/03, 4/14/03, 3/1/08, 2/17/10, 3/1/13
EFFECTIVE DATE: September 23, 2013	REFERENCE NUMBER: IP.PRI.007 (formerly HIM.PRI.007)
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, imaging and oncology centers, physician practices, and shared services centers.

PURPOSE: To ensure that each Company-affiliated facility understands the requirement to provide a Notice of Privacy Practices to all patients as required by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act (HITECH) component of the American Recovery and Reinvestment Act (ARRA), and any and all other Federal regulations and interpretive guidelines promulgated thereunder.

POLICY: Each Company-affiliated facility must provide a Notice of Privacy Practices to all patients, including newborns but excluding inmates. Except as provided in this policy, the facility must make a good faith effort to obtain the patient's written acknowledgement receipt of the Notice.

Some states have laws that may apply additional legal requirements, such as specifications on font size. Consult your Operations Counsel to identify and comply with any such additional legal mandates.

PROCEDURE:

1. The facility must provide a Notice that is written in plain language and that includes, at a minimum, the standard notice language attached to this policy. There may be individual facility situations that warrant additions to the standard form such as residency programs or research programs. These additions may be made at the discretion of the Facility Privacy Official (FPO) in consultation with the facility committee responsible for the Privacy Program and, in appropriate circumstances the facility's Operations Counsel.
2. Except in an emergency treatment situation, the facility must make a good faith effort to obtain the patient's written acknowledgement (*i.e.*, initials) of receipt of each version of the Notice of Privacy Practices. This acknowledgement can be in either the Conditions of Admission/Consent for Treatment form or in another format that is included within the facility's designated record set as deemed appropriate by the facility committee responsible for the Privacy Program. Only the patient or the patient's legal representative may acknowledge receipt of the Notice. It is not appropriate for a spouse or other relative to acknowledge the Notice on the patient's behalf unless they are the patient's personal representative as defined by state law. If, despite its good faith efforts, the facility is unable to obtain the patient's written acknowledgement, the facility should document its good faith efforts to obtain the acknowledgement and the reason why the acknowledgement was not obtained.

For emergency treatment situations, acknowledgement of the Notice is encouraged but not required.

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3. Required Elements:

- a. The header statement must state: "This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully."
- b. A description, including at least one example, of the types of disclosures for the purposes of treatment, payment and healthcare operations.
- c. A description of each of the other purposes for which the facility is permitted or required to use or disclose the information without an individual's written authorization (e.g., State Reporting).
- d. If a use or disclosure is prohibited or materially limited by other applicable law, the description of such use or disclosure must reflect the more stringent law.
- e. A statement that the facility may contact the individual to: a) provide appointment reminders; b) provide information about treatment alternatives; or c) provide information about other health-related benefits and services, as applicable and one or more of these communications may be left on the patient's answering machine/voice mail.
- f. A description of the types of uses and disclosures that require authorization (e.g., psychotherapy notes, sale of protected health information (PHI), marketing).
- g. A statement that other uses or disclosures will be made only with the individual's written authorization and that the individual may revoke this authorization.
- h. A statement that the facility may contact the patient to raise funds for the facility and the patient has the right to opt out of receiving such communications.
- i. A statement of the patient's rights with respect to PHI:
 1. The right to access PHI (Policy IP.PRI.004);
 2. The right to amend PHI (Policy IP.PRI.005);
 3. The right to receive confidential communications (Policy IP.PRI.008);
 4. The right to an accounting of disclosures (Policy IP.PRI.009);
 5. The right to request restrictions on certain uses and disclosures, including a statement that the facility is not required to agree to a requested restriction, except for requests to restrict disclosures to a health plan if both of the following are true: (i) the disclosure is for the purposes of carrying out payment or health care operations and is not otherwise required by law; and (ii) the PHI pertain solely to a health care item or service for which the patient, or a person other than the health plan on behalf of the patient, has paid the facility in full. (Policy IP.PRI.006); and
 6. The right to obtain a copy of the Notice.
- j. A statement of the facility's duties with respect to PHI:
 1. The facility is required by law to maintain the privacy of PHI, provide this Notice with respect to PHI, and to notify affected patients following a breach of unsecured protected health information;
 2. The facility must abide by the terms of the Notice; and

