



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

STONEBROOKE FAMILY PHYSICIANS ("STONEBROOKE") WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION EXCEPT AS DESCRIBED IN THIS NOTICE.

STONEBROOKE MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS OR OTHER PURPOSES PERMITTED BY LAW. FOR EXAMPLE, A BILL MAY BE SENT TO YOU OR A THIRD PARTY INSURANCE COMPANY. THE INFORMATION ON THE BILL MAY IDENTIFY YOU, AS WELL AS YOUR DIAGNOSIS, PROCEDURES AND SUPPLIES USED. STONEBROOKE MAY ALSO PROVIDE INFORMATION TO OTHER TREATING OR REFERRING PHYSICIANS. STONEBROOKE MAY ALSO REVIEW AND ANALYZE PROTECTED HEALTH INFORMATION IN CONNECTION WITH ITS QUALITY ASSURANCE AND OTHER PROGRAMS WITH RESPECT TO THE OPERATIONS OF STONEBROOKE.

ANY OTHER USES OR DISCLOSURES WILL BE MADE ONLY UPON WRITTEN AUTHORIZATION FROM YOU AND THAT AUTHORIZATION MAY BE REVOKED AT ANY TIME IN WRITING EXCEPT TO THE EXTENT STONEBROOKE HAS TAKEN ACTION IN RELIANCE ON THE AUTHORIZATION, OR IF THE AUTHORIZATION WAS OBTAINED AS A CONDITION OF OBTAINING INSURANCE COVERAGE.

WE MAY CONTACT YOU OR YOUR DESIGNATED REPRESENTATIVE OR PROVIDE APPOINTMENT REMINDERS OR INFORMATION ABOUT TREATMENT ALTERNATIVES OR OTHER HEALTH RELATED BENEFITS AND SERVICES THAT MAY BE OF INTEREST TO YOU. THIS MAY INCLUDE LEAVING A PHONE MESSAGE ON AN ANSWERING MACHINE.

THERE ARE SOME SERVICES PROVIDED IN OUR ORGANIZATION THROUGH CONTRACTS WITH THIRD PARTY BUSINESS ASSOCIATES SUCH AS ACCOUNTANTS, CONSULTANTS, ATTORNEYS, AND TRANSCRIPTIONISTS.

1. AS REQUIRED OR PERMITTED BY LAW. SOMETIMES WE MUST REPORT SOME OF YOUR HEALTH INFORMATION TO LEGAL AUTHORITIES SUCH AS LAW ENFORCEMENT OFFICIALS, COURT OFFICIALS, OR GOVERNMENT AGENCIES. FOR EXAMPLE, WE MAY HAVE TO REPORT ABUSE, NEGLIGENCE, DOMESTIC VIOLENCE, CERTAIN PHYSICAL INJURIES OR RESPOND TO A COURT ORDER.
1. FOR PUBLIC HEALTH ACTIVITIES. WE MAY BE REQUIRED TO REPORT YOUR HEALTH INFORMATION TO AUTHORITIES TO HELP PREVENT OR CONTROL DISEASE, INJURY, OR DISABILITY. THIS MAY INCLUDE USING YOUR MEDICAL RECORD TO REPORT CERTAIN DISEASES, INJURIES, BIRTH OR DEATH INFORMATION, INFORMATION OF CONCERN TO THE FOOD AND DRUG ADMINISTRATION, OR INFORMATION RELATED TO CHILD ABUSE OR NEGLIGENCE. WE MAY ALSO HAVE TO REPORT TO YOUR EMPLOYER CERTAIN WORK-RELATED ILLNESSES AND INJURIES SO THAT YOUR WORKPLACE CAN BE MONITORED FOR SAFETY.
1. FOR HEALTH OVERSIGHT ACTIVITIES. WE MAY DISCLOSE YOUR HEALTH INFORMATION TO AUTHORITIES SO THEY CAN MONITOR, INVESTIGATE, INSPECT, DISCIPLINE, OR LICENSE THOSE WHO WORK IN THE HEALTH CARE SYSTEM OR FOR GOVERNMENT BENEFIT PROGRAMS.
1. FOR ACTIVITIES RELATED TO DEATH. WE MAY DISCLOSE YOUR HEALTH INFORMATION TO CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS SO THEY CAN CARRY OUT THEIR DUTIES RELATED TO YOUR DEATH, SUCH AS IDENTIFYING THE BODY, DETERMINING CAUSE OF DEATH, OR IN THE CASE OF FUNERAL DIRECTORS TO CARRY OUT FUNERAL PREPARATION ACTIVITIES.
1. FOR ORGAN, EYE OR TISSUE DONATION. WE MAY DISCLOSE YOUR HEALTH INFORMATION TO PEOPLE INVOLVED WITH OBTAINING, STORING, OR TRANSPLANTING ORGANS, EYES, OR TISSUES OF CADAVERS FOR DONATION PURPOSES.
1. FOR RESEARCH. UNDER CERTAIN CIRCUMSTANCES, AND ONLY AFTER A SPECIAL APPROVAL PROCESS, WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION TO HELP CONDUCT RESEARCH. SUCH RESEARCH MIGHT TRY TO FIND OUT WHETHER A CERTAIN TREATMENT IS EFFECTIVE IN CURING AN ILLNESS.
1. TO AVOID SERIOUS THREAT TO HEALTH OR SAFETY. AS REQUIRED BY LAW AND STANDARDS OF ETHICAL CONDUCT, WE MAY RELEASE YOUR HEALTH INFORMATION TO THE PROPER AUTHORITIES IF WE BELIEVE, IN GOOD FAITH, THAT SUCH RELEASE IS NECESSARY TO PREVENT OR MINIMIZE A SERIOUS AND APPROACHING THREAT TO YOUR OR THE PUBLIC'S HEALTH AND SAFETY.

