

Citizens Medical Center HIPAA Privacy Manual

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Section 1 – Introduction

Statement of Policy

Citizens Medical Center is a *Covered Entity* under the Health Insurance Portability and Accountability Act (HIPAA) Regulations. As such, Citizens Medical Center is required to safeguard protected health information (PHI) in accordance with the HIPAA Privacy Rule Regulations. These policies and associated procedures reflect Citizens Medical Center's commitment to complying with such Regulations.

In instances where state law and federal law differ in governing the privacy of individually identifiable health information, the law that provides the greater privacy for the individual shall be followed.

Section 2 – Definitions

Authorization - an individual allows for the use and disclosure of Protected Health Information (PHI) for purposes other than treatment, payment, health care operations or uses and disclosures permitted or required by the HIPAA Privacy Rule.

Business Associate - a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to a Covered Entity.

- A Business Associate is not a member of a Covered Entity's workforce
- Business Associate functions include: claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; and repricing.
- Business Associate services are: legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; and financial.
- Examples of Business Associates includes lawyers, auditors, consultants, contractors, clearinghouses, third-party administrators, and life insurance issuers.
- Subcontractors of Business Associates are considered Business Associates

Covered Entity – include:

- A health plan (includes insurance companies (such as Aetna, Blue Cross Blue Shield), Medicare, Medicaid)
- A health care clearinghouse
- A health care provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA

Designated Record Set - A group of records maintained by or for a covered entity that includes:

- Medical or billing records about individuals maintained by or for covered health care providers;
- Enrollment, payment, claims adjudication and case or medical management records systems maintained by or for a health plan; or
- Use by or for a Covered Entity to make decisions about individuals

Disclosure - means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

Health Care Operations - includes, medical staff, risk or quality improvement management, or members of the quality improvement team who assess the care and outcomes of individual cases

Health Care Provider - a provider of health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

HIPAA - the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations found in 45 CFR Parts 160, 162 and 164.

HIPAA Omnibus Rule - a set of final regulations, published January 25, 2013, modifying the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Enforcement Rules to implement various provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act.

HITECH - the Health Information Technology for Economic and Clinical Act of 2009 and its implementing regulations, found in 45 CFR Parts 160, 162 and 164.

Individually Identifiable Health Information - health information collected from an individual that is created or received by a health care provider, a health plan, a health care clearing house or an employer and that does all of the following:

- Involves the past, present, or future physical or mental health, or condition of an individual; the providing of health care to an individual; or the past, present or future payment for the providing of health care to an individual; and
- Identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual.

Minimum Necessary Standard - reasonable efforts are made to limit the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

Payment - includes activities undertaken by a Covered Entity to obtain or provide reimbursement for the provision of health care.

Privacy officer - the individual designated by an organization to develop and implement privacy policies and procedures for the organization.

Protected Health Information (PHI) - individually identifiable health information maintained or transmitted by a Covered Entity in any form or medium, including information transmitted orally, or in written or electronic form.

Treatment - includes the use and disclosure of PHI to provide, coordinate, or manage health care and related services of a patient. This also may include the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

Use - the sharing, employment, application, utilization, examination, or analysis of individually identifiable health information within an entity that maintains such information.

Workforce – employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

Section 3 – Administration / Workforce Policies and Procedures

- A. HIPAA Privacy Officer – Citizens Medical Center** will designate an individual to be responsible for HIPAA privacy compliance. This individual will be the HIPAA Privacy Officer and will be responsible for:

I. Privacy Policies and Procedures

The HIPAA Privacy Officer is responsible for developing and implementing written policies and procedures consistent with and meeting the requirements of The HIPAA Privacy Rule, and updating and revising as necessary.

II. Workforce Member Training

The HIPAA Privacy Officer is responsible for ensuring workforce members receive initial and on-going HIPAA privacy training;

III. Data Safeguards

The HIPAA Privacy Officer is responsible for maintaining appropriate physical and administrative safeguards to protect patient information in any format from misuse, whether accidental or intentional. Examples of such practices are providing areas for secure/private conversations, shredding of documents, proper filing and maintenance of records and limiting access to PHI procedures.

IV. Monitoring

The HIPAA Privacy Officer is responsible for monitoring use and disclosures of PHI and assisting workforce members with determining appropriate use and disclosures of PHI.

V. Investigating Privacy Concerns

The HIPAA Privacy Officer is responsible for investigating HIPAA privacy concerns and complaints. The HIPAA Privacy Officer is responsible for implementing clear processes for handling complaints, both from patients and workforce members, concerning privacy policy and practices.

VI. Breach Assessment and Notification

The HIPAA Privacy Officer is responsible for developing and implanting policies and procedures for potential and actual violations of PHI by workforce members or business associates constituting a breach as defined by law.

VII. Mitigation of Harmful Effects

The HIPAA Privacy Officer shall be responsible for mitigation of any harmful effects that may occur in regards to the use and disclosure for PHI, when a violation of the Citizens Medical Center's policies or the Privacy Rule has been detected. Citizens Medical Center must have and apply sanctions for workforce members who fail to comply with Citizens Medical Center's privacy policies and procedures.

VIII. Documentation and Record Retention

The HIPAA Privacy Officer shall be responsible for the accurate maintenance of all documents related to privacy policies and procedures, revisions, workforce training, complains, breaches, risk assessments, sanctions, etc. in accordance with the law. All documentation will be kept for a minimum of six (6) years.

Citizens Medical Center's HIPAA Privacy Officer is: _____Reba Thomas_____

B. Training of Workforce Members

Citizens Medical Center will ensure that all workforce members receive HIPAA privacy training on how to use, disclose and protect PHI. Workforce members should be trained on Citizens Medical Center's policies and procedures and receive appropriate training for workforce members to carry out their respective job duties. All workforce members must be aware of the proper methods necessary for handling PHI. Workforce members must also be trained on proper procedures concerning any problems or breaches should they arise. Training must be ongoing and include changes in policy as they occur.

I. Standardization of Training

The HIPAA Privacy Officer and the HIPAA Security Officer are responsible for developing or approving appropriate training materials. All workforce members must receive initial HIPAA privacy and security training.

II. Timing of Training

Workforce members must receive on-going HIPAA privacy and security, at least annually. New workforce members must receive HIPAA privacy and security training within thirty (30) days of hiring. Annual training must be completed within thirty (30) days of notification from HIPAA Privacy or Security Officer.

III. Level of Training

The training may be customized according to the type of work required by the individual, and the level of access they require to fulfill their duties.

IV. Methods of Training

Methods of delivering HIPAA Privacy or Security training may include: live presentations, videos, seminars, web-based training, emails, memorandums, newsletters or any other method that has been approved.

V. Documentation

Written documents of all HIPAA Privacy and Security training requirements and assessments shall be maintained for proof of compliance. All documentation will be kept for a minimum of six (6) years.

