

HIPAA E-Z REFERENCE GUIDE

NEW PATIENTS	
New Patient Telephone Appointment	Request only the minimal amount of health information necessary to determine and make the appointment
New Patient Initiation or Established patient arrives after April 14, 2003	Upon initiation of a new patient, have them read and sign our <u>Patient Privacy Notice</u> : (Form ADM006a) <ul style="list-style-type: none"> - Patient may request a <u>Restriction of their Health Information</u> (Form RES001a) - Patient may request an <u>Amendment to their Health Information</u> (Form AA002a) - Patient may request an <u>alternate address or other means for confidential communication</u> of their health information (Form RPP001a)
Minor patient	Validate the relationship between the patient and their representative. NOTE: A parent or legal guardian must accompany a minor patient in order to provide care. (phone approval or note from parent is OK)
Patient arrives with nurse or care-taker	If patient is not a minor, get <u>verbal authorization</u> by the patient for the nurse or caretaker to over hear and /or receive health information about the patient.
PATIENT REQUESTS	
Patient requests transfer of their medical records	Send patient to Release of Records Have the patient sign an <u>Authorization For Disclosure</u> form. (Form AUTH001a) <ul style="list-style-type: none"> - Request only the minimal amount of information necessary to properly assess and/or treat the patient. - Disclose only the minimal amount of information necessary to comply with the request for information. - Comply with the time statutes for providing requested information. - Document the disclosure of health information in the patient's file using Form ACC001c.
Patient requests their records be sent to their attorney or health insurance carrier	Send patient to Release of Records Have the patient sign an <u>Authorization for Disclosure</u> form (Form AUTH001a) with a beginning date and an expiration date. <ul style="list-style-type: none"> - Disclose only the minimal amount of information necessary to accomplish the purpose. - Document the disclosure of health information in the patient's file using Form ACC001c. -
Patient requests an alternative location or means for their medical information to be communicated.	Send patient to Release of Records. Have the patient put their request in writing using the form titled: <u>Request for Alternative Communications</u> . (Form RPP001a) <ul style="list-style-type: none"> - Update all appropriate information in the patient's file, computer software database, etc. Notify the Business Office if the patient requests an alternate address. - Notify the Privacy Officer so that business associates are notified of the patient's request for full compliance with the alternative communications request. - Refer to Form BA001b to reference business associates -

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<p>Patient request to view their medical record (Access)</p>	<p>Send patient to Release of Records. Have patient make their request in writing, using form titled: <u>Request for Access to Protected Health Information</u>. (Form AA001a)</p> <ul style="list-style-type: none"> - Determine whether you will allow the patient to view his or her medical record. (Form AA001b) - If allowed, review the file for information that should not be viewed by the patient and remove it from the file. Provide the patient with your written approval using form titled: <u>Response to Request for Access</u>. (Form AA001c) - Provide the patient access within 30 days from request or (Form AA001b) - If denied access, provide a written explanation for the reasons of denial of access within 30 days from their request. Use form titled: <u>Response to Request for Access</u>. (Form AA001c) - Document the access of health information in the patient's file using Form ACC001c
<p>Patient requests reconsideration of Denial of access</p>	<p>Send patient to Release of Records. Have the patient complete form titled: <u>Request for Review of Denial of Access</u>. (Form AA001d)</p> <ul style="list-style-type: none"> - A health care provider who was not involved in the original decision to deny access to the protected health information must perform the reconsideration. - Provide the patient written notice of the designated reviewing official's determination. - Keep a copy of the patient's request and the determination of the request in the patient's medical file for no less than 6 years.
<p>Patient requests an Amendment to their medical records</p>	<p>Send patient to Release of Records. Have the patient make their request in writing using form titled: <u>Request for Amendment or Correction of PHI</u>. (Form AA002a)</p> <ul style="list-style-type: none"> - Determine whether you will allow the patient to amend his or her medical record. - Notify the patient of your decision to amend the health record within 60 days from the request. <u>Response to Amend Protected Health Information</u>. (Form AA002c or AA002b) - If accepted, inform all appropriate persons identified as having received protected health information, of your agreement to amend the patient's protected health information and make every attempt to honor the amendment. - If denied, inform the patient of their right to respond or file a complaint. <u>Response to Denial of Amendment</u>. (Form AA002d)
<p>Patient requests a Restriction to their medical record</p>	<p>Send patient to Release of Records. Have the patient make their request in writing using form titled: <u>Request for Restriction of PHI</u>. (Form RES001a)</p> <ul style="list-style-type: none"> - Determine whether you will allow the patient to restrict his or her medical record. - Notify the patient of your decision to restrict the health record within 60 days from the request, using form titled: <u>Response</u>