1. FOR MILITARY, NATIONAL SECURITY, OR INCARCERATION/LAW ENFORCEMENT CUSTODY. IF YOU ARE INVOLVED WITH THE MILITARY, NATIONAL SECURITY OR INTELLIGENCE ACTIVITIES, OR YOU ARE IN THE CUSTODY OF LAW ENFORCEMENT OFFICIALS OR AN INMATE IN A CORRECTIONAL INSTITUTION, WE MAY RELEASE YOUR HEALTH INFORMATION TO THE PROPER AUTHORITIES SO THEY MAY CARRY OUT THEIR DUTIES UNDER THE LAW.
1. FOR WORKERS' COMPENSATION. WE MAY DISCLOSE YOUR HEALTH INFORMATION TO THE APPROPRIATE PERSONS IN ORDER TO COMPLY WITH THE LAWS RELATED TO WORKERS' COMPENSATION OR OTHER SIMILAR PROGRAMS. THESE PROGRAMS MAY PROVIDE BENEFITS FOR WORK-RELATED INJURIES OR ILLNESS.
1. TO THOSE INVOLVED WITH YOUR CARE OR PAYMENT OF YOUR CARE. YOU WILL BE ASKED TO IDENTIFY A "SPOKESPERSON." THIS IS THE ONLY PERSON TO WHOM WE WILL RELEASE INFORMATION REGARDING YOUR CARE AND CONDITION OTHER THAN YOU. IF YOU ARE UNABLE TO IDENTIFY A SPOKESPERSON, WE WILL USE INFORMATION OBTAINED PREVIOUSLY AND EXERCISE OUR REASONABLE AND BEST MEDICAL JUDGMENT. IF ANY OTHER PERSON INQUIRES ABOUT YOUR MEDICAL CONDITION OR CARE, THAT PERSON WILL BE REFERRED TO YOUR DESIGNATED SPOKESPERSON. REGARDING PAYMENT FOR CARE, WE WILL GIVE INFORMATION TO OUR POWER OF ATTORNEY FOR HEALTHCARE OR TO ANOTHER PERSON WITH YOUR WRITTEN PERMISSION. WE MAY RELEASE YOUR HEALTH INFORMATION TO ORGANIZATIONS AUTHORIZED TO HANDLE DISASTER RELIEF EFFORTS (EXAMPLE: THE RED CROSS) SO THOSE WHO CARE FOR YOU CAN RECEIVE INFORMATION ABOUT YOUR LOCATION OR HEALTH STATUS. WE MAY ALSO RELEASE INFORMATION IN THE CASE OF A DISASTER SITUATION TO THOSE WHO MAY NEED TO KNOW IN ORDER TO PREVENT FURTHER PUBLIC HARM.

WE WILL SHARE YOUR PROTECTED HEALTH INFORMATION WITH THIRD PARTY "BUSINESS ASSOCIATES" THAT PERFORM VARIOUS ACTIVITIES (E.G., BILLING SERVICE, TRANSCRIPTION) FOR STONEBROOKE. WHENEVER AN ARRANGEMENT BETWEEN STONEBROOKE AND A BUSINESS ASSOCIATE INVOLVES THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION, WE WILL HAVE A WRITTEN CONTRACT THAT CONTAINS TERMS THAT WILL PROTECT THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION.

WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION, AS NECESSARY, TO PROVIDE YOU WITH INFORMATION ABOUT TREATMENT ALTERNATIVES OR OTHER HEALTH-RELATED BENEFITS AND SERVICES THAT MAY BE OF INTEREST TO YOU. FOR EXAMPLE, YOUR NAME AND ADDRESS MAY BE USED TO SEND YOU A NEWSLETTER ABOUT THE SERVICES WE OFFER. WE MAY ALSO SEND YOU INFORMATION ABOUT PRODUCTS OR SERVICES WE BELIEVE MAY BE OF INTEREST TO YOU. YOU MAY CONTACT OUR PRIVACY OFFICER AND REQUEST THESE MATERIALS NOT BE SENT TO YOU.

YOUR RIGHTS

YOU MAY REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION ALTHOUGH STONEBROOKE IS NOT REQUIRED TO AGREE TO THE RESTRICTION REQUESTED.

YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION. THIS MEANS YOU MAY ASK US NOT TO USE OR DISCLOSE ANY PART OF YOUR PROTECTED HEALTH INFORMATION FOR THE PURPOSES OF TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS. YOU MAY ALSO REQUEST THAT ANY PART OF YOUR PROTECTED HEALTH INFORMATION NOT BE DISCLOSED TO FAMILY MEMBERS OR FRIENDS WHO MAY BE INVOLVED IN YOUR CARE OR FOR NOTIFICATION PURPOSES AS DESCRIBED IN THIS NOTICE OF PRIVACY PRACTICES. YOUR REQUEST MUST STATE THE SPECIFIC RESTRICTION REQUESTED AND TO WHOM YOU WANT THE RESTRICTION TO APPLY.

WE ARE NOT REQUIRED TO AGREE TO A RESTRICTION THAT YOU MAY REQUEST. IF WE DO AGREE TO THE REQUESTED RESTRICTION, WE MAY NOT USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN VIOLATION OF THAT RESTRICTION UNLESS IT IS NEEDED TO PROVIDE EMERGENCY TREATMENT. YOU MAY CONTACT OUR PRIVACY OFFICER REGARDING A SPECIFIC RESTRICTION. YOU WILL BE ADVISED IN WRITING IF WE AGREE, OR WILL NOT AGREE, TO THE REQUESTED RESTRICTION.

YOU HAVE THE RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS OF PROTECTED HEALTH INFORMATION.

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION. THIS MEANS YOU MAY INSPECT AND OBTAIN A COPY OF PROTECTED HEALTH INFORMATION ABOUT YOU THAT IS CONTAINED IN A DESIGNATED RECORD SET FOR AS LONG AS WE MAINTAIN THE PROTECTED HEALTH INFORMATION. A "DESIGNATED RECORD SET" CONTAINS MEDICAL AND BILLING RECORDS AND ANY OTHER RECORDS THAT WE USE FOR MAKING DECISIONS ABOUT YOU.

UNDER FEDERAL LAW, HOWEVER, YOU MAY NOT INSPECT OR COPY THE FOLLOWING RECORDS: PSYCHOTHERAPY NOTES; INFORMATION COMPILED IN REASONABLE ANTICIPATION OF, OR USE IN, A CIVIL, CRIMINAL OR ADMINISTRATIVE ACTION OR PROCEEDING, AND PROTECTED HEALTH INFORMATION THAT IS SUBJECT TO LAW THAT PROHIBITS ACCESS TO PROTECTED HEALTH INFORMATION. DEPENDING ON THE CIRCUMSTANCES, A DECISION TO DENY ACCESS MAY BE REVIEWABLE. IN SOME CIRCUMSTANCES, YOU MAY HAVE THE RIGHT TO HAVE THIS DECISION REVIEWED. PLEASE CONTACT OUR PRIVACY OFFICER IF YOU HAVE QUESTIONS ABOUT ACCESS TO YOUR MEDICAL RECORD.

YOU MAY HAVE THE RIGHT TO HAVE US AMEND YOUR PROTECTED HEALTH INFORMATION. THIS MEANS YOU MAY REQUEST AN AMENDMENT OF PROTECTED HEALTH INFORMATION ABOUT YOU IN A DESIGNATED RECORD SET FOR AS LONG AS WE MAINTAIN THIS INFORMATION. IN CERTAIN CASES, WE MAY DENY YOUR REQUEST FOR AN AMENDMENT IF IT IS NOT IN WRITING OR DOES NOT INCLUDE A REASON TO SUPPORT THE REQUEST. WE MAY ALSO DENY THE REQUEST IF THE INFORMATION REQUESTED TO BE AMENDED WAS NOT CREATED BY US, IS NOT PART OF THE MEDICAL INFORMATION KEPT BY US, IS NOT PART OF THE INFORMATION WHICH YOU WOULD BE PERMITTED TO INSPECT AND COPY OR THE INFORMATION IS ACCURATE AND COMPLETE. IF WE DENY YOUR REQUEST FOR AN AMENDMENT, YOU HAVE THE RIGHT TO FILE A STATEMENT OR DISAGREEMENT WITH US AND WE MAY PREPARE A REBUTTAL TO YOUR STATEMENT AND WILL PROVIDE YOU WITH A COPY OF ANY SUCH REBUTTAL. PLEASE CONTACT OUR PRIVACY OFFICER TO REQUEST AN AMENDMENT OR TO OBTAIN FURTHER INFORMATION.

YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE HAVE MADE, IF ANY, OF YOUR PROTECTED HEALTH INFORMATION. THIS RIGHT APPLIES TO DISCLOSURES FOR PURPOSES OTHER THAN TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS AS DESCRIBED IN THIS NOTICE OF PRIVACY PRACTICES. IT EXCLUDES DISCLOSURES WE MAY HAVE MADE TO YOU, FOR A FACILITY DIRECTORY, TO FAMILY MEMBERS OR FRIENDS INVOLVED IN YOUR CARE, OR FOR NOTIFICATION PURPOSES. YOU HAVE THE RIGHT TO RECEIVE SPECIFIC INFORMATION REGARDING THESE DISCLOSURES THAT OCCURRED AFTER _____. THE RIGHT TO RECEIVE THIS INFORMATION IS SUBJECT TO CERTAIN EXCEPTIONS, RESTRICTIONS AND LIMITATIONS.

YOU HAVE THE RIGHT TO REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION. WE WILL ACCOMMODATE REASONABLE REQUESTS. WE MAY ALSO CONDITION THIS ACCOMMODATION BY ASKING YOU FOR INFORMATION AS TO HOW PAYMENT WILL BE HANDLED OR SPECIFICATION OF AN ALTERNATIVE ADDRESS OR OTHER METHOD OF CONTACT. WE WILL NOT REQUEST AN EXPLANATION FROM YOU AS TO THE BASIS FOR THE REQUEST. PLEASE MAKE THIS REQUEST IN WRITING TO OUR PRIVACY OFFICER.

YOU HAVE A RIGHT TO A PAPER COPY OF THIS NOTICE, EVEN IF YOU RECEIVED THIS NOTICE ELECTRONICALLY.

YOU MAY AUTHORIZE ADDITIONAL USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION, AND YOU MAY REVOKE THAT AUTHORIZATION AS PROVIDED IN THIS NOTICE.

OBLIGATIONS OF STONEBROOKE FAMILY PHYSICIANS

1. STONEBROOKE IS REQUIRED TO MAINTAIN THE PRIVACY OF PROTECTED HEALTH INFORMATION AND TO PROVIDE NOTICE TO INDIVIDUALS OF ITS LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO PROTECTED HEALTH INFORMATION;
2. STONEBROOKE IS REQUIRED TO ABIDE BY THIS NOTICE OR AS IT MAY BE CHANGED; AND
3. STONEBROOKE RESERVES THE RIGHT TO CHANGE ITS PRIVACY PRACTICES CONTAINED IN THIS NOTICE WHETHER THE PROTECTED HEALTH INFORMATION WAS RECEIVED BY STONEBROOKE BEFORE OR AFTER THE CHANGE TO THE NOTICE OF PRIVACY PRACTICES. THE PROVISIONS OF THE NEW NOTICE OF PRIVACY PRACTICE WILL BE EFFECTIVE FOR ALL PROTECTED HEALTH INFORMATION MAINTAINED BY STONEBROOKE. A NOTICE OF THE REVISED NOTICE OF PRIVACY PRACTICES WILL BE PROVIDED TO YOU UPON REQUEST.

COMPLAINTS

STONEBROOKE WILL RECEIVE COMPLAINTS REGARDING VIOLATIONS OF PRIVACY RIGHTS IN WRITING. NO ACTION WILL BE TAKEN AGAINST YOU FOR FILING A COMPLAINT. COMPLAINTS MAY ALSO BE FILED WITH THE SECRETARY OF HEALTH AND HUMAN SERVICES.

CONTACT

FOR FURTHER INFORMATION REGARDING THIS NOTICE, CONTACT OUR PRIVACY OFFICER AT (248) 828-4300.

EFFECTIVE DATE

THIS NOTICE IS EFFECTIVE _____.

(THE COVERED ENTITY MAY LIMIT USES AND DISCLOSURES AND BE MORE RESTRICTED THAN THE REGULATIONS.)

(MATERIAL CHANGES TO NOTICE MUST BE PROMPTLY DISTRIBUTED.)

(NOTICE MUST BE AVAILABLE UPON REQUEST.)

AMENDMENTS

STONEBROOKE RESERVES THE RIGHT TO AMEND THIS NOTICE OF PRIVACY PRACTICES AT ANY TIME.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF THE NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION FROM STONEBROOKE ON THE DATE BELOW WHICH IS THE FIRST SERVICE DELIVERED BY STONEBROOKE TO YOU AFTER _____ OR THE FIRST DATE THEREAFTER THAT IT WAS POSSIBLE TO OBTAIN THE ACKNOWLEDGEMENT OF THE UNDERSIGNED.

DATE ACKNOWLEDGED: _____ SIGNATURE _____

This HIPPA Privacy Rule Training Binder is the property of Stonebrooke Family Physicians.

The Binder may not be copied, in part or its entirety, without the written permission of Stonebrooke Family Physicians.

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Effective Date _____

Stonebrooke Family Physicians

Workforce Confidentiality Agreement

I understand that Stonebrooke Family Physicians ("Stonebrooke") has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information (the "Patient Information"). In addition, I understand that during the course of my employment/assignment/affiliation at Stonebrooke, I may see or hear other confidential information such as financial data and operational information pertaining to Stonebrooke ("Stonebrooke Information"). As a condition of my employment/assignment/affiliation with Stonebrooke, I understand that I must sign and comply with this agreement. By signing this document I understand and agree that:

I will disclose Patient Information and/or Stonebrooke Information (collectively, "Confidential Information") only if such disclosure complies with Stonebrooke's policies and is required for the performance of my job.

My personal access code(s), user ID(s), access key(s) and password(s) used to access computer systems or other equipment are to be kept confidential at all times.

I will not access or view any Confidential Information other than what is required to do my job. If I have any question about whether access to Patient Information or Stonebrooke Information is required for me to do my job, I will immediately ask my supervisor or the Privacy Officer for clarification.

I will not discuss any Confidential Information in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any information concerning Stonebrooke in public areas even if specifics, such as a patient's name, are not used.

I will not make inquiries about any Patient Information for any individual or party who does not have proper authorization to access such Patient Information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purgings of Patient Information or Confidential Information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Patient Information or Stonebrooke Information from Stonebrooke's computer system to unauthorized locations (by example, home).

