

**Policy Number:** \_\_\_\_\_

**Effective Date:** \_\_/\_\_/\_\_

**Subject:** \_\_\_\_\_

**Revised:** \_\_/\_\_/\_\_

**Policy Name:**     **Notice of Privacy Practices**

**Approved:** \_\_\_\_\_

## **POLICY**

A Notice of Privacy Practices, compliant with the HIPAA Omnibus Final Rule, will be given to every patient/client. Copies of prior versions of the Notice must be retained for six (6) years.

## **PROCEDURE**

1. The Notice of Privacy Practices is the official description of:
  - 1.1 How the Covered Entity uses Protected Health Information (PHI);
  - 1.2 When the Covered Entity may disclose PHI;
  - 1.3 The rights of the patient/client with respect to PHI; and
  - 1.4 The Covered Entity's legal duties with regard to PHI.

The Notice of Privacy Practices will reflect the requirements contained in the HIPAA Omnibus Final Rule, as well as other state and federal laws that impact the Covered Entity's privacy practices.

2. The Notice of Privacy Practices must contain a statement indicating that the following uses and disclosures will be made only with an individual's written authorization:
  - 2.1 Uses and disclosures of psychotherapy notes that are not for permitted treatment, payment or health care operations;
  - 2.2 Uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; and
  - 2.3 Disclosures that constitute a sale of PHI.
3. The Notice of Privacy Practices must contain a statement indicating that the Covered Entity is required to notify the patient/client of any breach of his or her unsecured PHI.
4. If the Covered Entity intends to send fundraising communications to the patient/client, the Notice of Privacy Practices must inform the patient/client of the same and that he/she has a right to opt out of such fundraising communications with each solicitation.
5. The Notice of Privacy Practices must provide that if a patient/client has paid for services out-of-pocket, the Covered Entity must accommodate the patient's/client's request that the Covered Entity not disclose PHI related solely to those services paid for out-of-pocket if the disclosure is to be made to a health plan for payment or health care operations.

6. The Notice of Privacy Practices is approved by the Privacy Officer. The Privacy Officer is responsible for revising the Notice of Privacy Practices to reflect any changes in practices regarding PHI. The Notice shall be written in plain language.
7. The Notice of Privacy Practices, or a summary of the same, is posted in a prominent location accessible to patients/clients. The complete Notice of Privacy Practices must be made readily available upon request to existing patients. If the Covered Entity has a website, the Notice is also available electronically through the Covered Entity's website.
8. A copy of the Notice of Privacy Practices must be offered to the client/patient at the time of the first service delivery. EXCEPTION: If treatment is first rendered in an emergency, the Notice is given as soon as reasonably practicable after resolution of the emergency.
9. The staff member giving the Notice shall ask the client/patient to sign a written acknowledgement of receipt. If the patient/client refuses or is unable to sign, the circumstances will be documented on the acknowledgement form. The acknowledgement form will be retained in the patient's/client's record for six (6) years.
10. The Notice will be promptly revised whenever there is a material change to uses or disclosures of information, the individual's rights, the Covered Entity's legal duties or other privacy practices stated in the Notice. The revised Notice will be made available at each service delivery site for continuing patients to take with them upon request and will be posted on the organization's website, if applicable.

## **ATTACHMENTS**

Sample Notice of Privacy Practices

Sample Acknowledgement of Receipt of Notice of Privacy Practices

## **REFERENCES**

45 C.F.R. § 164.520