C. Workforce Sanctions

I. Enforcement

All workforce members are expected to adhere to Citizens Medical Center's HIPAA Privacy and Security policies and procedures. Workforce members that violate the policies and procedures may receive sanctions that include but are not limited to:

1. Verbal counselling;
2. Written warning that is placed in a workforce member's personnel file;
3. Placement on probation;
4. Retraining on HIPAA Privacy and/or Security policies and procedures;
5. Suspension;
6. Demotion or reassignment of duties;
7. Transfer or;
8. Termination of employment;
9. In addition to the above sanctions, workforce members may receive penalties for the misuse of PHI that could include criminal penalties as defined by HIPAA regulations. Civil damages may also be pursued; and
10. Sanctions should be applied consistently and equally. Sanctions should not be based on the individual or position of a workforce member.

II. Documentation

All sanctions and/or disciplinary actions against workforce members will be documented and retained for at least six (6) years. Documentation will include:

1. Workforce member's name and contact information;
2. A description of the violation that occurred;
3. The date of the violation; and
4. A description of the sanction against the workforce member

D. Patient Complaints

Citizens Medical Center is committed to protecting the privacy of its patients. All patient privacy complaints will be taken seriously and investigated. The following procedure will be used to allow for reporting, investigation and response to all patient privacy complaints.

I. Reporting of Patient Complaints

1. All patients will be informed, through the Notice of Privacy Practices, of their right to make complaints regarding the privacy of their information.
2. All patient complaints must be submitted in writing to the HIPAA Privacy Officer or designate. The form, or similar form, in **Appendix D – Patient Compliant Form** will be used to document all patient complaints.
3. All patient complaints will be reviewed by the HIPAA Privacy Officer. The HIPAA Privacy Officer will investigate the complaint and utilize the **HIPAA Breach Determination procedure found in HIPAA Security Policy #6 – Incident Response**.
4. The HIPAA Privacy Officer will inform the patient, in writing, within 15 days of the outcome of the investigation. If the investigation results in a determination that the patient's privacy was breached the patient will be informed of measures that were taken to address or resolve the breach. All documentation of the patient complaint, investigation and determination and response will be kept for six (6) years.
5. If the patient wishes to file a complaint with the Office of Civil Rights (OCR), the patient will be directed to the OCR website which details the process for filing complaints. The OCR website is:
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

II. Non-Retaliation Policy

All patients who file complaints will be treated fairly and without bias. Workforce members will not retaliate against any patient that files a privacy complaint.

E. Privacy Violations

All suspected patient privacy violations that are either reported by patients, workforce members or any other method will be taken seriously and investigated. All suspected patient privacy violations will utilize the HIPAA Breach Determination procedure found in **HIPAA Security Policy #6 – Incident Response**.

F. Suspected Privacy Breach Reporting

Citizens Medical Center is committed to protecting patient privacy. Workforce members have a responsibility to promptly report any actions that are suspected to be a breach of a patient's privacy or are suspected to violate Citizens Medical Center's HIPAA Privacy and Security policies and procedures.

I. Reporting

Workforce members are required to report any suspected privacy breaches to either their direct superior or to the HIPAA Privacy Officer. If reported to a workforce member's superior, the superior will document the information and report it to the HIPAA Privacy Officer.

II. Non-Retaliation Policy

Citizens Medical Center will not retaliate against any workforce member who, in good faith, reports a privacy violation or who assists in an authorized investigation of alleged privacy violations. Self-reported violations may still be subject to sanctions as documented in **Section 3 –C Workforce Sanctions**.

G. Privacy Breach Determination

The HIPAA Privacy Officer will investigate all reported privacy breaches. All suspected breaches of a patient's privacy and/or of Citizens Medical Center's policies and procedures should be taken seriously. Procedures documented in the **HIPAA Breach Determination procedure found in HIPAA Security Policy #6 – Incident Response** will be used to determine all suspected HIPAA privacy and security breaches.

Section 4 – Disclosure of PHI without a Patient’s Authorization

The purpose of this policy is to provide clear guidelines for disclosure and use of protected health information (PHI) for medical evaluation, treatment and health services as well as related business services associated with this care. This is to include all workforce members involved in patient care or contracted by **Citizens Medical Center** to provide services related to that care. These guidelines are put in place to ensure that the patient’s information is kept private and in compliance with the minimum necessary standard.

Citizens Medical Center workforce members may use and disclose PHI without a patient’s authorization as follows:

A. Use and Disclosures to the individual

Citizens Medical Center may use and disclose PHI to the patient requesting care and treatment.

B. Use and Disclosures to Parents and Other Authorized Representatives

I. Legally Authorized Representatives

There may be instances when a patient is legally or otherwise incapable of exercising their own rights or chooses to designate another to act on their behalf. Citizens Medical Center may disclose PHI to a Legally Authorized Representative and will treat the Legally Authorized Representative the same as the patient with respect to these policies and procedures.

II. Minor

If under state or federal law, a parent, guardian or other person acting in loco parentis (temporary custodian, foster parent, etc.) of an unemancipated minor who has authority to act on behalf of the minor in decisions regarding health care, Citizens Medical Center will treat that person the same as the patient with respect to these policies and procedures.

III. State Law

If State law allows an unemancipated minor to consent to obtain health care without parental consent, Citizens Medical Center will not treat the parent, guardian or other person acting in loco parentis the same as the patient with respect to these policies and procedures.

C. Use and Disclosures for Treatment, Payment and Health Care Operations

Citizens Medical Center may use and disclose PHI without a patient’s authorization as follows:

I. Disclose to workforce

Citizens Medical Center is permitted to use and disclose PHI to workforce members for purpose of treatment, payment and operations

II. Disclose to other providers

Citizens Medical Center has permission to gather and use PHI in order to provide medical services requested from the patient. This permission includes but is not limited to coordination and management of care and the ability to share this information with other covered entities and providers involved with providing care to the patient.

III. Disclose for payment

Citizens Medical Center is permitted to use or disclose PHI to process and obtain payment for services received and/or predetermination of prior approval of treatment recommendations. This includes such entities as other covered entities, insurance companies and their business associates and their subcontractors, and/or any third party payer for the services provided to the patient. This also includes collection processes, utilization review, and certain specific disclosures to consumer reporting agencies.

IV. Disclose for operations

Citizens Medical Center is permitted to use or disclose PHI for health care operations, to another covered entity if the entity either has or had a relationship with the individual who is the subject of the information. Health care operations include but are not limited to the following: risk assessments, quality assurance and improvement activities, customer service, training and credentialing, accreditation, medical review and audits functions, legal services, and business planning, development and administration. PHI may be disclosed for administrative functions such as patient appointment reminders, office sign in sheets and calling patient names upon arrival.

D. Use and Disclosure to Business Associates

Citizens Medical Center is permitted to disclose PHI to Business Associates (BA) subject to a signed Business Associate Agreement (BAA). See **HIPAA Security Policy #9 Administrative Safeguards Business Associate Contracts**.