On termination of my employment/assignment/affiliation with Stonebrooke, I will immediately return all property (i.e., keys, documents, ID badges, etc.) to my supervisor at Stonebrooke.

I agree that my obligations under this agreement regarding Patient Information and Stonebrooke Information will continue after the termination of my employment/assignment/affiliation with Stonebrooke and/or suspension, restriction or loss of privileges, in accordance with Stonebrooke's policies, as well as potential personal, civil and criminal legal proceedings.

I have read the above agreement and agree to comply with all of its terms as a condition of continuing my employment.

Signature of Employee/Physician/
Student/Volunteer

Date

 Print Your Name

**Stonebrooke Family Physicians
 Privacy Official Job Responsibilities**

The Privacy Official for this practice oversees development, implementation, maintenance of and adherence to Stonebrooke's policies and procedures related to the privacy of protected health information (PHI), in compliance with federal and state laws and privacy practices (the "Privacy Policy").

Responsibilities:

- .Maintain current knowledge of applicable federal and state privacy laws.
- .Develop, oversee and monitor implementation of the practice's Privacy Policy, and ensure that the integrity of the Privacy Policy is maintained at all times.
- .Report to the President or the Board regarding Privacy Policy matters.
- .Work with legal counsel, management and committees to ensure appropriate privacy forms, notices and other administrative materials are created and maintained in accordance with practice management and compliance requirements.
- .Establish, administer and oversee a process of receiving, documenting, tracking, investigating and taking action on all complaints concerning privacy policies and procedures in coordination and collaboration with other similar functions and with legal counsel, as appropriate.
- .Establish, administer and oversee practice policies for addressing patient requests to obtain or amend patient records, restrict the means of communication or obtain accountings of disclosures; ensure compliance with practice policies and legal requirements regarding such requests and establish and oversee grievance and appeals processes for denials of requests related to patient access or amendments.
- .Implement and oversee privacy training and orientation to all employees, volunteers, medical and professional staff and other appropriate personnel, and maintain appropriate documentation of privacy training.
- .Monitor attendance at all Privacy Policy training sessions, and evaluate participants' comprehension of the information provided at training sessions.
- .Monitor compliance with Privacy Policy including periodic privacy risk assessments.
- .Monitor and evaluate, on no less than an annual basis, the Privacy Policy's success in meeting the practice's goal for protection of PHI.
- .Coordinate and participate in disciplinary actions related to the failure of workforce members to comply with the practice's Privacy Policy and/or applicable law.
- .Monitor technological advancements related to PHI protection and privacy for consideration of adaptation by the practice.
- .Coordinate and facilitate the allocation of appropriate resources for the support and the effective implementation of the Privacy Policy, including training.
- .Initiate, facilitate and promote activities to foster privacy information awareness with the practice.
- .Cooperate with the Office of Civil Rights, other legal entities and practice officers in any compliance reviews or investigations.
- .Perform periodic risk assessments and ongoing compliance monitoring activities at each practice location.
- .Act as contact for legal counsel in an ongoing manner and in the event of a suspected or reported violation.
- .Determine who are business associates and obtain contacts, and respond appropriately if problems arise.
- .Act as the practice-based point of contact for receiving, documenting and tracking all complaints concerning privacy policy and procedures of the practice.

Skills:

- .Able to facilitate change.
- .Possess knowledge and understanding of privacy law and office technology.

**Stonebrooke Family Physicians
 Complaint Officer Job Responsibilities**

Effective Date: _____

Objective

In order to ensure the privacy and security of protected health information, Stonebrooke Family Physicians will appoint one of its employees to serve as the Complaint Officer of the organization. In doing so, Stonebrooke Family Physicians will act in compliance with the HIPAA Privacy Rule and other applicable law.

Policy

It is the policy of Stonebrooke Family Physicians to have an employee serve as the Complaint Officer of the organization.

Job Responsibilities

The Complaint Officer is responsible for all of the following:

- .coordinate with the Privacy Officer to establish and administer a process for receiving, documenting, investigating, and taking action on all complaints concerning the privacy policies, practice and procedures of Stonebrooke Family Physicians;

- .ensure that the name, location and telephone number of the Complaint Officer is posted throughout Stonebrooke Family Physicians locations in the event that an individual desires to file a complaint pursuant to the HIPAA Privacy rule;
- .receive complaints made pursuant to the HIPAA Privacy Rule and report the complaints to the Privacy Officer;
- .document, investigate and respond to all patient complaints regarding protected health information;
- .document all action taken in response to patient complaints regarding protected health information;
- .coordinate with legal counsel when necessary;
- .provide further information about matters covered by the privacy notice required by the HIPAA Privacy rule;
- .report any complaints to the Privacy Officer.

Stonebrooke Family Physicians,
Policy Regarding Authorizations for Use and Disclosures of Protected
Health information

Effective:

Objective

Stonebrooke Family Physicians will only use or disclose protected health information with a valid authorization unless otherwise permitted by the HIPAA Privacy Rule.

Policy

In accordance with the HIPAA Privacy Rule, it is the policy of Stonebrooke Family Physicians to obtain a valid authorization prior to using or disclosing protected health information, except where otherwise permitted under the HIPAA Privacy Rule.

Procedures

.In accordance with the provisions of the HIPAA Privacy Rule, Stonebrooke is *not* required to obtain or receive an authorization in the following routine circumstances:

- .uses and disclosures permitted for treatment, payment and health care operations by Stonebrooke Family Physicians;
- .uses and disclosures to another health care provider for treatment, payment, and, under *certain* conditions, health care operations;
- .uses and disclosures where the HIPAA Privacy Rule generally requires that Stonebrooke Family Physicians give patients an opportunity to object to uses or disclosures (uses and disclosures for facility directories; disclosures relevant to health care or payment to person assisting with health care or payment; disclosures regarding condition, location, or death of person).

.The Privacy Officer will know the content and scope of the HIPAA Privacy Rule provisions relating to these routine uses and disclosures listed above, which do not require an authorization. The Privacy Officer will look to the text of the HIPAA Privacy Rule (164.506; 164.510; 164.508) and/or obtain the assistance of legal counsel if there is a question as to whether an authorization is required for such routine uses.

.In accordance with the provisions of the HIPAA Privacy Rule, Stonebrooke Family Physicians will not obtain or receive an authorization in *certain* special circumstances involving the following:(1)

- .uses and disclosures required by law;
- .uses and disclosures for public health activities;
- .disclosures about victims of abuse, neglect, or domestic violence;
- .uses and disclosures for health oversight activities;
- .disclosures for judicial and administrative proceedings;
- .disclosures for law enforcement purposes;
- .uses and disclosures about decedents;
- .uses and disclosures for cadaveric organ, eye or tissue donation purposes;
- .uses and disclosures for research purposes;
- .uses and disclosures to avert a serious threat to health or safety
- uses and disclosures for specialized government functions;
- .disclosures for workers' compensation.

