

Notice of Privacy Practices and Other Individual Rights

Policy Scope

This policy applies to the protected health information (PHI) maintained at the following healthcare facility.

Organization and Facility Information

Monarch Pediatrics
4986 N Adams Rd Suite B
Oakland Township, MI
48306

Covered Entity

Facility is a covered entity as defined by the Health Insurance Portability and Accountability Act (HIPAA).

Policy Review

This policy has been reviewed by Monarch Pediatrics as part of the HIPAA Privacy Annual Assessment 2021 performed on 11-18-2021

Policy Purpose

The purpose of this policy is to establish guidelines for providing Notice of Privacy Practices to all individuals treated, as well guidelines for adhering to an individual's rights, in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and to make a good faith effort to obtain a written acknowledgment of the receipt of the NPP.

References

Guidelines and Regulations

- Notice of privacy practices for protected health information: 164.520 (a) (1)
- Individual's right to access records 164.520 (b)(1) (iv)(E) and 164.524 (a)(1)
- Individual's right to amend records 164.526 (a)(1)
- Individual's right to accounting of disclosure: 164.528 (a)(1)
- Disclosures for judicial and administrative proceedings: 164.512 (e)(1)
- Restriction Requests: 164.522(a)(1)
- Confidential Communications Requirements: 164.522(b)

Documents and Forms

- Accounting of Disclosure Log

- Acknowledgement of Receipt Notice of Privacy Practices
- Amendment to Health Information
- Notice of Privacy Practices
- Privacy Complaint
- Request for an Account of Disclosure
- Request for Confidential Communications
- Request for Restriction for Use or Disclosure

Policy Description

This policy describes the procedures for establishing the organization's Notice of Privacy Practices, obtaining a good faith effort to obtain an acknowledgement of the individual's receipt of the Notice of Privacy Practices and establishing guidelines for adhering to an individual's rights under HIPAA, including providing an individual with access to records; providing the individual with the opportunity to amend records; providing the individual with an accounting of disclosures; responding to requests for judicial and administrative proceedings; the right to restriction requests; and confidential communication requirements.

Policy Procedure

The organization's procedures for implementing Notice of Privacy Practices and Other Individual Rights include the following.

Notice of Privacy Practices

- The organization will provide individuals with a Notice of Privacy Practices that will provide notice of the uses and disclosures of protected health information and of the individual's rights and the covered entity's duties with respect to protected health information. The Notice of Privacy Practices will contain the necessary elements as required by the HIPAA Privacy Rule.
 - Be written in plain language
 - Contain a header with the following statement: 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.
 - A description, with one example, of each of the types of uses and disclosures the organization is permitted to make for treatment, payment and health care operations
 - A description of other purposes for which the organization is permitted or required by federal or state law to use or disclose PHI without the individual's written authorization
 - A description of the types of uses and disclosures of PHI that require an authorization
 - A statement that "other uses and disclosures not described in the notice will be made only with the individual's written authorization"
 - A statement that the organization may use demographic information and limited health care information in order to contact the individual for fundraising purposes
 - A statement on how the individual may opt out of receiving further fundraising communications.
 - A statement that the individual may revoke an authorization

- A statement that the organization may contact the individual to raise funds for the covered entity and the individual has the right to opt out of receiving such communications
- A statement regarding the individual's rights and a brief description of how the individual may exercise these rights
- A statement on the individual's right to request restrictions on certain uses and disclosures of PHI and the covered entities rights to deny such a request as permitted by law
- A statement on the individual's right to receive confidential communications of PHI
- A statement on the individual's right to inspect and copy PHI
- A statement on the individual's right to amend protected health information
- A statement on the individual's right to receive an accounting of disclosures of PHI
- A statement on the individual's right to obtain a paper copy of the notice of privacy practices upon request
- A statement that the organization is required by law to maintain the privacy of PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI
- A statement that the organization reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains and describe how the organization will provide individuals with a revised notice.
- A statement that individuals may complain to the organization and to the Secretary 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 with the organization, and a statement that the individual will not be retaliated against for filing a complaint.
- Contact name or title and telephone number of the person or office to contact for further information.
- Effective date on which the notice is first in effect, which will not be earlier than the date on which the notice is printed or otherwise published.

Distribution of Notice of Privacy Practices and Revisions

- The Notice of Privacy Practices will be provided to all new patients.
- Notices will be available for distribution at organization's front office and will be displayed in main areas, including on the organization's website.
- The Notice of Privacy Practices will be reviewed periodically in concert with any changes in the privacy regulations.
- The organization's HIPAA Privacy Officer will approve all changes to the Notice of Privacy Practices before it becomes effective.
- If the Notice of Privacy Practices is revised, it will be posted in prominent locations, on the organization's website and provided to the individual upon request. Alternately, a summary of changes to the Notice of Privacy Practices may be posted so long as the full Notice of Privacy Practices is easily available to the individual such as providing copies of the revised notice in the proximity of the posted summary.