E. Public Health Activities

Citizens Medical Center may disclose PHI for the purpose of public health reporting:

- I.** To a public health authority authorized by law to receive reports for the purpose of controlling or preventing disease, injury or disability (e.g., reporting of communicable diseases, births, deaths, etc.);
- II.** A public health authority or other appropriate government authority authorized to receive reports regarding suspected child abuse or neglect;
- III.** To the Food and Drug Administration (FDA) or persons subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity. Such purposes include:

1. To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;
 2. To track FDA related products;
 3. To enable product recalls, repairs, or replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of lookback); or
 4. To conduct post marketing surveillance;
- IV.** A person who may have been exposed to a communicable disease or who may be at risk of contracting a disease or condition, if the covered entity or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.

F. Victims of Abuse, Neglect or Domestic Violence

Citizens Medical Center will disclose PHI to a law enforcement official about a patient who is believed to be the victim abuse or neglect. Decisions to report are based on the professional judgment of Citizens Medical Center workforce members after treating or seeing where;

- I.** The disclosure is required by federal or state law;
- II.** The patient agrees to the disclosure;
- III.** The disclosure is allowed by state or federal law and:
 1. Citizens Medical Center workforce members believe the disclosure is necessary to prevent serious harm to the patient or other potential victims or;
 2. If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PHI for which disclosure is sought is not intended to be used against the individual and that an immediate 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.
- IV.** The minimum amount of PHI shall be released to support the allegation of abuse or neglect.

Citizens Medical Center must promptly inform the patient that a report has been or will be made unless in the professional judgment it is believed:

- I.** Informing the patient would place the patient at risk of serious harm; or
- II.** The person being informed would be a personal representative who is responsible for the abuse, neglect or other injury and informing that person would not be in the best interest of the patient.

G. Health Oversight Activities

Citizens Medical Center may disclose PHI as required to health oversight agencies (such as to the U.S. Department of Health and Human Services or as otherwise required by local, state or federal laws or regulations) for the audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions.

H. Judicial and Administrative Proceedings

Citizens Medical Center may disclose PHI in relation to a judicial or administrative proceeding when:

- I. Ordered to do so by a court of law; or
- II. Upon receipt of a subpoena, discovery request, judicial order, warrant, summons, grand jury subpoena, or such other document requesting or ordering the disclosure of PHI for use in a judicial or administrative proceeding and/or law enforcement purposes.

Citizens Medical Center should seek legal advice on how to respond to these orders and/or requests for PHI in accordance with applicable law and to ensure that satisfactory assurance are received as required by the HIPAA Privacy Rule 45 CFR Part 164.512(e).

I. Law Enforcement

Citizens Medical Center may disclose PHI for the purpose of law enforcement to a law enforcement official in the following situations:

- I. When required by law including:
 1. Federal or state law requiring the reporting of certain types of wounds or injuries (e.g. gunshot wounds)
 2. A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;
 3. A grand jury subpoena; or
 4. Upon receipt of an administrative subpoena, summons or investigative demand.
- II. For identification of suspects, fugitives or witnesses

Other than the disclosures above, Citizens Medical Center may disclose only the following limited patient health information to law enforcement officials in response to their request made for purposes of identifying or locating a suspect, fugitive, material witness or missing person:

- 1) Name and address
- 2) Date and place of birth
- 3) Social Security number
- 4) ABO blood type and rh factor
- 5) Type of injury
- 6) Date and time of treatment
- 7) Date and time of death, if applicable
- 8) 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.

III. Patients who are crime victims

Citizens Medical Center may disclose PHI to a law enforcement official about a patient who is the victim of a crime if:

1. The patient agrees to the disclosure; or
2. Citizens Medical Center is unable to obtain the patient's agreement due to his/her incapacity and:
 - i. The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim;
 - ii. 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
 - iii. The disclosure is in the patient's best interest as determined by Citizens Medical Center's professional judgment.

IV. Decedents

Citizens Medical Center may disclose PHI about a patient who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if the covered entity has a suspicion that such death may have resulted from criminal conduct.

V. Crime on premises

Citizens Medical Center may disclose PHI to a law enforcement official that Citizens Medical Center believes in good faith constitutes evidence of criminal conduct that occurred on the premises of Citizens Medical Center.

Citizens Medical Center should seek legal advice on how to respond to law enforcement requests for PHI in accordance with applicable law and to ensure compliance with HIPAA Privacy Rule 45 CFR Part 164.512(f).

J. Decedents

I. Coroners and medical examiners.

Citizens Medical Center may use or disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

II. Funeral directors.

Citizens Medical Center may use or disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

III. Citizens Medical Center may use and disclose PHI as per this policy for a period of 50 years. After 50 years, PHI is no longer protected under HIPAA regulations.

K. Organ, Eye or Tissue Donation

I. Citizens Medical Center may use or disclose PHI 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.

L. To Avert a Serious Threat to Health or Safety

Citizens Medical Center may, consistent with applicable law and standards of ethical conduct, use or disclose PHI, if Citizens Medical Center, in good faith, believes the use or disclosure:

I. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or

II. Is necessary for law enforcement authorities to identify or apprehend an individual:

1. Because of a statement by an individual admitting participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to the victim; or
2. Where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.
3. Citizens Medical Center may disclose only the following limited patient health information to law enforcement officials in response to their request made for purposes of identifying or locating a suspect, fugitive, material witness or missing person:
 - i. Name and address
 - ii. Date and place of birth
 - iii. Social Security number
 - iv. ABO blood type and rh factor
 - v. Type of injury
 - vi. Date and time of treatment
 - vii. Date and time of death, if applicable
 - viii. 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.

M. Specialized Government Functions

Citizens Medical Center may use and disclose PHI of individuals who are Armed Forces including Military (domestic and foreign), veteran, national security, intelligence and protective service activities (for President or other authorized federal officials personnel) for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission:

Citizens Medical Center may use and disclose PHI to correctional institutions and other law enforcement custodial situations

N. Workers Compensation

Citizens Medical Center may disclose PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

O. De-Identified Information

Citizens Medical Center may use or disclose PHI that has been properly de-identified. De-identified PHI is health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

OCR has provided guidance regarding methods and use of de-identified PHI at:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/De-identification/guidance.html>

P. Limited Data Set

Citizens Medical Center may use or disclose a limited data set if Citizens Medical Center enters into a data use agreement with the recipient of the limited data set and if the purpose of the use or disclosure is for research, public health, or health care operations. Citizens Medical Center may use or disclose a limited data set only if the data use agreement demonstrates satisfactory assurance, as per the HIPAA Privacy Rule § 164.514 (e), that the limited data set recipient will only use or disclose the PHI for limited purposes.

A limited data set is PHI that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual:

- I. Names
- II. Postal address information, other than town or city, State, and zip code;
- III. Telephone numbers;
- IV. Fax numbers;
- V. Electronic mail addresses;
- VI. Social security numbers;
- VII. Medical record numbers;
- VIII. Health plan beneficiary numbers;
- IX. Account numbers;
- X. Certificate/license numbers;
- XI. Vehicle identifiers and serial numbers, including license plate numbers;
- XII. Device identifiers and serial numbers;

- XIII.** Web Universal Resource Locators (URLs);
- XIV.** Internet Protocol (IP) address numbers;
- XV.** Biometric identifiers, including finger and voice prints; and
- XVI.** Full face photographic images and any comparable images.

