

**Acknowledgement of Receipt of the
Notice of Privacy Practices
of
Plaza Family Care**

Patient Name: _____

Birth: _____

Address: _____

Telephone No. _____

I hereby acknowledge that I have received from Plaza Family Care a copy of its Notice of Privacy Practices. I understand that the Notice of Privacy Practices sets forth my rights relating to the use and disclosure of my personal health information and explains how Plaza Family Care may use and/or disclose my personal health information both with and without my authorization. I further understand that I may contact the Privacy Officer if I have any questions regarding the contents of this Notice of Privacy Practices or to file a complaint about the privacy practices of Plaza Family Care.

Signature of Patient or Patient's Representative

Date _____



FAMILY CARE, PC

Children's Center • Adult Medical Center

PEDIATRICS/INTERNAL MEDICINE

West Wing Medical Plaza • (Behind HRMC)

657 Willow Grove Street - Suite 401

Hackettstown, NJ 07840

245 Main Street

Suite 300/302

Williamson Building

Chester, NJ 07930

908.850.7800

FINANCIAL POLICY

We are committed to providing the best possible care to our patients and their families, and feel this goal is best achieved if everyone is aware of our office policies. Your clear understanding of our financial policy is important to our professional relationship.

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. Full payment is expected at the time of service. This especially includes applicable deductible and co-payments for participating insurance companies. Plaza Family Care, PC., accepts cash, personal checks, Visa, Master Card and American Express. You will be given an itemized statement every time you or your child is seen in the office.

The benefit packages provided by insurance companies vary from employer to employer. Medical insurance is a contract between you, your employer and your insurance company. Not all services are a covered benefit in all contracts. You need to learn the benefits in your policy (including vaccine and well-child coverage) and follow the rules of the policy (such as authorization for specialty care, procedures, lab tests and emergency room use). We will bill the insurance companies we participate with, but if we are not paid in a timely fashion, you will be expected to pay the bill in full. Except as provided by such contract or by State law, we will hold you responsible for all charges. Any services rendered to you or your children that are not a covered benefit according to your insurance will be billed to you.

If you are experiencing financial difficulty, please let us know. In no case will a patient present to our office, with an urgent problem, be turned away because of financial problems.

If you need assistance or have any questions, our billing staff can be reached at (908) 850-7800 between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday.

Every minor child, under age 18, seen in our offices for medical services must be accompanied by a parent or legal guardian, or by an adult who has obtained written consent for treatment from the parent or legal guardian. An exception is an adolescent presenting for confidential services, which we are permitted by State law to provide without notifying the parent.

The accompanying parent or other adult is responsible for full payment at the time of service and must have the proper insurance card. In the case (such as divorce), where the custodial parent is not the insurance holder, we will bill the covering insurance company or non-custodial parent. If there should be a dispute about the financial responsibility, we will then hold the accompanying adult responsible for payment. It will then be up to him/her to seek repayment from the other parent. We find it very difficult to look after your child's medical care when we are placed in the middle of a marital dispute.

If your insurance plan requires us to complete a referral in order for you or your child to see a specialist, or for procedures or lab tests, you must allow three (3) business days to complete the appropriate forms prior to obtaining services. Retroactive referrals cannot be processed and will not be honored. In general, we will not agree to a referral for a problem we have not been consulted with first.

Our referral department (908) 850-7800, can be of great assistance in answering your questions, but please do not ask them to violate insurance contracts or our office policies.

Broken appointments are a cost to us, to you, and to other patients who could have used the time set aside for your appointment. Please call us at least 24 hours in advance to make any scheduling changes you need. We reserve the right to charge a \$25.00 fee to your account if we find that you continue to miss appointments without advance notice. Excessive abuse may result in dismissal from the practice. There is a fixed \$125.00 fee for missed Neurodevelopmental appointments.

As stated above, all fees are due at the time of service. Any charges remaining unpaid sixty (60) days after the date of service are considered past due. In this case, we will make every effort to contact the person responsible for the delinquent balance, and arrange an equitable payment schedule. However, if no effort is made to pay the balance due, it may be sent to a collection agency. In this case the responsible person will be asked to seek medical care for themselves and their families elsewhere.