Acknowledgement of Notice of Privacy Practices

- The organization's workforce will provide every individual (or their personal representative) with the Notice of Privacy Practices and request an acknowledgement of receipt. The acknowledgement of receipt shall be documented and stored for at least six (6) years. If the acknowledgement of receipt is not obtained, the reason shall be documented in the individual's record.

Right to Access Records

- The individual may request access to their PHI by submitting a request to the organization. If the request for information is granted, the organization will follow appropriate procedures.
 - Within thirty (30) days of the request
 - Notify the patient of any cost-based fees for labor, supplies, copying and postage (but not any fees related to search and retrieval of records)
 - Adhere to any additional applicable state and federal laws with regards to format

Denial of Records

- An individual's request to access his or her own records will only be denied for reasons provided under the HIPAA Privacy Rule.
 - When the individual has agreed to not have access to PHI created or obtained by the organization in the course of research that includes treatment, but access to such information may only be denied for as long as the research is in progress;
 - Psychotherapy notes;
 - If a provider reasonably determines that the information is detrimental to the physical or mental health of the patient, or is likely to cause the patient to harm himself or another;
 - Information compiled in reason anticipation of civil, criminal or administrative action or proceeding.
- Any potential denials will be referred to the HIPAA Privacy Officer who will authorize the denial only after consulting with legal counsel. If access is denied, the HIPAA Privacy Officer will provide a written statement to the patient indicating the reason for denial.

Right to Amend Records

- The individual has the right to request that his or her records be amended. The organization will make every effort to amend the record within sixty (60) days of receiving the request (with not more than one 30-day extension) unless otherwise outlined under the HIPAA Privacy Rule.
 - The information subject to the requested amendment was not created by provider or the organization
 - The information subject to amendment is not part of the designated record set
 - The provider or organization reasonably believes the information to be accurate and complete
- Any denial of the right to amend a patient record must be verified and documented by the HIPAA Privacy Officer, with a written notice sent to the individual stating the reason for denial.

Accounting of Disclosure

- An accounting is not required for certain instances as outlined under the HIPAA Privacy Rule.
 - If the disclosure is made to carry out treatment, payment or healthcare operations
 - If the disclosure is to the individual or individual's representative
 - If the disclosure is the notification of or to person involved in an individual's health care or payment for health care, for disaster relief, or for facility directories
 - Pursuant to an authorization signed by the individual or the individual's personal representative
 - If the disclosure is made for national security purposes
 - If the disclosure is made o correctional institutions or law enforcement officials under certain circumstances
 - If the disclosure is part of a limited data set, when the recipient has excused a data use agreement, disclosed for research, public health or certain health care operations purposes
- An accounting is required if the disclosure is made and no authorization from the individual or individual's representative is obtained.
 - In response to a subpoena or other judicial or administrative proceeding if not accompanied by an individual authorization (Please see Judicial Proceedings section of these policies and procedures for more information)
 - For public health activities (See Permitted Uses and Disclosures policies and procedures for details)
 - For health oversight activities or law enforcement purposes
 - To coroners, medical examiners, funeral directors and for cadaveric organ donation purposes
 - To avert a serious threat to health or safety and for specialized government functions except national security activities
 - For workers' compensation purposes pertaining to treatment of potential work-related injuries
 - For research purposes on decedents
 - In error as a result of a misdirected fax, email, postal mail, etc.
 - By a business associate who has notified the organization of the disclosure event
- The organization will account for all known disclosures that qualify for accounting. The disclosure will be logged as they occur in the individual's medical record and each accounting will have the necessary information as outlined in the HIPAA Privacy Rule.
 - Date of the disclosure
 - The name and, if known, the address of the entity or person who received the disclosure
 - A brief description of the PHI disclosed
 - A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure OR a copy of the written request
- If the individual requests an accounting of disclosure, the organization must provide an accurate accounting of all disclosures that qualify and that fit the criteria the individual has indicated in his or her request (e.g., date range). The request may not be longer than six years.