Section 5 – Special Circumstances

The purpose of this policy to provide clear guidelines for disclosure and use of protected health information (PHI) when used for marketing, fundraising and research.

Citizens Medical Center's workforce members **may not** use and disclosure PHI without a patient's valid authorization. A valid authorization is required for the following:

A. Marketing

Citizens Medical Center may not use or disclose PHI for marketing purposes without written authorization from a patient. Marketing means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. If the marketing involves direct or indirect financial payment to Citizens Medical Center from a third party, the authorization must state that such payment is involved. The following exceptions apply:

- I. Marketing discussions are face to face with the patient
- II. The product or service to be marketed of nominal value (examples include: brochure, business card, pen, etc.)
- III. To provide refill reminders or otherwise communicate about a drug or biologic that is currently being prescribed for the individual, as long as any remuneration is reasonably related to the cost of making the communications. Accordingly, a drug manufacturer may subsidize the cost for sending out refill reminders.

B. Fundraising

Citizens Medical Center may not use or disclose PHI for fundraising purposes unless a statement is included in Citizens Medical Center's Notice of Privacy Practices. Fundraising communications must have a clear and conspicuous opportunity to elect not to receive any further fundraising communications. If a patient opts out of fundraising communications, no further fundraising communications shall be made to the patient.

Citizens Medical Center may only use the following PHI for fundraising purposes:

- I. Demographic information relating to an individual, including name, address, other contact information, age, gender, and date of birth
- II. Date health care services were provided
- III. Department of service information
- IV. Treating physician(s)
- V. Outcome Information

VI. Health insurance status

C. Research

Citizens Medical Center may not use or disclose PHI for research purposes without written authorization from a patient unless:

- I. PHI will be used for research purposes and Citizens Medical Center obtains documentation that a Waiver of Authorization has been approved by an Institutional Review Board (IRB) as defined in the HIPAA Privacy Rule 45 CFR 164.512 (i)

- II. Citizens Medical Center obtains from the researcher a signed agreement that the use or disclosure is sought solely to review PHI as necessary to prepare a research protocol or for similar purposes preparatory to research, the PHI is necessary for research purposes and that no PHI is to be removed from Citizens Medical Center by the researcher in the course of the review.

Section 6 – Disclosure of PHI Requiring an Opportunity to Agree or Object

The purpose of this policy to provide clear guidelines for disclosure and use of protected health information (PHI) provided that the patient is informed in advance of the use or disclosure and has the opportunity to agree to or object or restrict the use or disclosure. Citizens Medical Center is permitted to orally inform the individual of and obtain the individual's agreement or objection to a use or disclosure

A. Family Members and Close Friends

Citizens Medical Center may disclose to a family member, other relative or close friend or any other person the patient identifies, PHI directly relevant to such person's involvement with the patient's care or payment related to the patient's care provided:

- I. The patient's agreement is obtained orally;
- II. The patient is allowed to object to the disclosure and does not express any objection; or
- III. A Citizens Medical Center's workforce member reasonably infers from the circumstances, based on professional judgment that the patient does not object to the disclosure;
- IV. The patient is not physically present or the patient is incapacitated (sedated, unconscious, etc.) or in the case of an emergency, Citizens Medical Center's workforce members may determine, using professional judgment, that disclosure of a limited amount of PHI would be in the patient's best interest. Examples include picking up filled prescriptions, medical supplies, X-rays, or other similar forms of PHI.

Citizens Medical Center may use or disclose PHI to locate or assist in the notification of a family member or another person responsible for the care of the patient. The information that is to be used or disclosed may include the patient's location, general condition, or death, if the above criteria are met.

B. Disaster Relief Purposes

Citizens Medical Center may use or disclose PHI, if required by law, to a public or private entity to assist in disaster relief efforts. The use or disclosure of PHI should follow the above requirements to have the patient present (I – III) or not present (IV) and provide agreement or objection. In the case the patient objects, the use of professional judgment should be made to determine if the objection will interfere with the ability to respond to emergency circumstances.

Section 7 – Use and Disclosures Requiring Authorization

A. General Rule

Citizens Medical Center will not use or disclose PHI except where allowed by the HIPAA Privacy Rule and/or Citizens Medical Center's Privacy Policies.

B. Psychotherapy Notes

If applicable to Citizens Medical Center, the following policies and procedures will apply to the use or disclosure of psychotherapy notes:

Psychotherapy notes shall be maintained separately from other portions of the patient's medical record and shall only be used or disclosed as allowed by law and this policy.

I. Authorization required

Except as otherwise allowed by law and this policy, a separate Authorization specifically limited to use or disclosure of psychotherapy notes must be obtained from the patient or his/her legal representative before psychotherapy notes can be used or disclosed.

II. Authorization NOT required

An Authorization is not required to carry out the following treatment, payment or health care operations:

1. Use by the originator of the psychotherapy notes for treatment;
2. Use or disclosure by Citizens Medical Center for its own 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; or
3. Use or disclosure by Citizens Medical Center to defend itself in a legal action or other proceeding brought by the individual;
4. Use or disclosure to the Department of Health and Human Services to determine compliance with the privacy rule; and
5. Use or disclosure required or allowed by law. See Section 4 – Disclosure of PHI without a Patient's Authorization

C. Patient Authorizations

Except for situations defined in **Section 4 – Disclosure of PHI without a Patient's Authorization**, PHI may not be used or disclosed unless a written authorization has been signed by the patient.

I. Valid Authorizations

A valid authorization must:

1. Be in writing and written in plain language;
2. Must be signed and dated by the patient or personal representative;
3. Must not be expired or revoked;
4. Must be filled out completely;
5. Must have required language stated in HIPAA regulations;
6. Cannot be combined with other documents

II. Authorization Form

Citizens Medical Center will use the form in **Appendix C – Patient Authorization to Release Health Information** or will use a similar form that has the same or similar content.

III. Prohibition on Condition of Authorizations

Citizens Medical Center may not condition the provision of treatment to any patient on the receipt of a valid HIPAA Authorization, except as allows below:

1. Condition research related treatment on the receipt of a valid authorization for such research;
2. Condition the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on provision of an authorization for the disclosure of the PHI to such third party. Examples may include pre-employment physical that require an authorization to release information to the prospective employer.

IV. Revocation of Authorization

A patient may revoke their authorization at any time by providing a written and signed revocation.

V. Documentation

Citizens Medical Center must keep all authorizations or six (6) years from the date of signature or the date when it was last in effect, whichever is later.

Section 8 – Minimize Use and Disclosure of PHI

A. Minimum Necessary Standard

Citizens Medical Center will make reasonable efforts to minimize the use or disclosure of PHI or request the minimal amount of PHI from another covered entity or business associate necessary to accomplish the intended purpose.