- I have read and understand the Plaza Family Care, PC financial policy.*
- I agree to keep Plaza Family Care, PC accurately informed of my insurance status for either myself and/or family members and to assign benefits to Plaza Family Care, PC.*

_____ Date: _____
Signature of Insured or Authorized Representative

HEALTHY KIDS PROGRAM
Medical/Family History Questionnaire

Practice Name: _____ Date of Entry: _____
 Patient's Name: _____ Date of Birth: _____
 Address: _____ Phone No.: _____
 _____ Emergency No.: _____
 Source of Information: _____ Relationship: _____

Mother's Pregnancy/Child's Birth History: (under 2 years old)

Illnesses during pregnancy? No Yes
 Any medications during pregnancy? No Yes
 Alcohol/Drug Abuse? No Yes
 Problems at birth? No Yes
 Describe: _____
 Type of delivery? Vaginal C-section
 Birth Weight _____ Discharge Weight _____
 Did baby receive Hepatitis B vaccine? No Yes
 Date of Hepatitis B immunization: _____
 Name of Hospital: _____
 Was first PKU done? No Yes

Family History: Has anyone in the family (parents, grand-
 parents, aunts/uncles, sisters/brothers, cousins, etc.) had the following:

	No	Yes	Who
TB/Lung Disease?	_____	_____	_____
HIV/AIDS?	_____	_____	_____
Suicide Attempts?	_____	_____	_____
Heart Disease?	_____	_____	_____
High Blood Pressure?	_____	_____	_____
High Cholesterol?	_____	_____	_____
Blood Disorders?	_____	_____	_____
Diabetes?	_____	_____	_____
Seizures?	_____	_____	_____
Allergies/Asthma?	_____	_____	_____
Mental Illness?	_____	_____	_____
Mental Retardation?	_____	_____	_____
Cancer?	_____	_____	_____
Birth Defects?	_____	_____	_____
Hearing/Speech Problems?	_____	_____	_____
Kidney Disease?	_____	_____	_____
Alcohol/Drug Abuse?	_____	_____	_____
Stroke?	_____	_____	_____
Hepatitis/Liver Disease?	_____	_____	_____
Thyroid Disease?	_____	_____	_____
Learning Problems?	_____	_____	_____
Attention Deficit Disorder?	_____	_____	_____
Family Violence?	_____	_____	_____

Patient's Health History: Has your child every had...

Measles/Mumps/Chicken Pox? No Yes
 Frequent ear infections? No Yes
 Vision/Hearing Problems? No Yes
 Skin Problems? No Yes
 Asthma/Allergies? No Yes
 TB/Lung disease/Croup? No Yes
 Seizures/Epilepsy? No Yes
 High Blood Pressure? No Yes
 Heart Defects/Disease? No Yes
 Liver disease/Hepatitis? No Yes
 Diabetes? No Yes
 Kidney Disease/Bladder Infections? No Yes
 Handicaps/Disabilities? No Yes
 Bleeding Disorders/Hemophilia? No Yes
 Sexually Transmitted Diseases? No Yes
 Emotional Problems/Suicide Attempts? No Yes
 Hospitalizations/Surgeries? No Yes
 Physical/Emotional Abuse/Broken bones? No Yes
 Immunizations Up-to-date? No Yes

Adolescent History: (interview separately)

Age at first period _____ LMP _____
 Sexually Active? No Yes # of partners? _____
 Sex of partners? M/F _____
 Any fears of partner/other violence? No Yes
 Smoker? No Yes Alcohol Use? No Yes
 Drug Use? No Yes Working? No Yes
 Do you think about hurting yourself? No Yes
 Access to gun/weapon? No Yes

Psycho-Social History:

How many living in the household? _____
 Who cares for child? _____
 Are parents working? _____ Yes _____ No
 Name of School? _____
 Grade: _____
 Behavior problems? _____

Provider: _____
 Date: _____

Comments: _____

Updates: _____/_____/_____/_____/_____/_____/_____/_____/_____/_____

Heart Disease/Cholesterol Risk Assessment:

(2 years through 20 years)

1. Is there a family history of parents/grandparents under the age 55 years with heart attack/surgery stroke, high blood pressure, high cholesterol, sudden death, or diabetes?
2. Is there personal history of:
Smoking?

Lack of physical activity?

High blood pressure?

High cholesterol?

Obesity/overweight?