.The Privacy Officer will know the HIPAA Privacy Rule provisions, conditions, and exceptions that relate to the special uses and disclosures listed above that do not require an authorization. Before making a use or disclosures of protected health information without an authorization due to one of the special circumstances listed above, the Privacy Officer will consult the text of the HIPAA Privacy Rule (specifically, 164.508 and 164.512) and/or obtain the assistance of legal counsel to ensure that such use or disclosure without an authorization is consistent with the HIPAA Privacy Rule.

.Stonebrooke Family Physicians will obtain an authorization for any use or disclosure of protected health that does not fall under one of the routine or special circumstances mentioned above.

.In accordance with the HIPAA Privacy Rule, Stonebrooke Family Physicians will *always* obtain an authorization for any use or disclosure of *psychotherapy notes* except for the following:

(1) The HIPAA Privacy Rule sets forth numerous conditions and exceptions that apply to these special circumstances in which an authorization is not required. The HIPAA Privacy Rule (specifically 164.508 and 164.512) must be consulted before using or disclosing protected health information with an authorization due to the fact that such uses and disclosures involve these special circumstances

- .use by the originator of the psychotherapy notes for treatment;
- .use or disclosure by Stonebrooke Family Physicians for its own training programs in which students, trainees or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family or individual counseling;

.use or disclosure by Stonebrooke Family Physicians to defend itself in a legal action or other proceeding brought by the individual;
 .a use or disclosure that is required by the Secretary of Health and Human Services to investigate or determine the compliance of Stonebrooke Family Physicians with the HIPAA Privacy Rule:
 .certain uses or disclosures permitted by law;
 .certain uses or disclosures for health oversight activities with respect to the oversight of the originator of the psychotherapy notes;
 .certain uses or disclosures about decedents to coroners and medical examiners;
 .certain uses or disclosures to avert serious threat to health or safety.

.Before making any use or disclosure of *psychotherapy notes* without an authorization, the Privacy Officer will consult the text of the HIPAA Privacy Rule (164.508) and/or obtain the assistance of legal counsel in order to determine if such contemplated use or disclosure is permitted by the provisions of the HIPAA Privacy Rule.

.In accordance with the HIPAA Privacy Rule, Stonebrooke Family Physicians will *always* obtain an authorization for any use or disclosure of protected health information for *marketing* unless:
 .the communication is in the form of a face-to-face communication made by Stonebrooke Family Physicians to an individual; or
 .the communication is in the form of a promotional gift of nominal value provided by the covered entity.

.Stonebrooke Family Physicians will obtain a valid authorization when required to do so and the Privacy Officer will ensure that all authorizations for the use or disclosure of protected health information are valid in accordance with the HIPAA Privacy Rule.

.In order to obtain and receive valid authorizations, Stonebrooke Family Physicians will include all the following elements in the authorizations that it obtains and receives:

- .plain language;
- .description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
- .name or other specific identification of the persons, or class of persons, authorized to make the requested use or disclosure;
- .name or other specific information of the persons, or class of persons, to whom the covered entity may make the requested use or disclosure;
- .description of each purpose of the requested use or disclosure ("at the request of the individual" is sufficient when an individual initiates the authorization and does not provide a statement of purpose);
- .expiration date or expiration event that relates to the individual or the purpose of using the disclosure ("at the end of the research study" or "none" is sufficient if the authorization is for a use or disclosure of protected health information for research);
- .signature of the individual and the date;
- .if the authorization is signed by a personal representative a description of the representative's authority to act for the individual;
- .statement adequate to place the individual on notice of the individual's right to revoke the authorization in writing;
- .exceptions to the right to revoke and a description of how the individual may revoke the authorization (if this information regarding the exception and description of the individuals right to revoke is included in the notice, a reference to the notice of Stonebrooke Family Physicians is sufficient);
- .statement adequate to place the individual on notice of the ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, in accordance with the HIPAA Privacy Rule;
- .statement adequate to place the individual on notice of the potential for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient and no longer protected by the HIPAA Privacy Rule;
- .when an authorization is required for uses or disclosures of protected health information for marketing that involves direct or indirect remuneration to Stonebrooke Family Physicians from a third party, Stonebrooke Family Physicians will state within the authorization that such remuneration is involved.

.If Stonebrooke Family Physicians elects to provide additional information in its authorization beyond that required by the HIPAA Privacy Rule, that additional information will be consistent with the provisions of the HIPAA Privacy Rule.

.Stonebrooke Family Physicians will treat an authorization as invalid if it knows that any material information contained in the authorization is false, that the authorization has been revoked, that the expiration date has passed, the expiration event has occurred, or that the HIPAA Privacy Rule provisions regarding conditions on or the combination of such authorizations have been violated.

.Stonebrooke Family Physicians will treat an authorization as invalid if the core elements or requirements of such authorization as set forth by the HIPAA Privacy Rule and listed above have not been filled out completely.

.Stonebrooke Family Physicians will not combine an authorization for the use or disclosure of protected health information with any other document to create a compound authorization unless the Privacy Officer consults the text of the HIPAA Privacy Rule (164.508) and/or obtains the assistance of legal counsel to ensure that such a compound authorization is legally permitted.

.Stonebrooke Family Physicians will not condition the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization except as follows:

.Stonebrooke Family Physicians can condition the provision of treatment that is related to research on the provision of an authorization for the use or disclosure of protected health information for such research when that authorization is made under the HIPAA Privacy Rule; and

.Stonebrooke Family Physicians may condition the provision of health care that is only for the purpose of creating protected health information for disclosure to a third party on the provision of an authorization for such disclosure.

.Stonebrooke Family Physicians must provide the individual with a copy of the signed authorization when Stonebrooke Family Physicians has sought an authorization from the individual for a use or disclosure of protected health information.

.Stonebrooke Family Physicians will allow individuals to revoke an authorization provided under the HIPAA Privacy Rule at any time if the revocation is in writing unless:

- .Stonebrooke Family Physicians has taken action in reliance on such authorization; or
- .if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

.Stonebrooke Family Physicians will document and retain any signed authorization for the use or disclosure of protected health information in written or electronic record in accordance with the HIPAA Privacy Rule.

.When Stonebrooke Family Physicians obtains or receives a valid authorization for its use or disclosure of protected health information, such use or disclosure will be consistent with the authorization.

.Workforce members will consult with the Privacy Officer if there is any question as to whether Stonebrooke Family Physicians should obtain or receive an authorization prior to using or disclosing protected health information.

.Stonebrooke Family Physicians can use or disclose protected health information that it created or received prior to April 14, 2003 pursuant to an authorization or other express legal permission obtained from an individual prior to April 14, 2003 if the authorization or other express legal permission specifically permits such use or disclosure and there is no agreed upon restriction under the HIPAA Privacy Rule. If Stonebrooke Family Physicians desires to rely upon a permission of research obtained prior to April 14, 2003, the Privacy Officer will consult the text of the HIPAA Privacy Rule (specifically 164.532) for applicable standards and conditions.