I. Workforce members

Citizens Medical Center will disclose PHI to workforce members but the disclosure will be limited based on the workforce member's need to use or access PHI to perform their job function. Workforce members that do not have a legitimate need to access PHI will be restricted from having such access.

II. Requests received for disclosure of PHI

1. Whenever possible Citizens Medical Center will provide a Limited Data Set (see Section 4 – Disclosure of PHI without a Patient's Authorization) to satisfy requests received for disclosure of PHI.
2. For any type of disclosure that it receives on a routine and recurring basis, Citizens Medical Center must implement policies and procedures (which may be standard protocols) that limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.
3. For non-routine and recurring requests for disclosure, Citizens Medical Center will develop criteria designed to limit the PHI disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought and will review each request on an individual basis against the criteria.

III. Requests for PHI by Citizens Medical Center

1. For any type of disclosure that it makes on a routine and recurring basis, Citizens Medical Center must implement policies and procedures (which may be standard protocols) that limit the PHI requested to the amount reasonably necessary to achieve the purpose of the request.
2. For non-routine and recurring requests for disclosure it makes, Citizens Medical Center will develop criteria designed to limit the PHI disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought and will review each request on an individual basis against the criteria.

IV. Exceptions

The Minimum Necessary Standard does not apply to the following exceptions:

1. Disclosures to or requests by a health care provider for treatment;
2. Disclosures made to the patient;
3. Disclosures made pursuant to a patient's written authorization;
4. Disclosures made to the Secretary of Health and Human Services (HHS);
5. Disclosures required by law; and
6. Disclosures required by HIPAA Privacy or Security Rules

B. Incidental Use and Disclosures

Citizens Medical Center may incidentally disclose PHI as long as the Minimum Necessary Standard is applied and reasonable safeguards are in place. Examples include patient sign-in sheets or calling out patient names in a waiting room. Note: sign-in sheets should have no medical information such as what medical problem for which the patient is seeing the physician.

C. Verification

Prior to disclosing PHI, Citizens Medical Center workforce members should request verification of identity and the authority of any such person to have access to PHI. No verification is necessary if the person requesting PHI is the patient or the identity and authority of the person is known.

I. Verification Procedures

1. Patient requesting PHI:
 - i. If the patient appears in person and is known, no verification is necessary;
 - ii. If the patient appears in person and is NOT known, verification should be obtained by requesting photo identification (i.e. driver's license); or
 - iii. If the person claiming to be the patient calls via telephone and requests PHI, verification should be obtained. Verification may include date of birth, last 4 digits of social security number, mother's maiden name, etc.
2. Person other than patient requesting PHI:
 - i. If the person and the authority of the person to request PHI is known, no verification is necessary; or

- ii. If the person and the authority to request PHI is not known, obtain any documentation/statement, or representations, whether oral or written, from the person requesting the PHI when such documentation, statement, or representation is a condition of disclosure.
3. Public official or law enforcement representative requesting PHI:
 - i. If the request is made in person, presentation of an agency identification badge, other official credentials, or other proof of government status;
 - ii. If the request is in writing, the request is on the appropriate government letterhead; or
 - iii. If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of 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.
 - iv. Authority of public officials should be obtained which includes:
 - A written statement of the legal authority under which the information is requested, or, if a written statement would be impracticable, an oral statement of such legal authority;
 - If a request is made pursuant to legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.
4. Health care providers or insurance companies requesting PHI:
 - i. If the health care provider or insurance company is known, no further verification is required
 - ii. If the health care provider or insurance company is not known, a written request on company letterhead should be requested for verification.
5. Exercise of professional judgment:

Citizens Medical Center workforce members should use professional judgment when making use or disclosures of PHI.

- i. Detailed PHI should not be left on answering machines.
- ii. Verify phone number and identity prior to faxing PHI. Caution should be used when faxing PHI to avoid sending to an incorrect fax number. Fax cover sheets should be used explaining that the information contained in the fax is confidential and should be destroyed if the fax is received by someone other than the intended recipient.

- iii. Care should be used when sending PHI via mail. Sealed envelopes should be used and verification that the correct address of the intended recipient is correct.
- iv. Minimum Necessary Standard should be used when disclosing PHI to known or unknown individuals.

Section 9 – Patient Rights

Patients have rights established by the HIPAA Privacy Rule. All patient rights should be recognized and enforced.

A. Right to Notice

A Notice of Privacy Practices (NPP), the same or similar to a ***copy found as a separate document to this Privacy Manual***, will be given to all patients for their inspection. This notice will provide patients with valuable information concerning the use and disclosure of their PHI and how Citizens Medical Center uses and safeguards their PHI. The NPP will contain all the elements required by the HIPAA Privacy and Omnibus Rules.

I. Providing the NPP to Patients

Citizens Medical Center will provide a copy of the NPP to all new patients on their first visit or in an emergency treatment situations, as soon as reasonably practicable after the emergency treatment situation.

II. Patient acknowledgement

Citizens Medical Center will make a good faith effort to obtain a written acknowledgment of receipt of the NPP. If the acknowledgement is not obtained, document the good faith efforts to obtain such acknowledgment and the reason why the acknowledgment was not obtained. Patients will be asked to sign the acknowledgement using the form in ***Appendix A – Acknowledgement of Receipt of Notice of Privacy Practices*** or a similar form that has the same or similar content;

III. Placement and delivery of the NPP

The NPP should be posted in the lobby or reception area or in a location that is accessible to all patients. The NPP should be posted on Citizens Medical Center's website if applicable.

The NPP may be emailed to a patient if the patient agrees to electronic notice and such agreement has not been withdrawn.

IV. Document retention

All NPP acknowledgements and/or documentation of good faith efforts to obtain acknowledgment will be kept for a minimum of six (6) years from the date they are signed or documented.

B. Right to Request Restrictions

A patient has the right to request restrictions regarding the use and disclosure of their PHI for treatment, payment and health care operations. Patients have the right to request restrictions on disclosures made to family members, relatives and close friends.

I. Written requests

All patient requests for restrictions of PHI should be written and submitted using the form in **Appendix G – Restriction of Protected Health Information Request Form** or will use a similar form that has the same or similar content.

II. Honor or rejection of requested restrictions

Citizens Medical Center does not have to agree to or honor a patient's requested restriction of PHI. If Citizens Medical Center agrees to a restriction then PHI may not be used or disclosed in violation of the agreed upon restriction except;

1. If the patient who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, then the use or disclosure of restricted PHI may be used to provide such emergency treatment; and
2. If restricted PHI is disclosed to a health care provider for emergency treatment, then Citizens Medical Center must request that the health care provider not further use or disclose the information.

Citizens Medical Center will notify patients in writing if the requested restriction has been approved or rejected. If a restriction is approved then a notation should be made in the patient's chart identifying that use and disclosure of PHI is restricted.

III. Disclosures required by law

Restrictions of PHI requested by a patient and agreed upon by Citizens Medical Center will not be honored if the use or disclosure of PHI is required by law or required under HIPAA regulations.

