SAMPLE – For Illustrative Use Only

Notice of Privacy Practices

Practitioner and Facility Development Tips

An individual has a right under most circumstances to adequate notice of the uses and disclosures of protected health information that may be made by the covered entity, and of the individual's rights and the covered entity's legal duties with respect to protect health information. The Notice of Privacy Practices outlines how medical information about a patient may be used and disclosed and their access to this information. ***This document provides practitioners and facilities with best practice guidelines for developing an organization specific Notice of Privacy Practices.***

Best Practices - Development Guidelines:

- *Include a description, including at least one example, of the types of uses and disclosures that the covered entity is permitted using protected health information for treatment, payment, and health care operations.*
- *Include a description of each of the other purposes for which the covered entity is permitted or required to disclose protected health information without the individual's written consent or authorization.*
- *Clearly indicate if the covered entity intends to contact the individual to provide appointment reminders or information about treatment alternatives.*
- *Outline all fund raising activities used by the organization.*
- *Include a statement of the individual's right with respect to protected health information and a description of how the individual may exercise their rights that includes:*
- *The right to request restrictions on certain uses and disclosures of protected health information. Indicate that the organization is not required to agree to a requested restriction;*
- *The right to receive confidential communication of protected health information by an alternative method;*
- *The right to inspect and copy protected health information;*
- *The right to receive an accounting of disclosures of protected health information;*
- *The right of an individual to receive a paper copy of a notice received electronically upon request.*
- *Include a statement that the covered entity is required by law to maintain the privacy of protected information.*
- *Include a statement that the covered entity is bound by the terms of the notice currently in effect.*
- *Indicate organization intentions relating to making future changes in the Notice of Privacy Practices.*
- *Outline distribution procedures for the Notice of Privacy Practices.*

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Sample Notice of Privacy Practices:

This form is provided without any warranty, express or implied, as to its legal effect and completeness. Use of this form is entirely at your own risk.

***UNDERSTANDING YOUR HEALTH RECORD/INFORMATION*:**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment means of communication among the many health professionals who contribute to your care legal document describing the care you received means by which you or a third-party payer can verify that services billed were actually provided a tool in educating heath professionals a source of data for medical research a source of information for public health officials charged with improving the health of the nation a source of data for facility planning and marketing a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect, and obtain a copy of your health record. Obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES:

This organization is required to maintain the privacy of your health information provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If have questions and would like additional information, you may contact the director of health information management at [phone number]. If you believe your privacy rights have been violated, you can file a complaint with the director of health information management or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used

to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

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

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal, and established protocols to ensure the privacy of your health information has approved their research.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

EFFECTIVE DATE: _____