Stonebrooke Family Physicians
Policy Regarding Accounting of Disclosures of Protected Health
Information

Effective: (date?)

Objective:

Stonebrooke Family Physicians will respect the rights of individuals, under the HIPAA Privacy Rule, to receive an accounting of certain disclosures of protected health information made by Stonebrooke Family Physicians in the six years prior to the date of which the accounting is requested, but not for disclosures made prior to April 14, 2003.

Policy

In accordance with the HIPAA Privacy Rule, it is the policy of Stonebrooke Family Physicians to receive an individual's request for an accounting of disclosures of protected health information made by Stonebrooke Family Physicians within the six years prior to the date of the request but not prior to April 14, 2003. Upon request, Stonebrooke Family Physicians will provide individuals with such an accounting as required by and in compliance with the HIPAA Privacy Rule.

Procedures

. The Privacy Officer will track disclosures of the protected health information for which individuals have a right to an accounting (see exceptions to this right listed below) by keeping a log of the disclosures in either a central directory or in each patient record, or both. For each such disclosures included in the log, the log should contain information to satisfy all of the required elements of an accounting (see listed below). The log will include such disclosures that have been made for at least the previous six years, but not prior to April 14, 2003.

. Stonebrooke Family Physicians will include a provision within its Business Associate Agreement stating that a Business Associate of Stonebrooke Family Physicians must provide information regarding relevant disclosures of protected health information upon request by Stonebrooke Family Physicians when Stonebrooke Family Physicians has received a request for an accounting.

. A Privacy Officer is the person who will receive an individual's request for an accounting.

. The Privacy Officer will keep a file of all requests for an accounting.

. The Privacy Officer will allow individuals to request an accounting of disclosures for a period of time up to or less than six years from the date of the request.

. Upon receipt of the request for an accounting, the Privacy Officer will provide the individual with the requested accounting no later than 60 days after receipt of the request for the accounting. However, if Stonebrooke Family Physicians is unable to provide the accounting within 60 days from receipt of the request, the Privacy Officer will extend that time period by 30 days. If such an extension is necessary, within 60 days from the receipt of the request for an accounting, the Privacy Officer will provide the individual with a written statement of the reasons for the delay and the date by which Stonebrooke Family Physicians will provide the requested accounting. Stonebrooke Family Physicians will only make one such extension with regards to a request for an accounting.

. When preparing the requested accounting, the Privacy Officer will include in the accounting all of the following elements:

.all disclosures of protected health information that occurred during the six years (or shorter, if the individual specified a shorter time in the request) prior to the date of the request for an accounting, including those disclosures made to or by a business associate of Stonebrooke Family Physicians;

.the date of the disclosure;

.the name of the entity or person who received the protected health information and, if known, the address of such entity or person;

.a brief description of the protected health information disclosed;

.a brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure.

. If during the period covered by the accounting, Stonebrooke Family Physicians has made *multiple* disclosures of protected health information to the *same person or entity for a single purpose* involving: (1) disclosures to the Secretary of Health and Human Services to investigate or determine compliance with the HIPAA Privacy Rule, or (2) certain situations involving uses and disclosures required by law; uses and disclosures for public health activities; disclosures about victims of abuse, neglect, or domestic violence; uses and disclosures for health oversight activities; disclosures for judicial and administrative proceedings; disclosures for law enforcement purposes; uses and disclosures about decedents; uses and disclosures for cadaveric organ, eye or tissue donation purposes; uses and disclosures for research purposes; uses and disclosures to avert a serious threat to health or safety; or , uses and disclosures for specialized government functions, the Privacy Officer will consult the HIPAA Privacy Rule provisions regarding such an accounting and act accordingly.

. The Privacy Officer will exclude from the requested accounting those disclosures for which the individual does not have a right to receive an accounting.

Individuals do not have a right to receive an accounting of disclosures made in accordance to the HIPAA Privacy Rule that are (1) disclosures to the individual who is the subject of the protected health information; (2) disclosures incident to a use or disclosure otherwise in compliance with the HIPAA Privacy Rule; (3) certain disclosures to carry out treatment, payment and health care operations; (4) disclosures pursuant to an authorization (see Stonebrooke Family Physicians policy regarding authorizations and HIPAA Privacy Rule, specifically 164.508 and 164.512); *1 (5) certain disclosures for Stonebrooke Family Physicians facility directories, if any; (6) certain disclosures for national security or intelligence purposes; (7) certain disclosures to correctional institutions or law enforcement officials; (8) disclosures that are part of a limited data set; (9) disclosures made prior to April 14, 2003. The Privacy Officer will understand the scope of these nine types of exclusions from an individual's right to an accounting as they are set forth in the HIPAA Privacy Rule. If the Privacy Officer has questions about the scope of such exclusions when responding to a request for an accounting, the Privacy Officer will obtain assistance from legal counsel.

. Stonebrooke Family Physicians will temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency or law enforcement official for an amount of time specified by such agency or official if the agency or official provides Stonebrooke Family Physicians with a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activities and specifying the time for which such a suspension is required. If such a situation may apply, the Privacy Officer will consult the HIPAA Privacy Rule and, if necessary, obtain the assistance of legal counsel in order to determine the scope of such a suspension and what Stonebrooke Family Physicians must do in response to such a suspension.

. If Stonebrooke Family Physicians discloses protected health information for research, the Privacy Officer will consult the text of the HIPAA Privacy Rule to determine what elements should be included in accountings of disclosures made by Stonebrooke Family Physicians, and what other applicable requirements the HIPAA Privacy Rule would impose on Stonebrooke Family Physicians relating to accountings of research disclosures.

*1 Disclosures made pursuant to HIPAA Privacy Rule 164.512 must be included unless the disclosure is made for national security or intelligence purposes or to a

correctional facility or law enforcement official under 164.512(k)(2) or 164.512(k)(5). In other words, uses and disclosures required by law; uses and disclosures for public health activities; disclosures about victims of abuse, neglect or domestic violence; uses and disclosures for health oversight activities; disclosures for judicial and administrative proceedings; disclosures for law enforcement purposes; uses and disclosures about decedents; uses and disclosures for cadaveric organ, eye or tissue donation purposes; uses and disclosures for research purposes; uses and disclosures to avert a serious threat to health or safety; disclosures for workers compensation; and certain uses and disclosures for special government functions, that are made under 164.512 must be included in an accounting.