IV. Mandatory restrictions

Citizens Medical Center must honor a request for restriction of PHI if the disclosure is for the purposes of carrying out payment or health care operations and not otherwise required by law; and the PHI pertains solely to a health care item or service for which the patient has paid for services in full out of pocket.

V. Termination of restrictions

Citizens Medical Center may terminate its agreement to a restriction if;

1. The patient agrees to or requests the termination in writing;

2. The patient orally agrees to the termination and the oral agreement is documented; or
3. Citizens Medical Center informs the patient that it is terminating its agreement to a restriction. The termination is only effective to PHI created or received after the patient has been notified.

VI. Documentation

All patient requests and responses for restrictions to PHI will be documented and kept for a minimum of six (6) years from the date of the documents.

C. Right to Confidential Communications

A patient has the right to reasonably request to receive communications by an alternative means or at alternative locations, if the patient clearly states that the disclosure of all or part of that information could endanger the patient.

I. Conditions on providing confidential communications

Citizens Medical Center may condition requests for confidential communications on the following:

1. Written request

A patient should request confidential communications via writing using the form in **Appendix H – Request for Confidential Communications** or will use a similar form that has the same or similar content. The patient should provide an alternative address or other method of contact requested. Approved requests for confidential communications will be noted in a patient's chart noting the alternative address and/or the alternative communication method.

2. Payment information

Citizens Medical Center will require assurances of how payment for services will be handled.

II. No demand for explanations

Citizens Medical Center will not require an explanation from the patient as to the basis for the request as a condition of providing communications on a confidential basis.

III. Documentation

All patient requests and responses for confidential communications will be documented and kept for a minimum of six (6) years from the date of the documents.

D. Right to Access PHI

A patient has the right to request access to inspect and to request a copy of PHI in a designated records set with exceptions that are defined in this section.

I. Designated Record Set

A Designated Record Set for PHI, either in paper or electronic form, will include the following types of information:

1. Patient's medical records;
2. Patient's billing, financial and collection information;
3. PHI created or maintained by Business Associates; and
4. Any information used to make decisions about a patient

Items excluded from a Designated Record Set include:

1. Psychotherapy notes;
2. PHI exempt under the Clinical Laboratory Improvements Act (CLIA);
3. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; or
4. Other information that is exempt from disclosure under state or federal law

II. Procedure for requesting access to PHI

1. Request and timing

Citizens Medical Center may require that a patient request in writing to have access to their PHI. If the request for access is approved then the patient will be given a copy of their PHI either in paper or electronic format. The following timeframes will apply:

- i. If the PHI is maintained onsite, access and copies of the PHI will be given to the patient within 30 days after the receipt of the request.
- ii. If the PHI is not maintained onsite, access and copies of the PHI will be given to the patient within 60 days after the receipt of the request.
- iii. If Citizens Medical Center is not able to provide access to PHI, despite best attempts, that is either maintained onsite or not maintained onsite within the above timeframes, a **one-time** extension of 30 days will be

allowed. The patient must be notified in writing of the reasons for the delay and the date by which the request will be completed.

2. Form of access

- i. Citizens Medical Center will provide the patient with access to PHI in the form or format requested by the patient if it is readily producible. If the form or format is not readily producible, PHI will be provided in a hard copy form or other format (i.e. Word, Excel, PDF, etc.) that is mutually agreeable.
- ii. Citizens Medical Center may provide the patient with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI, if the patient agrees in advance to the summary or explanation and if the patient agrees in advance to any fees imposed for the summary or explanation.

3. Manner of access

Citizens Medical Center will provide the patient with a convenient time and place to inspect or obtain a copy of the protected health information.

4. Fees

Citizens Medical Center may charge a reasonable, cost-based fee to provide a copy or summary of PHI. The fee must only include the cost of copying, postage or labor for preparing the information.

5. Denial of access

If Citizens Medical Center denies a patient access to PHI the following must be done:

- i. The denial must be in written format to the patient and be written in plain language. The written denial must include:
 - Basis for the denial;
 - If applicable, statement of the patient's right to have the denial reviewed and the procedure for the review; and
 - A description of how the patient may complain to either Citizens Medical Center or to the Secretary of Health and Human Services (HHS). The description must include the name or title and the telephone number of the Citizens Medical Center designated contact person.
- ii. Citizens Medical Center must, to the extent possible, give the patient access to any other PHI after excluding the PHI to which Citizens Medical Center has denied access.

- iii. If Citizens Medical Center does not maintain the requested PHI but knows where the PHI is maintained, then the patient must be informed of where they should direct a request for access.

6. Denial of access with review

Citizens Medical Center may deny a patient access to PHI and provide the patient with the ability to review the decision with a licensed health care professional that did not participate in the original decision to deny access. Denial of access to PHI may be determined in the following circumstances:

- i. 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 patient or another person;
- ii. The PHI makes reference to another person (that is not a health care provider) and a licensed health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or
- iii. The request for access is made by the patient's personal representative and a licensed health care professional has determined, that access to the personal representative is reasonably likely to cause substantial harm to the patient or another person.

7. Review of a denial of access

If a patient requests a review of a denial of access the following will occur:

- i. The patient will request in writing that they request a review of the denial.
- ii. The request will be given to the HIPAA Privacy Officer.
- iii. The review will be performed by a licensed health care professional that is chosen by Citizens Medical Center that did not participate in the original decision to deny access.
- iv. The review will occur in a reasonable period of time.
- v. The outcome of the review must be communicated to the patient in written format promptly after the decision has been made.
- vi. Citizens Medical Center will provide or deny access to the request PHI in accordance with the review decision.

8. Denial without review

Citizens Medical Center may deny a patient access to PHI without providing an opportunity to review the decision in the following circumstances:

- i. The PHI requested contains psychotherapy notes;
- ii. PHI exempt under the Clinical Laboratory Improvements Act (CLIA);
- iii. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; or
- iv. Other information that is exempt from disclosure under state or federal law;
- v. Citizens Medical Center is acting under the direction of the correctional institution may deny, in whole or in part, an inmate's request to obtain a copy of PHI, if obtaining such copy would jeopardize the health, safety, security, custody, or rehabilitation of the individual or of other inmates, or the safety of any officer, employee, or other person at the correctional institution or responsible for the transporting of the inmate.
- vi. The patient, when consenting to participate in research that includes treatment, agrees to temporary denial of access to PHI created or obtained by a health care provider in the course of research, and the research is not yet complete.
- vii. PHI requested are subject to the Privacy Act and the denial of access meets the requirement of that law.
- viii. The PHI requested 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. Documentation

All documentation regarding patient requests for access and any denial or any other documentation will be kept for a minimum of six (6) years from the date of the documents.

E. Right to Amend PHI

Patients have the right to request an amendment or correction to PHI if they feel the information is incomplete or inaccurate.

I. Procedure for requesting amendment to PHI

The following procedure will be followed for a request to amend PHI:

1. Written request

All requests to amend or correct PHI must be in written. Patients will use the form in **Appendix B – Request for Amendment of Addition to Protected Health Information** or will use a similar form that has the same or similar content. Requests will be forwarded and reviewed by the HIPAA Privacy Officer

2. Timing

Citizens Medical Center will act on the patient's request for an amendment no later than 60 days after receipt of such a request.