STD/HIV Risk Assessment:

(11 through 20 years)

1. Have you had a blood transfusion or are you currently diagnosed with Hemophilia?
2. Have you ever been sexually molested or physically attacked?
3. Have you ever been diagnosed with any sexually transmitted diseases (gonorrhea, syphilis, venereal warts, chlamydia, herpes)?
4. Any history of IV drug use by you, your sex partner, or your birth mother during pregnancy?
5. If sexually active, have you had unprotected sex, with opposite/same sex (circle appropriate response)?
6. If sexually active, have you had more than one sex partner?
7. Any body tattoos or piercing of ears, navel, etc., including any performed by friends?

Tuberculosis Risk Assessment:

(Initial visit and yearly thereafter)

1. Was your child born in, or lived more than a year in a country other than the U.S?
Where? _____ Year? _____
2. Has your child been exposed to anyone with either active tuberculosis or a history of tuberculosis disease?
3. Is your child currently living in a household with anyone who is HIV positive?
4. Is your child part of a migrant worker family?

Lead Risk Assessment:

(6 months to 6 years)

1. Does your child currently live, or has he/she ever lived in a house or apartment built before 1960 (includes day care center, preschool home, home of babysitter or relative)?
2. Is anyone in the home being treated or followed for lead poisoning?
3. Are there any current renovations or peeling paint in a home that your child regularly visits?
4. Is there any family member who is currently working in an occupations or hobby where lead exposure could occur? (auto mechanic, ceramics, commercial painter, etc.)

HIPAA Privacy Rights and Operations Guide

HIPAA Security Summary

For the Practice of:

PLAZA FAMILY CARE, PC

Publish Date: **SEPTEMBER 27, 2013**

This guide has been created to serve PLAZA FAMILY CARE, PC. It is intended to provide this organization and its workforce members with an overview of our daily operating policies and procedures and this organization's obligations relating to security and privacy standards for the use and disclosure of "protected health information" (PHI) under HIPAA, the Health Insurance Portability and Accountability Act of 1996.

This guide presents a simplified version of the fully detailed policies and procedures utilized to operate this Organization while maintaining the privacy and security of PHI. It should be used by workforce members and management as a quick reference to answer common questions about compliance operations and how to handle workplace situations so that HIPAA regulations are met and Patient Rights are upheld.

This document *is not* typically intended for outside distribution except as part of a wider investigation by regulators or other appropriate parties.

It is the responsibility of this Organization to conduct regular reviews of this document to incorporate updates as regulations change and/or to add more definition to the actual operational procedures utilized by this organization.

If you have any questions—or if you need further guidance on HIPAA Privacy or Security requirements, please contact Plaza Family Care's designated Security / Privacy Officer(s): Joseph J. Nocilla, Jr., M.H.A. at 908-850-7800.

Section A: Privacy

Privacy, according to the HIPAA Privacy Rule, is an individual's right to control access and disclosure of their protected, "individually identifiable" health information. Besides giving individuals significant rights to understand and control how their health information is used, the Privacy Rule describes requirements for the use and disclosure of individuals' health information—protected health information (PHI)—by Covered Entity (CE) organizations subject to the Privacy Rule. PHI is considered "identifiable" if it contains any one or more of the 18 specific identifiers. See policy '8s – Minimum Necessary' for a complete list of the 18 identifiers.

1. Notice of Privacy Practices

Individuals have a right to receive a notice of the CE's privacy practices. The notice must be written in plain language and describe the ways in which the CE may use or disclose PHI. It also explains individual rights with respect to their health information, including the right to complain to Health and

Human Services (HHS) and to the CE if they believe their privacy rights have been violated. Plaza Family Care's Notice of Privacy Practices (NPP) is provided to new and existing patients through our web site, www.pfcmd.com or direct hard copy delivery. Our NPP is printed, posted in patient waiting areas and available upon request. We have translated our NPP into English and Spanish and ensure that each patient gets a copy when we begin to treat them and they have access to them throughout their relationship with us.

Our Organization creates record(s) of the care and services that patients receive from us. We need this record to provide them with quality care and to comply with certain legal requirements. Our NPP describes the ways in which we may use and disclose medical information about the patient. It also describes their rights and certain obligations we have regarding the use and disclosure of their medical information.

Our Organization always strives to follow all of the rules set down in our NPP. Any variation from our published practices that you notice should immediately be brought to the attention of the Organization's Security / Privacy Officer(s).

2. TPO (Treatment, Payment and Operations)

A CE may use or disclose PHI for its own treatment, payment or healthcare operations. Within our NPP, the following categories describe different ways that we may use and disclose patient PHI.