Disclosures for judicial and administrative proceedings

- The organization may disclose PHI in the course of any judicial or administrative proceeding.
- The organization may disclose PHI in response to an order of a court or administrative tribunal, provided that the organization disclose only the PHI expressly authorized by such order

- The organization may disclose PHI in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal in certain circumstances as outlined in the HIPAA Privacy Rule.
 - The organization receives satisfactory assurance from the party seeking the information that reasonable efforts have been made to ensure that the individual who is subject to the PHI that has been requested has been given notice of the request. Satisfactory assurances must include a written statement and accompanying documentation demonstrating (1) the party requesting such information has made a good faith attempt to provide notice to the individual (2) The notice included sufficient information about the litigation or proceeding in which the PHI is requested to permit the individual to raise an objection to the court or administrative tribunal; and (3) the time for the individual to raise objections to the court or administrative tribunal has elapsed, and no objections were filed or all objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.
 - The organization receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such part to secure a qualified protective order.
 - Satisfactory assurances must include a written statement and accompanying documentation demonstrating the 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
 - Satisfactory assurances must include a written statement and accompanying documentation demonstrating that the party seeking the PHI has requested a qualified protective order from such court or administrative tribunal.
 - The organization may disclose PHI in response to a subpoena, discover request, or other lawful process that is not accompanied by an order of a court or administrative tribunal without receiving the required satisfactory assurances, if the organization makes reasonable efforts to provide notice to the individual sufficient to meet the requirements above or to seek a qualified protective order.
- The HIPAA Privacy Officer shall review all subpoenas or court orders prior to any PHI being disclosed.

Restriction Requests

- If an individual requests that information not be disclosed to a specified individual or entity, the request must be submitted in writing. The HIPAA Privacy Officer will review the request and determine if it can be accommodated. Generally, the organization will adhere to any restriction to which it agrees in accordance with this policy, unless the restriction is terminated (at the individual's written request, at the individual's documented oral request, or on the organization's own initiative with respect to PHI created or received after informing the individual of the termination). If the request cannot be accommodated, the HIPAA Privacy Officer shall provide a written statement as to the reason the request cannot be accommodated.

Confidential Communications

- The individual may request to receive confidential communications by alternative means or at alternative locations and the requested will be accommodated if it is reasonable. The individual will be required to provide an alternative address or method of contact and, if applicable, information as to how payment will be handled. The requests may be made verbally as long as the requester's identity has been properly verified.

Policy Implementation

HIPAA Covered Entity Responsibilities

- The covered entity will make every effort to notify individuals of their Notice of Privacy Practices, as well as his or her individual rights under HIPAA.

HIPAA Privacy Officer Responsibilities

- Implement the form or other method to document each workforce member's training on Notice of Privacy Practices and Other Individual Rights policies and procedures.
- Create and update the Notice of Privacy Practices to adhere to all state and federal regulations, and ensure proper distribution and display of said notices.
- Create and implement the form or other method to document the acknowledgement of receipt of the Notice of Privacy Practices.
- Create and implement the form or other method to document the accounting of disclosures, ensuring that the form adheres to all state and federal requirements for such documentation.
- Implement the form or other method to document any individuals who opt out of fundraising communications to ensure that they do not receive any further fundraising communications.
- Review any denials of an individual's access to PHI, seeking advice of legal counsel if necessary, and provide written notification to the individual of the reason for denial.
- Review all subpoenas or court orders, seeking advice of legal counsel if necessary, to determine what PHI can be disclosed as permitted or required by law.
- Review all restriction requests and, if the request cannot be accommodated, provide a written statement as to why the request cannot be accommodated.
- Review all requests to amend records and, if the request cannot be accommodated, provide a written statement as to why the request cannot be accommodated.

Workforce Members Responsibilities

- Review organization's privacy policies and procedures and appropriately complete acknowledgement of training these privacy policies and procedures.
- Comply with all of the organization's privacy policies and procedures for protecting health information and other sensitive information.
- Make every effort to provide new patients with the organization's Notice of Privacy Practices and document the acknowledgement of receipt of said Notice of Privacy Practices.
- Provide patients with paper copies of the organization's Notice of Privacy Practices upon request.
- Follow proper procedures when documenting accounting of disclosures, ensuring that the information meets the requirements outlined in these policies and procedures.

- Immediately notify the Privacy Officer of any subpoenas or court orders and have the Privacy Officer make a determination regarding the disclosure or use of PHI.
- Immediately notify the Privacy Officer of any reasons to deny a request for an individual's access to his or her PHI and have the Privacy Officer make a determination regarding the disclosure or use of PHI.
- Immediately notify the Privacy Officer when an individual requests to amend his or her record and have the Privacy Officer make a determination regarding whether or not to grant the request.
- Verify the individual's identity when receiving verbal request for a confidential communication and ensure that any reasonable request is documented and followed.

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