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	<p style="text-align: center;"><u>to Request for Restriction.</u> (Form RES002b)</p> <ul style="list-style-type: none"> - If accepted, make every attempt to honor the restriction.
Patient requests an accounting of disclosures of their Health Information.	<p>Send patient to Release of Records Provide the patient with an accounting of all disclosures of their protected health information within 60 days of their request. (Form ACC001c)</p>
Patient requests to file a complaint for violating their privacy rights	<p>Send patient to the BMC Complaint Contact, Linda Helton. Have your patient make their complaint in writing using form titled: <u>Complaint Form</u> (Form ADM002b)</p> <ul style="list-style-type: none"> - Investigate the complaint - Determine what action(s) will be taken. - Notify the patient of your actions or resolutions (Form ADM002c) - Document the complaint in the Administrative Compliance Manual and keep on file for at least 6 years. - Notify the patient of their right to file a complaint with the DHHS for further action. (Form ADM002b)
OFFICE ADMINISTRATION	
Staff Training	<p>Provide HIPAA <u>Awareness Training</u> to all employees by April 14, 2003.</p> <p>Have all employees sign their pledge to protect the patient's privacy and confidentiality in the course of their job. (Form ADM011a)</p> <p>Document all employees training in the <u>Administrative Compliance Manual</u>. (Form ADM008a)</p> <p>Perform annual <u>Awareness Training</u> programs to all employees</p> <p>Perform <u>Awareness Training</u> updates immediately upon law or administrative changes.</p>
New Staff	<p>Within 90 days of hire, provide <u>Awareness Training</u> to new employees. (Form ADM008a)</p> <p>Have new employees sign their pledge to protect the patient's privacy and confidentiality in the course of their job. (Form ADM010a)</p>
Termination of Staff	<p>Review confidentiality pledge with terminated staff. (Form ADM010a)</p> <p>Revoke keys, passwords, and other allowed access. (Form ADM010d)</p> <p>Change access codes and passwords to prevent unauthorized use or disclosure of terminated staff.</p> <p>Notify business associates or other vendors applicable that the authorization of access by this employee has been terminated.</p>
Handling a Complaint against an employee	<p>Send the patient to the BMC Complaint Contact, Linda Helton or the Privacy Officer, Margie Arias.</p> <p>Have the complaint made in writing using the <u>Complaint Form</u> (Form ADM002b) (Form ADM002c) (Form ADM011a) (Patient Comment Form)</p> <ul style="list-style-type: none"> - Investigate the complaint - Apply appropriate <u>sanctions</u> against the employee. (Form

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	<p>ADM011b)</p> <ul style="list-style-type: none"> - Document all warnings and sanctions in the employee's personnel file, and the <u>Administrative Compliance Manual</u>.
Contracting with Business Associates	<p>Brad McKane and Stu Schwartz handle contracts.</p> <p>Obtain a <u>Business Associate Agreement</u>. (Form BA001a)</p> <p>If you will be sharing patient health information electronically with the business associate, obtain a <u>Chain of Trust Agreement</u> in addition to the Business Associate Agreement.</p>
Becoming aware of a breach of privacy by a Business Associate	<p>Report awareness to Margie Arias.</p> <p>Consult with the Business Associate and make every attempt to mitigate the damage.</p> <p>If necessary, terminate the Business Associate Agreement.</p> <p>File a complaint with the Department of Health and Human Services.</p>
DAY TO DAY OPERATIONS	
3 rd Party Insurance or Disability carrier requests medical records	<p>Refer to Release of Records</p> <p>Verify the patient's file to determine if you have authorization to provide the carrier with patient health information</p> <p>Disclose only <u>Minimum Information</u> necessary to fulfill the request.</p> <p>Document the disclosure of information in the patient's medical file. (Form ACC001c)</p>
Patient's attorney requests medical records & billing	<p>Refer to Release of Records.</p> <p>Review the Authorization Form to be sure it is current and valid.</p> <p>Disclose only <u>Minimum Information</u> necessary to fulfill the request.</p> <p>Document the disclosure of information in the patient's medical file. (Form ACC001c)</p>
A Work Comp insurer requests medical records.	<p>Refer to Release of Records.</p> <p>It is permissible to provide Workers Compensation carriers access to patient health information without authorization.</p> <p>Disclose only <u>Minimum Information</u> necessary to fulfill the request.</p>
Medical records are subpoenaed by a court of law.	<p>Refer to Release of Records.</p> <p>Review the subpoena to be sure it is valid.</p> <p>Disclose only <u>Minimum Information</u> necessary to fulfill the request.</p> <p>Document the disclosure of medical information in the patients file. (Form ACC001c)</p>
Health Care Agency requests medical information on your patient.	<p>Refer to Release of Records.</p> <p>Review the <u>Authorization Form</u> to be sure it is valid.</p> <p>Disclose only <u>Minimum Information</u> necessary to fulfill the request.</p> <p>Document the disclosure of medical information in the patients file.</p>
Patient's caretaker, friend or family member requests medical information about your	<p>Determine if an emergency situation.</p> <p>If not, review the patient's file for valid authorization to release medical information to the person requesting the information.</p>

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<p>patient.</p>	<p>DO NOT disclose requested medical information if the patient has not authorized the disclosure, unless it is an emergency situation. Verify the identity of the person by requesting a photo ID prior to disclosing any information.</p> <p>Disclose only <u>Minimum Information</u> necessary to fulfill the request.</p>
<p>Your office calls the patient to inform them of their test results, prescription information, appointment reminder or cancellation, etc.</p>	<p>Review your Privacy Notice to verify the patient was made aware of your policy to make such calls, or leave messages. (Form ADM006b)</p> <p>Review the patient's file to determine if the patient has made arrangements for alternative communications. (Form RPP001a)</p> <p>Be sure you are speaking with the patient before disclosing protected health information. Consider giving them the chart number for identification purposes.</p> <p>If not, do not disclose protected health information to the person taking the message.</p>
<p>Your office sends periodic marketing information, newsletters, announcements, etc., to your patients</p>	<p>Review your Privacy Notice to verify the patient was made aware of your policy to send marketing materials. (Form ADM006a)</p> <p>Review the patient's file to determine if the patient has made arrangements for alternative communications. (Form RPP001a)</p> <p>Be sure you are not disclosing protected health information about the patient unless the information is sealed and properly addressed to the patient.</p>