- **Treatment.** We may use medical information to provide a patient with medical treatment or services. We may disclose medical information about the patient to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of the patient within our Organization.
- **Payment.** We may use and disclose medical information about a patient so that the treatment and services received from the Organization may be appropriately billed and payment may be collected from the government, an insurance company or a third party.
- **Healthcare Operations.** We may use and disclose medical information about a patient for Organization operations. These uses and disclosures are necessary to run the Organization and make sure that all of our patients receive quality care.

3. Access, Use and Disclosure of PHI

General rules for access, use and disclosure of PHI are addressed within our NPP. *Minimum Necessary* principals are always applied to access, use or disclosure of PHI, meaning only the least amount of information needed to perform the permitted task is utilized.

- **Appointment Reminders.** We may use and disclose medical information to contact a patient as a reminder that they have an appointment for treatment or medical care at the Provider location.
- **Treatment Alternatives.** We may use and disclose medical information to tell a patient about or recommend possible treatment options or alternatives that may be of interest to them.
- **Health & Related Benefits and Services.** We may use and disclose medical information to tell a patient about health and related benefits or services that may be of interest to them.

- **Emergencies.** We may use or disclose a patient's medical information if they were to need emergency treatment or if we are required by law to treat them but are unable to obtain their consent. If this happens, we will try to obtain the patient's consent as soon as we reasonably can after treatment.
- **Communication Barriers.** We may use and disclose a patient's health information if we are unable to obtain their consent because of substantial communication barriers, and we believe they would want us to treat them if we could communicate with them.
- **Individuals Involved in the Patient's Care or Payment for Care.** We may release medical information about a patient to a friend or family member who is involved in their medical care and to whom the patient has agreed it is permissible. We may also give information to someone who helps pay for their care. In addition, we may disclose medical information about a patient to an entity assisting in a disaster relief effort so that the family can be notified about their condition, status and location.
- **As Required By Law.** We will disclose medical information about a patient when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about the patient when necessary to prevent a serious threat to their 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.
- **Organ and Tissue Donation.** If a patient is an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If the patient is a member of the armed forces, we may release medical information about the patient as required by military command authorities.
- **Workers' Compensation.** We may release medical information about a patient for workers' compensation or similar programs.
- **Public Health Risks.** We may disclose medical information about a patient for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - 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; and
 - 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 the patient agrees or when required or authorized by law.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes.** If a patient is involved in a lawsuit or a dispute, we may disclose medical information about them in response to a court or administrative order. We may also disclose medical information about them 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 that patient about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons or similar process;
 - to identify or locate a suspect, fugitive, material witness, or missing person;
 - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at the Provider; and
 - in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. We may also release medical information about patients of the Practice to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about a patient to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about a patient to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If a patient is an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about them to the correctional institution or law enforcement official.

4. Individual (Patient) Rights

The HIPAA Privacy Rule grants the following 'rights' regarding a patient's access to PHI and his/her right to control this information. A Covered Entity Organization typically 'owns' the records associated with the patient's PHI, but has certain responsibilities for its maintenance. Individuals have the right to inspect and obtain a copy of their PHI in a designated record set for as long as the CE maintains the information. Generally, the Privacy Rule requires CEs to retain certain documentation for at least six (6) years. Most healthcare organizations keep medical records for a much longer time frame, and individuals have the right to access their records for as long as the CE keeps them. Regardless of time, every patient has rights to facilitate the confidentiality, security, accuracy and integrity of his/her information.

- **Right to Access, Inspect and Copy Patient Information**

- This patient 'Right' is often referred to as 'Release of Information'.
- A patient has the right to access, inspect and copy medical information that is used to make decisions about his/her care. Usually, this includes medical and billing records, but does NOT include psychotherapy notes. If the patient requests a copy of the information, our Organization may charge a fee for the costs of processing, copying, mailing or other supplies associated with the request. If a patient provides us with permission to use or disclose medical information about them, they may revoke that permission, in writing, at any time. If they revoke their permission, we will no longer use or disclose medical information about them for the reasons covered by their written authorization. They will need to understand that we are unable to take back any disclosures we have already made with their permission, and that we are required to retain our records of the care that we provided to them by law.
- We may deny a patient request to inspect and copy medical information in certain very limited circumstances. If they are denied access to medical information, in some cases, they may request that the denial be reviewed. Another licensed health care professional chosen by the Organization will review the request and the denial. The person conducting the review will not be the person who denied the request. Our Organization will comply with the outcome of the review and document all of the processes included with the review.