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3. The facility may apply a change to the Notice and make the new Notice effective for all PHI it maintains. The statement will also include how it will provide the revised Notice to individuals.
 - k. A statement that patients may complain to the FPO or the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint, and a statement that the individual will not be retaliated against for filing a complaint.
 - l. A statement that includes the name **or** title and telephone number of the FPO.
 - m. The effective date of the notice.
 - n. A statement that the notice may change.
4. Facilities that have a direct treatment relationship with patients must:
 - Provide the Notice no later than the date of the first service delivery; except in an emergency situation, in which case the facility must deliver the Notice as soon as practicable after the emergency situation. Facilities are strongly encouraged to distribute the Notice on subsequent service deliveries; however, are only required to do so if the Notice has had a material change since last providing a copy to the patient.
 - Have the Notice posted in a clear and prominent locations (*i.e.*, each patient access/registration location) where it is reasonable to expect individuals seeking service from the facility to read the Notice; and
 - Have the Notice available for individuals to take with them.
5. Any facility that maintains a website must prominently post its most current Notice on the website and make the Notice available electronically through the website.
6. Facilities may provide the Notice by e-mail. A paper copy must be provided at the request of the patient or if the e-mail transmission fails.
7. If the first treatment service delivery to a patient is delivered electronically, the facility must provide the Notice automatically and immediately. The individual may obtain a paper copy at his or her request.
8. For recurring patients the Notice may be provided at the initial interaction and does not need to be provided again unless a material change has been made since last providing a copy to the patient.
9. For patients treated in a physician practice setting the Notice may be provided at the initial interaction and re-acknowledged on at least an annual basis unless a material change has been made since last providing a copy to the patient.
10. The facility must document compliance by retaining copies of the Notices issued for at least six (6) years.

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11. The facility may review and update the Notice but must distribute its notice whenever there is a material change to the uses or disclosures, individual's rights, legal duties or other privacy practices stated in the Notice. A material change to any term of the Notice may not be implemented prior to the effective date of Notice in which a material change is reflected.

REFERENCES:

1. Patient Privacy Program Requirements Policy, [IP.PRI.001](#)
2. Privacy Official Policy, [IP.PRI.002](#)
3. Patients' Right to Access Policy, [IP.PRI.004](#)
4. Patients' Right to Amend Policy, [IP.PRI.005](#)
5. Patients' Right to Request Privacy Restrictions Policy, [IP.PRI.006](#)
6. Patients' Right to Request Confidential Communications Policy, [IP.PRI.008](#)
7. Accounting of Disclosures Policy, [IP.PRI.009](#)
8. Authorization for Uses and Disclosures of Protected Health information, [IP.PRI.010](#)
9. [Patients' Right to Opt Out of Being Listing in the Facility Directory Policy](#)
10. [Facility Community Clergy Policy](#)
11. [Facility Marketing Under the HIPAA Privacy Standards/HITECH Policy](#)
12. [Fundraising Under the HIPAA Privacy Standards/HITECH Policy](#)
13. Records Management Policy, [EC.014](#)
14. Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164
15. American Reinvestment and Recovery Act of 2009, Title XIII, Subtitle D

[Facility Name]

NOTICE OF PRIVACY PRACTICES

Effective Date:

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Facility Privacy Official by dialing the main facility number.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel, agents of the facility, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

Our Responsibilities

We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of unsecured protected health information. We will abide by the terms of this notice.

Uses and Disclosures

How we may use and disclose Health Information about you.

The following categories describe examples of the way we use and disclose health information:

For Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this facility.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

Fundraising: We may contact you to raise funds for the facility; however, you have the right to elect not to receive such communications.

We may also use and disclose health information:

- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For population based activities relating to improving health or reducing health care costs;
- For conducting training programs or reviewing competence of health care professionals; and
- To a Medicaid eligibility database and the Children's Health Insurance Program eligibility database, as applicable.

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

Directory: We may include certain limited information about you in the facility directory while you are a patient at the facility. The information may include your name, location in the facility, your general condition (e.g., good, fair) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory please request the Opt Out Form from the admission staff or Facility Privacy Official.

Individuals Involved in Your Care or Payment for Your Care and/or Notification Purposes: We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care of your location and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this notice.

Research:

The use of health information is important to develop new knowledge and improve medical care. We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible). You may also be contacted to participate in a research study.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community based initiatives or activities our facility is participating in.

Organized Health Care Arrangement: This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

Affiliated Covered Entity: Protected health information will be made available to facility personnel at local affiliated facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the Facility Privacy Official for further information on the specific sites included in this affiliated covered entity.

Health Information Exchange/Regional Health Information Organization: Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law.

As required by law. We may disclose information when required to do so by law.

As permitted by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors and Coroners
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- A person or persons able to prevent or lessen a serious threat to health or safety

Law Enforcement: We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

For Judicial or Administrative Proceedings: We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

Authorization Required: We must obtain your written authorization in order to use or disclose psychotherapy notes, use or disclose your protected health information for marketing purposes, or to sell your protected health information.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

- **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Any request for an amendment must be sent in writing to the Facility Privacy Official.

We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

- **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.
- **Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the Facility Privacy Official.
- We are required to agree to your request **only** if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), **and** 2) your information pertains solely to health care services for which you have paid in full. **For other requests, we are not required to agree.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

If the facility has a website you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our website and include the effective date. In addition, each time you register at or are admitted to the facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility by following the process outlined in the facility's Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

FACILITY PRIVACY OFFICIAL

Telephone Number: