

UNIVERSITY PHYSICIANS OF BROOKLYN, INC.

POLICY AND PROCEDURE

No: _____

Subject: NOTICE OF PRIVACY PRACTICES Page 1 of 3

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Reviewed by: HIPAA Policy & Procedure Team Supersedes Date: NONE

Approved by: HIPAA Oversight Committee Approval Date: 12/02

Distribution:

Issued by:

- I. **Purpose:** To ensure that UPB's patients receive adequate notice of the uses and disclosures of protected health information (PHI) made by UPB, their individual rights and UPB'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. Notice- The NPP applies to all of the practices under UPB.

1. The notice must list the individual practices and each service delivery site.
2. The provision of the NPP by any one of the practices will satisfy the provision requirement for all the remaining practices, provided that a method for communicating such is established.

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 registration areas/ physician practices.
 - c. The NPP is available in English, Spanish and Creole. For other languages, the patient should be referred to a patient representative for interpreting services.
 - d. The NPP must be available on UPB'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.
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 appropriate computer system.

B. Revisions to the NPP

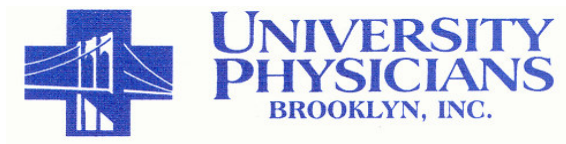
1. The NPP must be promptly revised whenever there is a material change to the following:
 - a. Uses & disclosures;
 - b. Patient rights with respect to PHI;
 - c. UPB's legal duties with respect to PHI; or
 - d. Other privacy practices stated in the NPP.
2. The revised NPP must be made available as 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 practice staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Practice staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the practice.

V. Reasons for Revision: Institutional/regulatory changes

VI. Attachments: HIPAA Privacy Form

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



HIPAA PRIVACY FORM
NOP ACKNOWLEDGEMENT

This form will be provided to you upon registration. In the case of a medical emergency, this form will be provided to you as soon as reasonably practicable after your emergency treatment is over.

Name of Patient/ Personal Representative: _____

I. Notice of Privacy

You are entitled to our **Notice of Privacy Practices** describing how your health information can be used and disclosed by University Physicians of Brooklyn, Inc. and how you can obtain access to and control this information.

Our Notice of Privacy Practices will be provided to you upon registration or admission. It is also posted in our registration areas and is available on our website at www.downstate.edu.

By signing below, I acknowledge that I received the Notice of Privacy Practices.

SIGNATURE OF PATIENT/ PERSONAL REPRESENTATIVE

DATE

DESCRIPTION OF PERSONAL REPRESENTATIVE'S AUTHORITY

For UPB employee use only:

___ Patient would not acknowledge receipt of NPP. Documentation of good faith effort to obtain acknowledgement and reason not obtained:

II. Individuals Involved in Care

Please identify family members, relatives or close personal friends that we may share your health information with who are involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition or about the unfortunate event of your death.

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Relation: _____

Relation: _____