Our Procedures for Inspection, Copying and Disclosure of PHI

- *Please request any Inspection, Copying and Disclosure of PHI in writing to us at 657 Willow Grove Street, Hackettstown, NJ 07840.*
- ***If the patient asks us to speak to another physician (or provider of care),*** use the 'Authorization to Disclose PHI' form (Js), to gain signed authorization and documentation that we have permission to provide patient identifiable information to another healthcare provider. Note: If information provided is to another provider of care and is to be used for 'treatment' (the provision of healthcare) there is *not* a strict requirement under HIPAA to get an authorization signed; but it is a good practice that we try to follow, especially if the other provider is unknown to the organization/practice. Any release of information that requires an accounting of disclosures should be logged on the 'Release of Information and Patient's Rights Log' even if the patient does not sign an authorization for that disclosure.
- ***If the patient asks us to disclose our written or copied patient information outside our organization...*** the 'Authorization to Disclose PHI' form (Js) is used to release information to a third party, which may or may not be another healthcare provider. If possible, get the patient to allow our practice to send the information directly to their provider of care, ensuring confidentiality and correct communications are observed. Depending on the purpose for the disclosure and type of third party (e.g., Adult Protective Services, Child Protective Services, Coroner/Medical Examiner, court order, employer, et al.), releasing the entire medical record and tracking for Accounting of Disclosures MAY or MAY NOT be required. Refer to specific guidelines or organization protocols for disclosure of PHI **NOTE: The purpose behind a request for disclosure may also impact the fees we may charge for completing the request.**

- ***If the patient asks us to request written or copied patient information from another provider of care outside our practice/organization ...use 'Authorization to Disclose PHI' form (Js), to authorize and request release of information. If written or copied patient information is to be used for 'treatment' (the provision of healthcare), there is not a strict requirement under HIPAA to get an authorization signed before we request the information; but it is a good practice that we try to follow, especially if the other provider is unknown to the organization/practice. Oftentimes, other providers of care will want the signed authorization, just for their own processing and protections.***

As regulatory standards and organizational policy dictate:

- Record information disclosures in the AAs '*Release of Information and Patient's Rights Log*'.
- Be sure to calculate record copying fees according to State Statutes if the request is not going directly to another healthcare provider for treatment purposes. There are instances where charges are not appropriate, such as in payment and healthcare oversight processes. Refer to the organization's *Release of Information* policies for additional guidelines on relevant scenarios and the appropriate fees.
- Be sure to validate and *if possible* get copies of the patient's or requestor's ID to store with the authorization. Some law enforcement agencies may not permit you to copy their ID or badges, and that is fine as long as you notate their ID number on the request, along with their affiliation, title, etc.
- Refer to and use '*Authorization to Disclose PHI*' form (Js) as often as needed; be sure to get signed authorizations to go with subpoenas.
- If a patient requests **electronic copies** of their medical records, we need to disclose them in that format if they are kept electronically. Electronic copies are produced by *requesting an electronic copy in writing to us*.
- All of the above documentation must be kept for the minimum 6 year HIPAA retention.
- **Right to Amend.** If a patient feels that medical information we have about them is incorrect or incomplete, they may ask us to amend (correct or change) the information. They have the right to request an amendment for as long as the information is kept by or for our Organization.
 - We may deny the 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 a request for amendment if the PHI:
 - Was not created by us (unless the originating person or entity that created the information is no longer available to make the amendment);
 - Is not part of the medical information (designated record set) kept by or for the Organization;
 - Is not part of the information which is available for inspection and copying; or
 - Is accurate and complete.

[Our Organization Procedures for Amendments to PHI](#)

- Use *Request for Patient's Rights* form Gs and *Denial of Amendment or Correction Request* form Hs to document the patient's request and possible denial of the request.
 - Record the request in the *'AAs – ROI, Breach and Patient's Rights Log'*.
 - If the amendment request escalates past a typical request and response, especially if there is a complaint or investigation use the *'Security or Privacy Event Report'* form Bs to document the entire process.
 - Process the request within 60 days.
- All of the above documentation must be kept for the minimum 6-year HIPAA documentation retention period.
- **Right to an Accounting of Disclosures (AOD).** Patients have the right to request an accounting of disclosures of their PHI by a Covered Entity or its Business Associates. Under HIPAA, a disclosure is a release, transfer, access to, or divulging of information outside of the Practice/Organization. In general, a patient has the right to know who has received his/her health information for reasons other than treatment, payment, and healthcare operations (commonly referred to as "TPO"), or disclosures specifically authorized by the patient. A request for an accounting cannot be earlier than the date the HIPAA Privacy Rule became effective which was April 14, 2003 for most CEs. Examples of disclosures that must be recorded and included in an accounting are: submission of reports required by law, this includes disclosure to Social Services or a protective service agency; responding to judicial or administrative proceedings, disclosures in response to warrants, court orders, subpoenas (unless the individual authorized the disclosure); notifying coroners, medical examiners and organ donation agencies of deaths; for law enforcement purposes, disclosures to report gunshot wounds. There are others, so if you are unsure whether a disclosure should be tracked, check with your supervisor.

Our Procedures for Accounting of Disclosures

- Use *'Request for Patient's Rights'* form Gs to document the patient's request.
 - Record the request in the *'AAs – ROI, Breach and Patient's Rights Log'*.
 - There is no charge for the first AOD request in a 12-month period; a \$15 fee will be charged for each additional AOD request in the same 12-month period.
- All of the above documentation must be kept for the minimum 6-year HIPAA documentation retention period.
- **Right to Request Restrictions.** Patients have the right to request a restriction or limitation on the medical information we use or disclose about them for *payment or healthcare operations*, for disclosures to family members or someone who is (or may be) involved in their care and certain other permitted purposes. Covered entities are not required to agree with such requests, but if a covered entity does agree to the restriction, then the covered entity must abide by that restriction.

It is this Organization's policy that we will not agree to any requests to restrict use or access of their medical information for treatment purposes.

Patients also have the right to restrict use and disclosure of protected health information (PHI) if the PHI pertains solely to health care items or services for which the individual or another person on behalf of the individual (other than the health plan) has paid out-of-pocket, in full. We will not accept their request for this type of restriction until there is a zero balance for this item or service.

General advice for restriction requests is to never accept them for treatment purposes and rarely, unless mandated by HIPAA, for payment or operations. Failure to comply with agreed to restrictions can lead to civil liabilities and fines.

Our Procedures for Restrictions

- Use *'Request for Patient's Rights'* form Gs and *'Denial of Amendment or Restriction of PHI'* form Hs to document the patient's request and possibly denial of the request.
 - Record the request in the *'AAs – ROI, Breach and Patient's Rights Log'*.
 - Ensure payment for the item or service asking to be restricted carries a zero balance and was paid out-of-pocket, not by insurance. If the item or service is paid out-of-pocket and there is a \$0 balance, the restriction request is not optional—it must be accepted and followed.
 - Be very careful in agreeing to any restrictions, there are many times when information that was requested for restriction may be present in histories or other encounters which would technically violate the restriction if allowed.
 - Set restriction flags or enter notes in the System (and on paper charts that contain the restricted PHI) to ensure workforce members who may be processing requests for disclosure in the future are aware of these restrictions.
 - Process the restriction request within 60 days.
 - If the restriction request escalates past a typical request and response, especially if there is a complaint or investigation, use *'Security or Privacy or Event Report'* form Bs to document the entire process.
- All of the above documentation must be kept for the minimum 6-year HIPAA documentation retention period.
- **Right to Receive Notice of a Breach.** We are required to notify patients by First Class Mail or by email (if the individual has indicated a preference to receive information by email), of any breaches of UNSECURED Protected Health Information as soon as possible, but in any event, no later than 14 days following the discovery of the breach. Our Organization will investigate any 'event' or incident' where a patient's PHI is known or thought to have been wrongfully disclosed. If it is determined that a breach has occurred both the patient, the Federal and State government will be notified within 30 days. It is important to remember that PHI in Systems that are encrypted are not subject to breach (they are considered to be in the 'breach safe harbor'); however HIPAA

violations can still occur, therefore all 'events or incidents must be investigated and corrective actions taken, even if a wrongful disclosure is not determined to be a breach.

