Right to Privacy

It is the policy of the Practice to comply with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA); the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH Act); regulations promulgated there under by the U.S. Department of Health and Human Services (HIPAA Regulations); and other applicable laws. This policy describes procedures implemented by the Practice to ensure the privacy of patients’ protected health information (PHI). The Practice obtains acknowledgment of receipt of such notice from all patients.

Procedures

1. A designated Privacy and Security Officer is appointed from within the Practice to oversee the policies and procedures to ensure that patients’ rights to privacy are fulfilled.

2. All patients will receive a Notice of Patients’ Privacy Rights and the Receipt of Notice of Privacy Practices Written Acknowledgment Form. All patients are asked to sign the acknowledgment of receipt form prior to receiving care. If there is a change in the HIPAA law and/or policies, patients are asked to sign an updated acknowledgement. All patients sign an acknowledgement every three years.

3. The Practice website contains the most recent versions of the privacy notice, privacy practices, and the acknowledgment response.

4. The Practice obtains written acknowledgment from the patient or legal guardian prior to engaging in treatment, payment, or healthcare operations.

5. An individual has a right to receive an accounting of disclosures of PHI made by a covered entity in the three years prior to the date on which the accounting is requested, except for disclosures defined in HIPAA. The Practice obtains written authorization for use or disclosure of PHI in connection with research and marketing.

a. When appropriate, the Practice uses a combined informed consent authorization form, especially as it relates to patients participating in research studies.

6. The Practice discloses only the minimum PHI to requesting entities and insurance companies in order to accomplish the intended purpose of the disclosure.

7. As a covered entity, the Practice fully complies with the HIPAA Privacy Rule, effective April 14, 2003.

8. The Practice provides the patient, in the Notice of Privacy Practices, a clear, written explanation of how a covered entity – including the Practice and its Business Associates – may use PHI.

9. Patients are given the opportunity to request a correction or amendment to their PHI by completing the Request for Correction/Amendment of Protected Health Information. Any allowed corrections or modifications must be in a written amendment; no changes are made directly to the patient’s medical record. The Practice must inform patients that a written request for a correction or amendment is required, and that the patient is required to provide a reason to support the requested change. The amendment is accepted or denied in a provider’s written response, on a Disposition of Amendment Request.

10. Anyone who feels the confidentiality of a patient’s PHI has been violated may submit a Patient Complaint Form to the Privacy and Security Officer. Complaints are kept confidential, and no repercussion may occur due to the report. Complaints are logged in the Privacy and Security Officer’s Incident Event Log.

11. Sanctions are imposed upon employees who violate the privacy of a patient’s PHI; sanctions may vary from a warning to termination.

12. All employees of the Practice receive initial and ongoing HIPAA training on how to prevent misuse of PHI and how to obtain authorization for its use.

13. The Practice secures a Health Information Technology for Economic and Clinical Health Act (HITECH)-compliant Business Associate Agreement (see below) between the Practice and other third parties that share PHI for treatment, payment and other health care operations. The Business Associate Agreement is signed prior to any third party receiving PHI from the Practice. The Privacy Officer documents

 all Business Associates, the date of the signed Agreement and information regarding security measures taken by the Business Associate to keep PHI private and secure such as employee training, encrypted systems and other relevant measures.

14. The Practice and other entities performing services on behalf of the Practice use the HIPAA concept of minimum necessary in evaluating the release of patient information. The Practice and other entities performing services on behalf of the Practice release no PHI to employers or financial institutions without explicit authorization from the patient or legal guardian.

15. Electronic, physical, and logistical safeguards are implemented to secure the confidentiality of all patients’ PHI.

16. The Practice maintains secure, electronic access to patient data for its providers.

17. The patient may submit a Request for Limitations and Restrictions of Protected Health Information which the Practice will recognize so long as it is not contrary to state or federal law, does not interfere with the patient’s treatment or payment for medical services and does not require excessive Practice resources to implement. Reasonable modifications must be made to the request to make it practical to implement with the input of the patient.

**ACKNOWLEDGEMENT OF NOTICES**

I acknowledge I can receive a copy of the Notice of Patient’s Privacy Rights and the No Surprise Act at my request or from the Neighborhood House Calls’ website ([www.neighborhoodhousecalls.com](http://www.neighborhoodhousecalls.com)).

[Policy 16.01 Right to Privacy]