



## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

[45 CFR 164.520]

### **Background**

The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights.

### **How the Rule Works**

General Rule. The Privacy Rule provides that an individual has a right to adequate notice of how a covered entity may use and disclose protected health information about the individual, as well as his or her rights and the covered entity's obligations with respect to that information. Most covered entities must develop and provide individuals with this notice of their privacy practices.

The Privacy Rule does not require the following covered entities to develop a notice:

Health care clearinghouses, if the only protected health information they create or receive is as a business associate of another covered entity. See 45 CFR 164.500(b)(1).

A correctional institution that is a covered entity (e.g., that has a covered health care provider component).

A group health plan that provides benefits only through one or more contracts of insurance with health insurance issuers or HMOs, and that does not create or receive protected health information other than summary health information or enrollment or disenrollment information.

See 45 CFR 164.520(a).

Content of the Notice. Covered entities are required to provide a notice in *plain language* that describes:

How the covered entity may use and disclose protected health information about an individual.

The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity.

The covered entity's legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of protected health information.

Whom individuals can contact for further information about the covered entity's privacy policies.

The notice must include an effective date. See 45 CFR 164.520(b) for the specific requirements for developing the content of the notice.

A covered entity is required to promptly revise and distribute its notice whenever it makes material changes to any of its privacy practices. See 45 CFR 164.520(b)(3), 164.520(c)(1)(i)(C) for health plans, and 164.520(c)(2)(iv) for covered health care providers with direct treatment relationships with individuals.

Providing the Notice.

- C A covered entity must make its notice available to any person who asks for it.
- C A covered entity must prominently post and make available its notice on any web site it maintains that provides information about its customer services or benefits.
- C *Health Plans* must also:
  - < Provide the notice to individuals then covered by the plan no later than April 14, 2003 (April 14, 2004, for small health plans) and to new enrollees at the time of enrollment.
  - < Provide a revised notice to individuals then covered by the plan within 60 days of a material revision.
  - < Notify individuals then covered by the plan of the availability of and how to obtain the notice at least once every three years.
- C *Covered Direct Treatment Providers* must also:

Provide the notice to the individual no later than the date of first service delivery (after the April 14, 2003 compliance date of the Privacy Rule) and, except in an emergency treatment situation, make a good faith effort to obtain the individual's written acknowledgment of receipt of the notice. If an acknowledgment cannot be obtained, the provider must document his or her efforts to obtain the acknowledgment and the reason why it was not obtained.

When first service delivery to an individual is provided over the Internet, through e-mail, or otherwise electronically, the provider must send an electronic notice automatically and contemporaneously in response to the individual's first request for service. The provider must make a good faith effort to obtain a return receipt or other transmission from the individual in response to receiving the notice.

In an emergency treatment situation, provide the notice as soon as it is reasonably practicable to do so after the emergency situation has ended. In these situations, providers are not required to make a good faith effort to obtain a written acknowledgment from individuals.

Make the latest notice (i.e., the one that reflects any changes in privacy policies) available at the provider's office or facility for individuals to request to take with them, and post it in a clear and prominent location at the facility.

A covered entity may e-mail the notice to an individual if the individual agrees to receive an electronic notice.

See 45 CFR 164.520(c) for the specific requirements for providing the notice.

### Organizational Options.

Any covered entity, including a hybrid entity or an affiliated covered entity, may choose to develop more than one notice, such as when an entity performs different types of covered functions (i.e., the functions that make it a health plan, a health care provider, or a health care clearinghouse) and there are variations in its privacy practices among these covered functions. Covered entities are encouraged to provide individuals with the most specific notice possible.

Covered entities that participate in an organized health care arrangement may choose to produce a single, joint notice if certain requirements are met. For example, the joint notice must describe the covered entities and the service delivery sites to which it applies. If any one of the participating covered entities provides the joint notice to an individual, the notice distribution requirement with respect to that individual is met for all of the covered entities. See 45 CFR 164.520(d).

#### Health Information Exchange:

EOMC participates in a health information exchange (HIE). Generally, an HIE is an organization in which providers exchange patient information to reduce the likelihood that medical error will occur. By participating in the HIE, we may share your health information with other providers that participate in the HIE or

participants of other information to be available through the HIE. This health information includes but is not limited to: General laboratory results including microbiology; Pathology test results including biopsies, Pap smears, etc.; Radiology results including x-rays, MRI's, CT scans etc.; Results of outpatient diagnostic testing including GI testing etc.; Health maintenance documentation; Problem list documentation; Allergy list documentation; Immunization profiles; Medication lists; Progress notes. All participating providers have agreed to a set of standards relating to their use and disclosure of health information available through the HIE. These standards are intended to comply with all applicable state and federal laws. **As a result, you understand and agree that you must notify your provider that you do not wish for your health information to be available through the HIE, you will need to fill out the MyHealth Access Network Opt-Out Request Form.** For clarity, if you Opt-Out, your health information created following your opt-out will not be accessible through the HIE. However, your opt-out does not affect health information that was disclosed through the HIE prior to the time that you opted out.

\*Regardless of whether you choose to opt-out of the HIE, your health information will still be provided to the HIE. However, if you choose to Opt-Out, the HIE will not exchange your health information with other providers. Additionally, you cannot choose to have only providers access your health information.

\*All Participating Providers who provide services to you will have the ability to access to your information, through the HIE. However, participating providers that do not provide services to you will not have access to your information.

\*Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, pharmacies laboratories, etc.

\*Your information may be disclosed for payment related activities associated with your treatment by a Participating Provider; and your information may be used for healthcare operations related activities by Participating Providers.

Your Consent Choices (initial only one):

\_\_\_\_\_ **I give consent** for EOMC to access **ALL** of my health information through the My Health HIE for the purpose of providing health care services.

\_\_\_\_\_ **I deny consent** for EOMC to access my health information through the My Health HIE.

Print Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**OCR HIPAA Privacy**

*December 3, 2002*