If Citizens Medical Center is not able to act on the request within 60 days, a **one-time** extension of 30 days will be allowed. The patient must be notified in writing of the reasons for the delay and the date by which the request will be completed.

3. Accepting the amendment

If Citizens Medical Center accepts the requested amendment the following steps must be performed.

- i. Make the amendment to the patient's record or provide a link or reference to the location of the amendment;
- ii. Inform the patient that the amendment is accepted;
- iii. Citizens Medical Center will obtain from patient agreement and identification of person(s) that the amendment needs to be shared with;
- iv. Citizens Medical Center must make reasonable efforts, within a reasonable timeframe to provide the amendment to persons, including business associates that Citizens Medical Center knows have the PHI that is the subject of the amendment and that may have relied, or could likely rely on the information to the detriment of the patient.

4. Denying the amendment

If the request for amendment is denied, Citizens Medical Center will provide the patient, in a reasonable timeframe, a written explanation, in plain language, of why the request was denied. The written explanation will contain the following:

- i. The reason for the denial. Reasons for denial may include:
 - The PHI was not created by Citizens Medical Center unless the originator of the PHI is no longer available to act on the requested amendment;
 - The PHI is not part of the patient's health record;
 - The PHI is not accessible to the patient because federal or state laws do not permit access to the PHI; or
 - The PHI is accurate and complete
- ii. The patient's right to submit a written statement disagreeing with the denial and how the patient may file such a statement;
- iii. A statement that if the patient does not submit a statement of disagreement, the patient may request that Citizens Medical Center include the patient's request for amendment and the denial along with any future disclosures of PHI that is subject of the requested amendment.
- iv. A description of how the patient may complain to either Citizens Medical Center or to the Secretary of Health and Human Services (HHS). The description must include the name or title and the telephone number of the Citizens Medical Center designated contact person.

5. Statement of disagreement

A patient will be permitted to submit a written statement disagreeing with the denial of all or part of a requested amendment and the basis of the disagreement. The disagreement will be limited to one (1) hand written or typed piece of letter sized paper.

6. Rebuttal statement

Citizens Medical Center may prepare a written rebuttal to the patient's statement of disagreement. The patient must be given a copy of the rebuttal statement.

7. Recordkeeping

Citizens Medical Center will identify the PHI that is subject to the disputed amendment and append or link to the patient's request for amendment, the denial of amendment and any statement of disagreement and/or rebuttal statements.

8. Future disclosures

- i. If a statement of disagreement has been submitted by the patient, the statement will be included or an accurate summary will be included with any subsequent disclosures of PHI to which the disagreement relates to.
- ii. If the patient has not submitted a written statement of disagreement, the individual's request for amendment and its denial, or an accurate summary of the information, will be included with any subsequent disclosure of PHI only if the patient has requested such action.
- iii. When a subsequent disclosure made using a standard transaction that does not permit the additional material to be included with the disclosure, Citizens Medical Center will transmit the required material separately.

9. Amendment by other covered entities

If another covered entity notifies Citizens Medical Center that an amendment of PHI has been made to a patient's record, Citizens Medical Center will:

- i. Make the amendment to the patient's record or provide a link or reference to the location of the amendment;
- ii. Citizens Medical Center must make reasonable efforts, within a reasonable timeframe to provide the amendment to persons, including business associates that Citizens Medical Center knows have the PHI that is the subject of the amendment and that may have relied, or could likely rely on the information to the detriment of the patient.

10. Documentation

All documentation regarding patient requests for amendment and any denial or any other documentation will be kept for a minimum of six (6) years from the date of the documents.

F. Right to an Accounting of Disclosures of PHI

A patient has the right to receive an accounting of disclosures of their PHI made by Citizens Medical Center and/or its business associates. The accounting of disclosures of PHI will include all disclosures in the six (6) years prior to the date of the request. A patient has the right to request accounting of disclosures for a period less than six (6) years.

I. Disclosures excluded

Excluded disclosures that do not have to be reported to a patient include:

1. To carry out treatment, payment and health care operations;
2. To the patient;

3. Incident to a use or disclosure otherwise permitted by the HIPAA Privacy Manual or the HIPAA Privacy Rules;
4. Pursuant to an authorization signed by the patient;
5. To people involved in the patient's care;
6. For national security or intelligence purposes;
7. To correctional institutions or law enforcement officials;
8. Limited Data Sets;
9. Disclosures that occurred prior to April 14, 2003

II. Suspension of the right to accounting of disclosures

Citizens Medical Center must temporarily suspend a patient's right to receive an accounting of disclosures to a health oversight agency or law enforcement official for the time specified by that agency or official if giving the accounting would impede the agency's activities.

III. Content of the accounting

Information to be included in the accounting of disclosures:

1. Date of disclosure;
2. Name of the entity or person who received the PHI and, if known, the address of such entity or person;
3. A brief description of the PHI disclosed; and
4. Brief statement of the purpose of the disclosure or a copy of the written request for disclosure.
5. Multiple disclosures to the same person or entity for a single purpose will have a summary entry. A summary entry includes all information for the first disclosure (date of first disclosure, who it was disclosed to, description, etc.), the frequency with which disclosures were made, and the date of the last disclosure during the accounting period.
6. Accounting for disclosure for the purpose of research will follow requirements defined in the HIPAA Privacy Rule 45 CFR Part 164.528(b)(4)(i).

IV. Procedure for accounting of disclosures

1. Request accounting of disclosures

All requests for accounting of disclosures will be made in writing and will be forwarded to the HIPAA Privacy Officer. Patients will use the form in **Appendix E – Request for Accounting of Disclosures Form** or will use a similar form that has the same or similar content. A sample log is included in **Appendix F - Accounting of Disclosures Log** that can be used to document and provide an accounting of disclosures.

2. Timing

The patient will be provided with an accounting of disclosures within 60 days from the receipt of the request. If Citizens Medical Center is not able to act on the request within 60 days, a one-time extension of 30 days will be allowed. The patient must be notified in writing of the reasons for the delay and the date by which the request will be completed.

3. Fees

Accounting of disclosures will be provided to the patient free of charge for a request made once in a 12 month period. A reasonable, cost-based fee can be charged for each subsequent request for an accounting within the 12 month period, provided the patient is informed in advance of the fee and provides the patient with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

4. Documentation

All documentation regarding patient requests for accounting and any other documentation will be kept for a minimum of six (6) years from the date of the documents.

HIPAA Privacy Manual
Appendix of Forms

Appendix A: Acknowledgement of Receipt of Notice of Privacy Practices

Acknowledgement of Receipt of Notice of Privacy Practices

Practice Name: _____ Contact Person: _____

Contact Phone, Email and Fax: _____

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information.

Our Office Policies contains important information regarding payment, insurance, collections, cancellations, returns, refunds and other important information.

