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Sample from AAMC web site www.aamc.org/gir/hipaa 4/30/03

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

[This Notice describes our institution's practices---state designations (OHCA, single 'affiliated' covered entity)—list entities included in designation—all entities listed are required to abide by the terms of this Notice...]

We understand that medical information about you and your health is personal. This Notice provides you with what you should know about:

- I. Your health record and reasons why information in your record may be used
- II. Your health information rights
- III. How the information in your record may be used
- IV. Our duties to protect your health information
- V. Other important information

The section below titled **“Understanding your Health Record/Information”** describes the information that may be in your record and lists the reasons why your information may be used. You can get information about how your information may be used for each item listed in this section, by turning to the page and section that is listed next to each item.

I. 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, not only serves as a legal document describing the care you received but serves as a:

- ◆ Basis for planning your care and treatment
See page 5 under “How we may use or disclose your information for treatment”
- ◆ Means of communication among the many health professionals who contribute to your care
See page 5 under “How we may use or disclose your information for treatment”
- ◆ Means by which you or a third-party payer can verify that services billed were actually provided

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See page 5 under “How we may use or disclose your information for payment”

- ◆ A tool in educating health professionals
See page 6 under “How we may use or disclose your information for health care operations”
- ◆ A source of data for business development needs
See page 6 under “How we may use or disclose your information for health care operations”
- ◆ A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
See page 6 under “How we may use or disclose your information for health care operations”
- ◆ A source of data for medical research (with your permission or as permitted by law)
See page 6 under “Research”
- ◆ A source of information for public health officials charged with improving the health of the nation
See page 7 under “Public health”

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

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II. 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 following rights regarding medical information we maintain about you:

Right of access to inspect and copy

- You have the right to inspect and copy health information in your medical and billing record with the exception of items prohibited by law. To request access to inspect and copy health information in your medical and billing record, you must submit your request in writing to the appropriate department/address indicated in the "Contact Information" section below. If you request a copy of your health information, a fee for the costs of copying may apply. In limited circumstances, we may deny your request to inspect and copy your health information. If you are denied access to health information, in some instances you may request that the denial be reviewed. An independent review will be conducted. We will comply with the outcome of the review.

Right to request an amendment to your record

- You have the right to request an amendment to your record if you feel that medical information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, you must submit your request in writing to the appropriate department/address indicated in the "Contact Information" section below. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

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Right to an Accounting of Disclosures

- You have the right to request a list (called an accounting of disclosures) of certain disclosures we made about you. Only those disclosures that must be listed as provided by law will appear on the accounting of disclosures list. The items that typically would be listed on an accounting of disclosures list are indicated throughout the section titled “How We May Use and Disclose Health Information About You”. To request an accounting of disclosures, you must submit your request to the department/address indicated in the “Contact Information” section below.

Right to Request Restrictions

- You have the right to request a restriction on certain uses and disclosures of your information for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you can request that we not disclose information about a procedure that you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or as is otherwise required by law. You can speak directly with your health care provider concerning your request for these types of restrictions.

You have the right to request a restriction on the use and disclosure of your health information for the facility directory. When you are an inpatient in our hospital, the facility directory lists your name, your room number, general condition and if you tell us, your religious affiliation. The information listed in the facility directory is available to anyone that asks for you by name. You can request a restriction on the use and disclosure of your health information for the facility directory by “opting out” or requesting that we do not include any or all of your information in the facility directory. To “opt out” of the facility directory, you must make your request in writing through the Admitting or Registration desk.

Right to Confidential Communications

- You have the right to request communications of your health information by alternative means or at alternative locations. For example, you can request that we only contact you at work or by mail. We will accommodate all reasonable requests. You must submit your written request for confidential communications directly to your health care provider.

Right to Notice

- You have the right to adequate notice of how we use and disclose your health information. The Notice (or Notice of Privacy Practices) must also advise you of your rights and our legal duties with respect to your health information. You have the right to receive a paper copy of the Notice upon request. A copy of the Notice currently in effect will be available through your health care provider.

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Contact Information

To Inspect, Copy and Request Corrections
[Department Name
Address]

For Accounting of Disclosures
[Department Name]
[Address]

III. How We May Use and Disclose Health Information About You

We can only disclose information in your record 1) with your permission or 2) if federal, state or local law tells us that we can or must disclose information in your record. If a federal, state or local law tells us that we can or must disclose information in your record, in certain cases, we will list the people who received your information in a report to you if you ask. Page 4, under the section titled “Right to an Accounting of Disclosures” explains how you can request a list of the people who received your information. The disclosures described below that will typically be listed on an Accounting of Disclosures are noted with the statement “**Included in an Accounting for Disclosures**”.

We will not use or disclose your health information without your authorization, except as described in this notice.

1) How we may use or disclose your health information for treatment.

For example: We may use or disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital or medical clinic. 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 are discharged from the hospital or upon completion of your course of treatment.

2) How we may use or disclose your health information for payment.

For example: We may use or disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

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3) How we may use or disclose your health information for health care 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 health care and service we provide. We may also use or disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.

4) How we may use or disclose your health information for purposes other than treatment, payment and health care operations

Facility 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. See page 4 under "Right to Request Restrictions" for information on what to do if you object to your information being in the facility directory.

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 judgement, 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 use or disclose information to researchers when their research has been approved by an institutional review board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may also use or disclose information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will be involved in your care.

Disclosures made outside our institution for an IRB approved research activity are typically *Included in an Accounting for Disclosures*.

Funeral directors:

We may use or disclose health information to funeral directors consistent with applicable law to carry out their duties. *Included in an Accounting for Disclosures*

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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. *Included in an Accounting for Disclosures*

Appointment Reminders:

We may use or disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital or medical clinic.

Treatment Alternatives:

We may use or disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Products and Services:

We may use and disclose medical information to tell you about our health-related products or services that may be of interest to you.

Customer Service Program: {include specifics here}

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. *Included in an Accounting for Disclosures*

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. *Included in an Accounting for Disclosures*

Public health:

As required by law, we may disclose your health information to public health or legal authorities for activities which include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;

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- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Disclosures made for public health activities are *Included in an Accounting for Disclosures*.

Health oversight activities:

We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include the Department of Health Services (DHS) and the Department of Health and Human Services (HHS). Oversight activities include, for example, audits, investigations, inspections and licensure. *Included in an Accounting for Disclosures*

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. *Included in an Accounting for Disclosures*

Lawsuits and Disputes:

If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. *Included in an Accounting for Disclosures*

As Required by Law:

We will disclose medical information about you when required to do so by federal, state or local law. *Included in an Accounting for Disclosures*

To Avert a Serious Threat to Health or Safety:

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. *Included in an Accounting for Disclosures*

Other Uses of Medical Information

Business associates:

There are some services provided in our organization through contracts with business associates. An example is 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

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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.

Other uses and disclosures

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

IV. 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

V. Other Important Information

Changes to this Notice

We reserve the right to change the terms of this notice and to make the new provisions effective for all protected health information we maintain. Should there be a material change to how we use or disclose your health information or to your individual rights or our legal duties, we will mail a revised notice to the address you've supplied us. Additionally, a copy of the revised notice will be available at your physician's office, registration and admitting desks upon request.

For More Information or to Report a Problem

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact [insert name, title, and phone number of contact person] All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

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Effective Date: {DATE}