Our Procedures for Breach Determination and Notification

- Use the following forms to document the incident report, investigation and corrective actions related to investigating, remediating and notifying affected individuals in the case of a breach.
 - Use 'Security or Privacy Event Reporting' form Bs to document the patient's report of a security or privacy event.
 - Use 'Investigation and Corrective Actions for Security / Privacy Events' form Cs to document the investigation and corrective actions related to security or privacy events.
 - Use 'Breach Reporting' form Ns to catalog the reportable information about a wrongful disclosure or breach.
 - Use the 'Interim Final Rule Breach Assessment' Excel form S1 for breach determination under the Harm Standard (between September 23, 2009 and September 23, 2103) OR the 'Omnibus Final Rule Breach Assessment' Excel form Ss for breach determination after September 23, 2013 in order to document the factors surrounding our determination of whether a HIPAA Violation is deemed a reportable breach.
 - Use 'Breach Determination and Reporting' policy 21s to guide decisions as to whether an event is determined to a breach; upon determination, report to State and Federal government as necessary.
 - Record the request in the 'AAs – ROI, Breach and Patient's Rights Log'.
 - Reporting timeframes: OCR (Federal Government) must be notified of a breach within 60 days (if over 500 patients). For breaches that affect fewer than 500 individuals, a covered entity must provide the Secretary with notice annually. All notifications of breaches occurring in a calendar year must be submitted within 60 days of the end of the calendar year in which the breaches occurred.
 - All of the above documentation must be kept for the minimum 6-year HIPAA retention period.
- **Right to Request Confidential Communications.** Patients have the right to request that we communicate with them about medical matters in a certain way or at a certain location. For example, they can ask that we only contact them at work or by mail. We will not ask them the reason for their request and will accommodate all reasonable requests.

Our Procedures for Confidential Communications

- Use 'Request for Patient's Rights' form Gs to document the patient's request.

- Record the request in the 'AAs – Release of Information and Patient's Rights Log'.
- **Right to a Copy of Our Notice of Privacy Practices (NPP).** If the patient or another party requests a copy of our NPP, be sure to provide it to them in whatever form they wish.
- **Handling Security or Privacy Complaints**

If a patient, another party or one of the Organization's workforce members, Business Associates or contractors believes that privacy rights have been violated or that a HIPAA violation has occurred, they may file a complaint with the Organization or with the Secretary of the Department of Health and Human Services at the website URL shown below. Always advise the party of their rights and be supportive. Refer to our 'Handling Privacy Complaints Internal and External' policy 20s for guidance.

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Section B: Security

This section of this guide is intended to give a general overview of the security compliance measures undertaken by this Organization. This summary *is not* intended to be an exhaustive list, rather an overview of the more common safeguards we employ. Please refer to our detailed policies, any written procedures and Risk Assessments for more information and statutory language or specific rules.

1. **Risk Assessment** – Last Risk Assessment was conducted September 27, 2013. Risk Assessment to be updated routinely as the Organization's safeguards materially change, but not less than yearly.
2. **Workforce Clearance** – conducted through H.R.
3. **Workforce Termination** – Workforce members who are terminated will have their access to computer systems and networks removed immediately according to policy timeframes and procedures.
4. **Access to PHI** – All appropriate access to PHI is secured through the use of passwords which are changed routinely; of appropriate strength and unique to each user. All access to PHI is through formal logon. Remote access is via secured data in transit and no data is stored on mobile devices.
5. **Password Management** – Passwords expire and must be changed every 6 months. Use of more secure passwords, i.e. multiple digit letter number combinations is required.
6. **Auto Log-off** – Users are logged off of PCs and Servers after periods of inactivity.
7. **Back-up and Restoration** – Multiple levels of routine and remote back-ups are maintained. They are tested for restoration integrity and are encrypted data at rest and in transit.

8. **Encryption for Breach Safe Harbor** – all practice PHI in transit and at rest is encrypted. Emails should also be encrypted if used for PHI.
9. **Malware Prevention** – Anti-virus, firewall(s), intrusion monitoring, detection and prevention and similar safeguards are all up to date and continually maintained.
10. **Physical Security** – The Organization has locks, alarms and segregated records and computers / monitors for patient areas, as practical. Maintenance records for all physical security items are kept for the 6-year HIPAA documentation retention period.
11. **Media and Devices** – mobile devices are only used by only via secure connection and never store PHI.
12. **Audit Controls** – Greenway maintains an audit log of all user activities which is monitored at least quarterly for inappropriate access, use or disclosure. We also monitor error and technical logs for inappropriate activity on a routine basis.
13. **Security and Privacy Training** - Workforce members are trained at new hire, at least annually thereafter and whenever there are material changes to the privacy / security rules or job roles which require a different level of training. Security and privacy reminders are discussed at staff meetings and other opportunities. Tests and documentation of the training is kept for the 6-year HIPAA documentation retention period.