- . Stonebrooke Family Physicians will provide the first accounting to an individual in any 12 month period without charge.
- . Stonebrooke Family Physicians may charge a reasonable cost-based fee for each subsequent request for an accounting by or on behalf of the same individual within a 12 month period. If Stonebrooke Family Physicians elects to charge such a fee, it will inform the individual in advance of the fee. In addition, if Stonebrooke Family Physicians elects to charge such a fee, it will provide the individual opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.
- . The Privacy Officer will document in writing or electronic form, and retain and maintain such documentation of, the following:
 - . information required to be included in an accounting for disclosures that are subject to an accounting pursuant to the HIPAA Privacy Rule;
 - . the written accounting provided pursuant to the HIPAA Privacy Rule;
 - . the titles of the persons or offices responsible for receiving and processing requests for accountings.

**Stonebrooke Family Physicians
Policy for Verification of Individuals Requesting Disclosure of Protected
Health Information**

Effective:

Objective

In order to ensure the privacy and security of protected health information, Stonebrooke Family Physicians will ensure that appropriate steps are taken to verify both the identity and legal authority of individuals requesting disclosures of protected health information. In doing so, Stonebrooke Family Physicians will act in compliance with the HIPAA Privacy Rule and other applicable law.

Policy

It is the policy of Stonebrooke Family Physicians to verify the identity and legal authority of individuals requesting disclosure of protected health information prior to making any disclosure of protected health information.

Procedures

- . Employees of Stonebrooke Family Physicians must verify the *identity* of any individual requesting the disclosure of protected health information and the *authority* of such individual to have access to the protected health information prior to making any disclosure of protected health information if the *identity* or *authority* of the person is not known to the employee.
- . Employees of Stonebrooke Family Physicians must obtain any documentation, statements, or representations, whether oral or written, from the individual requesting protected health information as required by the HIPAA Privacy Rule. In such a case, employees of Stonebrooke Family Physicians may reasonably rely on documentation, statements, or representations that meet the requirements on their face.
- . When the individual requesting disclosure of protected health information is a public official or a person acting on behalf of a public official, employees of Stonebrooke Family Physicians may verify *identity* by reasonably relying on any of the following:
 - . presentation of an agency identification badge, official credentials, or proof of government status when the request is made in person;
 - . a written request that is on the appropriate government letterhead;
 - . a written statement on appropriate government letterhead that the person is acting under the government's authority if the disclosure is to a person acting on behalf of a public official;
 - . other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official.
- . When the individual requesting disclosure of protected health information is a public official or a person acting on behalf of a public official, employees of Stonebrooke Family Physicians may verify *authority* by reasonably relying on any of the following:
 - . written statement of the legal authority under which the information is requested;
 - . an oral statement of legal authority under which the information is requested if a written statement would be impracticable;
 - . warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal if the request is made pursuant to legal process.
- . Employees of Stonebrooke Family Physicians will satisfy the *verification* policies stated within this document if they rely on the exercise of professional judgment in making a use or disclosure for facility directories or for involvement in the individual's care or for notification purposes.
- . Employees of Stonebrooke Family Physicians will satisfy the *verification* policies stated within this document if they act on a good faith belief in making a disclosure to avert a serious threat to health or safety.
- . Employees of Stonebrooke Family Physicians will report any discrepancies in the *verification* of the identity and/or legal authority of an individual requesting protected health information to the Privacy Officer in a timely manner.
- . In the event that the identity and legal authority of an individual requesting protected health information cannot be verified, employees will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

**Stonebrooke Family Physicians
Policy Regarding Reasonable Safeguards for Protected Health Information**

Effective:**Objective**

In order to ensure the privacy and security of protected health information, Stonebrooke Family Physicians will adopt and implement appropriate administrative, technical and physical safeguards to protect the privacy of protected health information.

Policy

It is the policy of Stonebrooke Family Physicians to protect the privacy and security of protected health information by reasonably safeguarding protected health information from intentional or unintentional uses or disclosures that violate the HIPAA Privacy Rule. In addition, Stonebrooke Family Physicians will reasonably safeguard protected health information to limit incidental uses or disclosures made pursuant to a use or disclosure that is otherwise permitted or required by the HIPAA Privacy Rule.

Procedures

- . Workforce members will limit all communications to those minimally necessary to achieve the intended purpose as required by the HIPAA Privacy Rule.
- . Workforce members will verify the identity of telephone callers by asking for the callers' birth dates and social security numbers.
- . Individuals will step up to the receptionist window or enter the hallway to the checkout counter if verbal clarification of protected health information is necessary. Discussions with patients should not be conducted where persons other than the patient and the person talking to the patient are reasonably expected to hear the conversation.
- . Workforce members should call patients to the exam/treatment areas using first names only.
- . Workforce members will perform dictations so others do not hear the dictations except for those who need the information to perform services.
- . Workforce members will limit overheard conversations by speaking softly and, if possible, in a private area, when discussing protected health information with other workforce members or the patient.
- . Workforce members will refrain from discussing patients outside of the Stonebrooke Family Physicians' offices.
- . Workforce members will supervise individuals who are not members of the workforce (patients, family, visitors, etc.) while those individuals are in the offices of Stonebrooke Family Physicians.
- . Workforce members will be responsible and use judgment when leaving messages on answering machines including only asking the individual to return a call to the office and will check records to determine if the patient expressed how communications were to be made.
- . Workforce members will notify patients of test results by telephone only after verifying identification by requesting the patients' birth dates and social security numbers, or by mail unless requested otherwise by patient.
- . Stonebrooke Family Physicians will have its fax machines in areas that are not viewable or accessible by individuals who are no members of the Stonebrooke Family Physician workforce.
- . Workforce members will refrain from sending highly confidential information (for example, test results including information such as that relating to venereal diseases, HIV, pregnancy results, alcohol and drug use, or mental health records) by fax without exercising precautions to determine that only the intended recipient will receive the fax.
- . Workforce members will append a fax report confirming that a fax was sent and received to any faxed information containing protected health information and place those documents in the office files.
- . Workforce members will use automatic dialing features or double check fax numbers before dialing.
- . Workforce members will ask fax recipients to update fax numbers when necessary.
- . Workforce members will ensure that all faxes containing protected health information are accompanied by a fax cover sheet that contains a confidentiality statement.
- . Workforce employees will contact that recipient of a fax if that fax contains protected health information and has been misdirected.
- . Stonebrooke Family Physicians will ensure that patient records are not accessible to individuals who are not members of its workforce by keeping patient records out of public areas.
- . Stonebrooke Family Physicians will limit access to patient records to its workforce members with legitimate needs for access during business hours.
- . Stonebrooke Family Physicians will place patient files and office computers so that they are facing away from view by persons other than those who need to view the information.
- . Workforce members will shred all documents containing protected health information before disposing of such documents.
- . Workforce members will place all charts in a position so they cannot be viewed by other patients.
- . Workforce members, where possible, will lock cabinets and put away charts containing protected health information at the end of each day.
- . Workforce members will keep medical records, lab reports, x-rays and other items containing protected health information out of the view of individuals in the waiting room or visitors to the office.
- . Workforce members will mail appointment reminders in sealed envelopes instead of postcards.
- . Stonebrooke Family Physicians will ensure that all envelopes sent by mail that contain protected health information are marked personal and confidential.
- . When Stonebrooke Family Physicians grants an individual request to inspect a medical records pursuant to the HIPAA Privacy Rule, Stonebrooke Family Physicians will either only allow individuals to view a copy of the record or chaperone the individual's viewing of the medical record.

