

PRIVACY PRACTICES NOTICE

This notice should describe the uses and disclosures of protected health information (PHI) by your organization and the entity's obligation not to use or disclose information for any other purpose.

Privacy Notice

Entity provides patient:

- Written notice of practice regarding use and disclosure of all individually identifiable PHI
- Written Acknowledgement that patient has received Privacy Notice or your good faith effort to obtain written acknowledgement
- "Written Authorization" – required for other types of use or disclosure

Availability of Privacy Notice

- Notice made available upon first service delivery
- Notice made available in emergency situations as soon as practicable
- Notice posted in clear and prominent location within the hospital facility
- Notice must be posted on hospital's web site

Contents of Notice

- Be provided in plain English
- Must have the following header displayed: "THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY."
- Must contain:
 1. *Description* (with one example) of types of uses and disclosures entity will make for treatment, payment and health care operations
 2. *Description* of uses and disclosures entity allowed to make without patient's explicit authorization – authorization can be revoked at any time
 3. *Statement* that other uses and disclosures will be made only with patient's written authorization – authorization can be revoked at any time
 4. *Statement* of patient's rights and brief description of how patient can exercise the following rights:
 - Right to request restrictions on certain uses/disclosures of PHI – **this must include a statement that hospital is not required to agree to the requested restrictions**
 - Right to inspect and copy PHI
 - Right to amend PHI
 - Right to receive an accounting of disclosures of PHI
 - Right to receive paper copy of notice upon request
 - Right to file a complaint

- (a) Patient may complain to entity and HHH Secretary if believe their rights have been violated
 - (b) Brief description of how to file such complaint with entity
 - (c) Patient will not be retaliated against for filing
 - (d) Name or title, telephone number of person to contact for further information
 - (e) Effective date of notice
5. *Statement* that entity is required by law to maintain the privacy of PHI, provide notice to patient, and adhere to all provisions within
 6. *Statement* that entities may make changes to privacy notice as their operations or business models evolve

Entity must revise and redistribute notice for any “material” change to:

- Use and disclosure of PHI
- Individual’s rights
- Entity’s legal duties
- Other privacy practices stated in notice
- *Describe how entity will provide patients with an updated privacy notice*

If entity is part of “organized health care arrangement,” may:

- Send out joint privacy notice
- State that it is a joint privacy notice
- Describe the entities to which joint notice applies
- State entities participating may share PHI to carry out treatment, payment and health care operations (if applicable)

Separate statement in notice for the following items:

- Contact patients or use their PHI for fund raising
- Appointment reminders
- Information about treatment alternatives or other health-related benefits