

## SUNY DOWNSTATE MEDICAL CENTER

### POLICY AND PROCEDURE

No: HIPAA-16

Subject: NOTICE OF PRIVACY PRACTICES Page 1 of 3

|              |                                          |                      |                                                |
|--------------|------------------------------------------|----------------------|------------------------------------------------|
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| Reviewed by: | <u>HIPAA Policy &amp; Procedure Team</u> | Supersedes Date:     | <u>NONE</u>                                    |
| Approved by: | <u>HIPAA Oversight Committee</u>         | Approval Date:       | <u>12/02</u>                                   |
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|              | <u>John Fallon, MD</u>                   |                      | <input type="checkbox"/> Patient Care Manual   |
|              | <u>Ivan Lisnitzer</u>                    |                      | <input type="checkbox"/> AOD Manual            |
|              |                                          |                      | <input type="checkbox"/> Campus Manual         |
|              |                                          | Issued by:           | <b>Regulatory Affairs</b>                      |

- I. **Purpose:** To ensure that SUNY Downstate's patients receive adequate notice of the uses and disclosures of protected health information (PHI) made by SUNY Downstate, their individual rights and SUNY Downstate's legal duties with respect to PHI to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

#### II. Policy

**A. Joint Notice-** The NPP applies to all of the entities participating in SUNY Downstate's organized healthcare arrangement (See policy on Covered Entity Designation).

1. The notice must describe the class of entities to which it applies, including the classes of service delivery sites.
2. The notice must state that these entities will share PHI with each other, as necessary, to carry out treatment, payment and healthcare operations related to the organized healthcare arrangement.
3. The provision of the NPP by any one of the participating entities will satisfy the provision requirement for all the remaining entities.

**B. Exception-** An inmate does not have the right to receive a NPP.

**C. Documentation-** The following documentation must be retained:

1. Copies of the NPP issued;
2. Written acknowledgements of receipt; and
3. Documentation of good faith efforts to obtain acknowledgements.

### **III. Procedure:**

#### **A. Provision of NPP**

1. Registration staff must provide the NPP to the patient on the date of the first service delivery.
  - a. The NPP should be available in all registration areas for patients.
  - b. The NPP must be posted in all Admitting/ registration areas, outpatient suites and patient care floors.
  - c. The NPP will be available in English, Spanish and Creole. For other languages, the patient should be referred to Patient Relations for interpreting services.
  - d. The NPP must be available on SUNY Downstate's web-site.
  - e. If the first service is delivered to a patient electronically or via telephone, the notice must be automatically provided electronically.
    - i. If an email transmission failed, a paper copy must be sent to the patient and the reason for the delay in the notice provision should be documented;
    - ii. A patient who received an electronic notice can always obtain a paper copy upon request.
  - f. Regardless of whether services are provided on physical premises or electronically, the NPP may be provided via email, if the patient agrees.
  - g. In emergency situations, the NPP should be provided as soon as reasonably practicable after the emergency treatment.
2. A good faith effort must be made to obtain the patient's written acknowledgement of receipt of the NPP.
  - a. If an acknowledgement is not obtained, the responsible staff member must document the efforts made and the reason why the acknowledgement was not obtained on the HIPAA Privacy Form.
  - b. This information should be placed in the patient's medical record and entered into the Eagle system.

#### **B. Revisions to the NPP**

1. The NPP must be promptly revised whenever there is a material change to the following:
  - a. Uses & disclosures;
  - b. Patient rights with respect to PHI;
  - c. SUNY Downstate's legal duties with respect to PHI; or
  - d. Other privacy practices stated in the NPP.
2. The revised NPP must be made available as of the effective date of the document.
3. The NPP must be made available in all of the applicable areas for distribution to new patients. Recurring patients will only be given the revised NPP upon request.

**IV. Responsibilities:** It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Hospital staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the hospital.

**V. Reasons for Revision:** Institutional/regulatory changes

**VI. Attachments:** Notice of Privacy Practices, HIPAA Privacy Form

**VII. References:** Standards for Privacy of Individually Identifiable Health Information- 45 CFR Parts 160 and 164; 164.520