- . Stonebrooke Family Physicians will protect sign-in sheets to a minimum amount and will not request the reason for the visit to be placed on the sign-in sheet.
- . Stonebrooke Family Physicians will install screen savers on all computers and the screen savers will activate within a reasonable amount of time that the computers are left unused.
- . Workforce members will not use protected health information when posting information on the Internet.
- . Workforce members will obtain the patient's permission before using protected health information when communicating by e-mail.
- . Stonebrooke Family Physicians will have passwords to protect computers containing protected health information and such passwords should not be shared, be posted near the computers or be able to be easily guessed by others.
- . Workforce members will log out of the computer when it is not in use.
- . Workforce members will only access the computer for that information to which they need access in order to carry out their job responsibilities and will not attempt to access the computer or information if they are not authorized to do so.

**Stonebrooke Family Physicians
Policy Regarding Amendment of Protected Health Information**

Effective

Objective

Stonebrooke Family Physicians will respect the rights of individuals to have Stonebrooke Family Physicians amend protected health information or records about the individuals maintained in designated record sets pursuant to the HIPAA Privacy Rule.

Policy

In accordance with the HIPAA Privacy Rule, it is the policy of Stonebrooke Family Physicians to receive requests from individuals for amendment to protected health information or records about the requesting individual that are maintained in designated record sets. Stonebrooke Family Physicians will act on such requests by denying or accepting the requested amendment in accordance with the HIPAA Privacy Rule.

Procedures

. Stonebrooke Family Physicians will permit individuals to request that Stonebrooke Family Physicians amend the protected health information maintained in designated record sets.

. Stonebrooke Family Physicians will require that individuals make such requests for amendments in writing and that a reason be provided by the individual to support a request.

. The Privacy Officer will receive all written requests for amendments to protected health information or records about the requesting individual that are maintained in designated record sets.

. The Privacy Officer will act on an individual's request for such an amendment by granting or denying the amendment in accordance with the Privacy Rule within 60 days after receipt of such a request. If the Privacy Officer cannot act within this 60 day period, it can extend the period by up to 30 days. In order to benefit from such an extension, the Privacy Officer, within the original 60 day period, will provide the individual with a written statement of the reasons for the delay and the date by which the covered *entity* will complete its action on the request. Stonebrooke Family Physicians may only make one such extension for action on a request for an amendment.

. The Privacy Officer may only deny a requested amendment if he determines that the protected health information or record that is the subject of the request:

- .is not created by Stonebrooke Family Physicians and the individual requesting the amendment has not provided a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
- .is not part of the designated record set;
- .would not be available for inspection under the HIPAA Privacy Rule; or
- .is not accurate and complete

. If the Privacy Officer *denies* the requested amendment, in whole or in part, the Privacy Officer will provide the individual with a written denial within the time proscribed by the HIPAA Privacy Rule (60 days from receipt of the request, or if an extension applies, 90 days from receipt of the request). The timely written denial will be in plain language and contain the following required elements in accordance with the HIPAA Privacy Rule:

- .the basis for the denial;
- .the individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement;
- .a statement that if the individual does not submit a statement of disagreement, the individual may request that Stonebrooke Family Physicians provide the individual's request for amendment and the denial with any future disclosures of the protected health information at issue;
- .a description of how the individual may complain to Stonebrooke Family Physicians including the name or title of the Privacy Officer, and the telephone number of the Privacy Officer;
- .a description of how the individual may complain to the Secretary of Health and Human Services.

. If the Privacy Officer *denies* the requested amendment, in whole or in part, the Privacy Officer will also do all of the following:

- .permit the individual to submit to Stonebrooke Family Physicians a written statement disagreeing with the denial of all or part of a requested amendment and the basis for such disagreement (Stonebrooke Family Physicians can reasonably limit the length of this statement);
- .identify, when appropriate, the record or protected health information in the designated record set that is the subject of the disputed amendment;
- .append or otherwise link, when appropriate, the individual's request for an amendment, the denial of the request, the individual's statement of disagreement, and the Stonebrooke Family Physicians rebuttal, to the designated record set.

. If the Privacy Officer *denies* the requested amendment, in whole or in part, Stonebrooke Family Physicians *may* prepare a written rebuttal to the individual's statement of disagreement. If Stonebrooke Family Physicians prepares a written rebuttal, it will provide a copy to the individual who submitted the statement of

disagreement.

. If the individual has submitted a statement of disagreement, Stonebrooke Family Physicians will include the material (request for amendment, denial of the request, statement of disagreement, rebuttal) that is appended to the designated record set, or an accurate summary of such information, with any subsequent disclosure of the protected health information to which the disagreement relates. Under certain conditions, if necessary to comply with other provisions of the HIPAA regulations, these materials can be transmitted separately.

. If the individual has not submitted a written statement of disagreement, Stonebrooke Family Physicians will include the individual's request for amendment and its denial, or an accurate summary of that information, with any subsequent disclosure of protected health information to which the request for amendment relates but only upon the individual's request. Under certain conditions, if necessary to comply with other provisions of the HIPAA regulations, these materials can be transmitted separately.

. If the Privacy Officer *accepts* the requested amendment, in whole or in part, the Privacy Officer will do the following within the time proscribed by the HIPAA Privacy Rule (60 days from the receipt of the request, or if an extension applies, 90 days from receipt of the request):

.make the appropriate amendment to the protected health information or record that is the subject of the request for amendment (at a minimum, this should be accomplished by (1) identifying the records in the designated record set that are affected by the amendment and (2) appending or otherwise providing a link to the location of the amendment);

.inform the individual that the amendment is accepted;

.obtain the individual's identification of and agreement to have Stonebrooke Family Physicians notify the relevant persons with whom the Privacy Rule requires that the amendment be shared (listed in the next bullet point);

.make reasonable efforts to inform and provide the amendment within a reasonable time to the following:

.persons that the individual identifies as needing the amendment and having received protected health information about the individual in the past;

and

.persons, including business associates, that Stonebrooke Family Physicians knows have the protected health information which is the subject of the amendment and that may have relied or could foreseeably rely on such information to the detriment of the individual.

. If the Privacy Officer is informed by another entity covered by the HIPAA Privacy Rule of an amendment to an individual's protected health information, the Privacy Officer will amend the protected health information in designated record sets by a minimum (1) identifying the records in the designated record set that are affected by the amendment and (2) appending or otherwise providing a link to the location of the amendment.

. Stonebrooke Family Physicians will document the titles of the persons or the offices responsible for receiving and processing individuals' requests for amendments and retain the documentation as required by the HIPAA Privacy Rule.

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