By signing this form, I acknowledge that I have received a copy of this office's Notice of Privacy Practices, and Office Policies. You may refuse to sign this acknowledgment, if you wish.

Patient Name / Relationship: _____

Print your Name: _____

Signature: _____

Date: _____

For Office Use Only

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy Policies from this patient but it could not be obtained because:

The Patient refused to sign We were not able to communicate with the Patient

Due to an emergency situation it was not possible to obtain a signature

Other (please provide details): _____

Employee Signature: _____ Date: _____

Appendix B: Request for Amendment of Addition to Protected Health Information

Request for Amendment of or Addition to Protected Health Information

Practice Name: _____ **Contact Person:** _____

Contact Phone, Email and Fax: _____

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. We will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is not granted, you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

Patient Name / Relationship: _____

Date of Birth: _____

Patient Address: _____

Patient Phone Number: _____

Items to be amended

Date of entry to be amended: _____ Type of entry to be amended: _____

Please explain how the entry is incorrect or incomplete. What revisions would you like to be made to the entry? (Please use additional paper if necessary):

Would you like us to notify anyone else regarding the amendment? Please provide the name and address:

Name: _____ Address: _____

Name: _____ Address: _____

Signature of Patient or
Legal Representative: _____ Date: _____

If we agree to change your information, we will communicate the changed information to persons or entities that you have designated above. We will also communicate the changed information to any other persons or entities that we know have received the information before it was amended. If we are not able to act on this request in 60 days, we will notify of the reasons for the delay.

Appendix C: Patient Authorization to Release Health Information

Authorization for Release of Health Information

I understand and agree that:

- This authorization is voluntary;
- My health information may contain information created by other persons or entities including health care providers and may contain medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information;
- I may not be denied treatment, payment for health care services, or enrollment or eligibility for health care benefits if I do not sign this form except (1) if my treatment is related to research, or (2) health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party ;
- My health information may be subject to re-disclosure by the recipient, and if the recipient is not a health plan or health care provider, the information may no longer be protected by the federal privacy regulations;
- This authorization will expire one year from the date I sign the authorization. I may revoke this authorization at any time by notifying in writing; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed.

Who May Receive and Disclose my Information:

I authorize the disclosure of my individually identifiable health information to the following person(s) or organization(s):

Full Name of Person(s) or Organization(s)

Full Address of Person(s) or Organization(s)

Type of Information to be Disclosed:

I authorize disclosure of all my health information, including information relating to medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information; or

I authorize only the disclosure of the following information:

Type of Information

Purpose of Disclosure:

- My health information is being disclosed at my request or at the request of my personal representative; or
- My health information is being disclosed for the following purpose:

Explain Purpose (No purpose need be stated if the request is made by the patient and the patient does not wish to state the purpose.)

Signature of Patient or Patient's Representative

Date

Printed Name of Patient's Representative (if applicable)

Relationship to Patient (if applicable)

**** YOU ARE ENTITLED TO A COPY OF THIS DOCUMENT ****

Appendix D: Patient Complaint Form

HIPAA Privacy Related Compliant Form

Practice Name: Citizens Medical Center

Patient Name: _____

Name of person submitting this complaint (if other than patient):

Relationship to Patient: _____

Telephone #: _____ Email: _____

Address: _____

Information regarding your complaint

Date(s) Action Occurred: _____

Describe situation and effect on privacy (attach separate sheet, if needed):

Practice personnel involved in this matter: _____

Describe how you feel your complaint could be resolved:

Signature of Patient or Patient's Representative

Date

Individuals who request an outside agency to review their complaint may contact:

US Department of Health and Human Services

Office for Civil Rights

233 N. Michigan Ave. Suite 240

Chicago, Illinois 60601

Voice phone: (800)368-1019 or TDD: (800) 537-7697

FAX: (312) 886-1807

OCRComplaint@hhs.gov <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

For Office Use Only

Date Received: _____ Received By _____

Report Received (attach): _____ In Person _____ Email _____ Mail

Summary of investigation:

Follow-up action taken

Appendix E: Request for Accounting of Disclosures Form

**REQUEST FOR AN ACCOUNTING OF DISCLOSURES
OF PROTECTED HEALTH INFORMATION**

Practice Name: _____ **Contact Person:** _____

Contact Phone, Email and Fax: _____

Patient Name: _____ **Date of Birth:** _____

Name of person submitting this complaint (if other than patient):

Relationship to Patient: _____

Telephone #: _____ **Email:** _____

Address: _____

Please list the dates for which you are requesting an accounting (may not be more than six years prior to the date of your request):

From ____ / ____ / ____ To ____ / ____ / ____

If you wish to limit the accounting to those disclosures made to a specific person or entity, please identify that person or entity here. If this section is left blank, an accounting of *all* disclosures made during the time period listed above (except those for which we not required to account for) will be provided:

Signature: _____ **Date:** _____

Appendix F: Accounting of Disclosures Log

Appendix G: Restriction of Protected Health Information Request Form

Restriction of Protected Health Information Request Form

Practice Name: _____ Contact Person: _____

Contact Phone, Email and Fax: _____

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or healthcare operations. ***We are not required to agree to this restriction, but if we do, we are bound by our agreement. Any restriction we accept will not apply when the restricted information is needed to provide you with emergency treatment. We further have the right to terminate any agreed upon restriction by informing you of the termination in writing. Any such termination will only apply to information created or received after we have informed you of the termination.***

Please complete this form to request a restriction and we will notify you of our ability to comply with your request by returning a copy of this form to you, no later than 30 days from its receipt. You also have the right to request us to terminate a restriction to the extent that such termination applies to information created or received after the date of termination.

Requested Restrictions (please provide specific details and dates):

Print Patient Name: _____

**Signature of Patient or
Authorized Representative:** _____

Date: _____

Relationship to Patient: _____

For Practice Use Only:

Practice: **Accepts** **Denies**

Privacy Officer Signature: _____

Date: _____

Note: The Practice must honor requests for restrictions of health information by the patient if (1) the disclosure will be to an insurance company for purposes of payment or health care operations, and (2) the patient has paid for the service out of pocket in full.

Appendix H: Request for Confidential Communications

Request for Confidential Communications

Practice Name: _____ **Contact Person:** _____

Contact Phone, Email and Fax: _____

Patients have the right to request that we communicate their protected health information by an alternative means or to an alternative location (“confidential communication”). All requests for confidential communication must be in writing and include the information documented on this form. We will review each request but reserves the right to refuse the request as established by federal law.

Patient Name: _____ **Date of Birth:** _____

Name of person submitting this complaint (if other than patient): _____

Relationship to Patient: _____

Telephone #: _____ **Email:** _____

Address: _____

****Select the confidential communication means being requested: ****

Alternate address:

Address: _____

If the address provided above is not your home address or is not a street address, please provide us with a street address for purposes of ensuring payment:

Payment Address: _____

Alternate phone number:

Telephone #: _____

Other:

Please provide the requested communication and what should be communicated: _____

Signature: _____ **Date:** _____