



MA MEDICAL SERVICES, LLC

Notice of Privacy Practice

1.48 HIPPA – PRIVACY COMPLIANCE

Definition – The HIPPA Privacy ensures that personal medical information you share with physicians, hospitals and others who provide and pay for healthcare is protected. The Privacy Rule does the following:

1. Imposes new restrictions on the use and disclosure of personal health information.
2. Gives patients greater access to their medical records.
3. Gives patients greater protections of their medical records.

Protected Health Information (PHI) – When a patient gives personal health information to a covered entity that information becomes Protected Health Information or (PHI). It includes:

1. Any personal health information that contains information that connects the patients to the information.
2. Information that might connect personal health information to the individual patient including the individual's name or address, social security or other identification numbers, physician's personnel notes and billing information.

PHI may be used or disclosed:

1. For treatment, payment and healthcare operations.
2. With authorization or agreement from the individual patient.
3. For incidental uses such as physicians talking to patients in a semi-private room.

PHI must be released for use and disclosure:

1. When requested or authorized by the individual, although some exceptions may apply.
2. When required by the Department of Health and Human Services (HHS) for compliance or information.

Signed Authorization from the patient is required if his/her PHI is used for purposes other than:

1. Treatment
2. Payment
3. Healthcare Operations

This includes:

- a. Use or disclosure of psychotherapy notes (except for treatment, payment or healthcare operations).

- b. For use and disclosure to third parties for marketing activities, such as selling lists of patients and enrollees.
- c. Covered entities can communicate freely with patients about treatment options and health-related information.

Authorization Forms must contain:

1. A description of the PHI to be used/disclosed, in clear language.
2. Who will use/disclose PHI and for what purpose.
3. Whether or not it will result in financial gain for the covered entity and the patient's right to revoke the authorization.
4. A dated signature of the patient whose records are being used/disclosed.
5. An expiration date.

Authorization Is Not Required as long as there is patient agreement as follows:

1. To maintain a facility's patient directory
2. To inform family members or surrogates or notify them on patient location, condition or death.
3. To inform appropriate agencies during disaster relief.

Other permitted uses/disclosures that do not require patient agreement include:

1. Public health activities related to disease prevention or control
2. To report victims of abuse, neglect, or domestic violence
3. Health oversight activities such as audits, legal investigations licensure or for certain law enforcement purposes or government functions
4. Coroners/medical examiners, funeral directors, tissue/organ donations or certain research purposes
5. To avert a serious threat to health and safety

In general, use/disclosure of PHI is limited to the minimum amount of health information necessary to get the job done. This means:

- a. Covered entities must develop policies to reduce health information sharing to a minimum.
- b. Employees must be identified who regularly access PHI
- c. The type of PHI needed and the conditions presented for access must be monitored

The Minimum Necessary Rule does not apply to use/disclosure of medical records for treatment, since healthcare providers need the entire record to provide quality care.

PRIVACY NOTICE

Patients have the right to give adequate notice concerning the use/disclosure of their PHI on the first date of service delivery, or as soon as possible after an emergency. New notices must be issued when your facility's privacy practices change.

The Privacy Notice must:

1. Contain patient's rights and the covered entities' legal duties.
2. Be made available to patients in print
3. Be displayed at the site of service, or posted on a web site if possible.

Once a patient has received notice of his or her rights, covered entities must make an effort to get written acknowledgment of receipt of notice from the patient, or document reasons why it was not obtained. Copies must be kept of all notices and acknowledgments.

PATIENT PRIVACY RIGHTS

The Privacy Rule grants patients new rights over their PHI, including the following:

1. Receive a Privacy Notice at the time of first delivery service
2. Restrict use and disclosure, although the covered entity is not required to agree
3. Have PHI communicated to them by alternate means and at alternate locations to protect confidentiality.
4. Inspect, correct and amend PHI and obtain copies, with some exceptions
5. Request a history of non-routine disclosures for six years prior to the request, and
6. Contact designated persons regarding any privacy concerns or breach of privacy within the facility or at HHS.

PRIVACY RIGHTS OF MINORS

In general, parents have the right to access and control the PHI of their minor children – except when state law overrides parental control. Examples include:

1. HIV testing of minors without parental permission
2. Cases of abuse
3. When parents have agreed to give up control over their minor child

Agency Compliance with HIPPA: In order to comply with HIPPA regulations, the Agency will:

1. Allow patients to see and copy their PHI
2. Designate a full or part-time privacy official responsible for implementing the programs
3. Designate a contact person or office responsible for receiving complaints
4. Develop a Notice of Privacy Practices document
5. Develop policies and safeguards to protect PHI and limit incidental use or disclosure
6. Institute employee-training programs so everyone knows about the privacy policies and procedures for safeguarding PHI
7. Institute a complaints process and file and resolve formal complaints
8. Make sure contracts with business associates comply with the Privacy Rule