

WAHKIAKUM COUNTY – HHS DEPARTMENT

Revision history

Notice of Privacy Practices		Document ID	WAHK-HH-38
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Owner – title / dept	Privacy Officer – HHS Dept.	Approved by	Chris Bischoff
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1. Overview

This document lays down the policy and procedures with respect to the Organization’s privacy practices and notifying individuals of such practices and the rights they can exercise. This document is appended with the necessary forms in template form that support the implementation of this policy.

2. Purpose

The purpose of this policy is to notify an individual of the uses and disclosures of protected health information that will be statutorily made by the covered entity. *“An individual has a right to adequate notices of the uses and disclosures of protected health information that may be made by the covered entity”*.

The words “The Organization” in this document refers to Wahkiakum County HHS Dept. which is a Covered Entity as defined under HIPAA.

3. Policy Guidelines

3.1. **Content**

The notice shall provide adequate information on:

-  Uses and disclosures of PHI that this Organization may make.
-  Legal obligations of this Organization with respect to handling protected health information (PHI).
-  Rights of the individual with respect to his PHI.
-  Procedures to request further information on the Organization’s privacy policies or submit complaints.

3.2. **Provision of Notice**

This Organization shall follow the procedures as laid down below in providing/issuing the “Notice of Privacy Practices” to individuals:

-  Notice shall be made available upon request to any person, even if such person is not receiving services from this Organization.

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- ✚ The notice shall be provided no later than the date on which an individual is first provided with healthcare services or a transaction that involves PHI.
- ✚ In cases of emergency treatment, HHS will provide the notice as soon as reasonably practical.
- ✚ The notice may be delivered in paper form or in any other form reasonably calculated to reach the individual entitled to it; e.g. email, text message, or referral to URL.
- ✚ The Organization shall post the Notice of Privacy Practices in a prominent place for individuals to access and read the same.
- ✚ If the Organization maintains a website, the notice shall be made available on such website and shall be available for download.
- ✚ In case the notice is made available through email, the individual has the right to request the same in a paper copy.

3.3. Revisions to Notice of Privacy Practices

- ✚ The Organization may revise its privacy practices. Any such changes due to revision shall be duly revised in the Notice. The changes shall take effect only after revision and publication of the revised notice.
- ✚ The Organization need not distribute revised notices to recipients of previous versions of the notice

3.4. Documentation Retention Requirements

- ✚ The Organization shall retain a copy of each notice it issues for a period of six years from the date the notice was last in effect.

3.5. Acknowledgement of Receipt of Notice of Privacy Practices

- ✚ The Organization shall make a good faith effort to obtain each individual's written acknowledgment that the individual has received the Notice of Privacy Practices upon the individual's first receipt of health care items or services.
- ✚ Except in an emergency, the Organization shall make a good faith effort to obtain an individual's written acknowledgment of receipt of the Notice no later than the date of the first delivery of health care services to the individual, including services delivered electronically. If the Notice that is delivered electronically as part of first service or item delivery, the Organization may capture the individual's acknowledgment of receipt electronically.
- ✚ If an individual refuses or otherwise fails to provide an acknowledgment, the Organization shall document its good faith efforts to obtain the acknowledgment and the reason why the acknowledgment was not obtained. The Organization may still provide treatment or otherwise use or disclose PHI as permitted by law if the individual does not sign an acknowledgment after having been asked to do so.
- ✚ Only one signed acknowledgment is required per individual.
- ✚ The organization shall keep a log of all acknowledgements received.

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- ✚ The organization shall retain copies of any written acknowledgments of receipt of the notice, or, if the notice is not obtained, documentation of its good faith efforts to obtain such written acknowledgment, and shall retain this documentation from the date of its creation until six years after the date when it was last in effect.

4. Appendices

- I. Appendix 'A': Form of Notice of Privacy Practices
- II. Appendix 'B': Acknowledgement of receipt of Form of Notice of Privacy Practices

5. Related links

Refer to HIPAA Management Policy for details relating to scope and coverage, document authority, responsibilities, Audience, breach of policy and enforcement, policy dissemination, monitoring compliance, and emergency contact details.

FORM OF NOTICE

NOTICE OF PRIVACY PRACTICES

Effective Date: December 1, 2020

1. Notice

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.

Our organization values you as a customer, and protecting your privacy is very important to us. In conducting our business, we will create and maintain records that contain protected health information about you and the health care services provided to you.

“Protected health information” or “PHI” is information about you, including individually identifiable information about where you live, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

We protect your privacy by:

- ✚ limiting who may see your PHI;
- ✚ limiting how we may use or disclose your PHI;
- ✚ Informing you of our legal duties with respect to your PHI;
- ✚ Explaining our privacy policies; and
- ✚ Adhering to the policies currently in effect.

This Notice describes our privacy practices, which include how we may use, disclose, collect, handle, and protect individual’s protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We also are required by the federal Health Insurance Portability and Accountability Act (or “HIPAA”) Privacy Rule to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information.

This Notice takes effect on December 1, 2020 and will remain in effect until we replace or modify it.

5.1. Copies of this Notice

You may request a copy of our Notice at any time. *If you want more information about our privacy practices, or have questions or concerns, contact us using the contact information at the end of this Notice.*

5.2. Changes to this Notice

The terms of this Notice apply to all records that are created or retained by us which contain your PHI. We reserve the right to revise or amend the terms of this Notice. A revised or amended Notice will be effective for the entire PHI that we already have about you, as well as for any PHI we may create or receive in the future. We are required by law to comply with whatever Privacy Notice is

currently in effect. You will be notified of any material change to our Privacy Notice before the change becomes effective.

5.3. Potential Impact of State Law

The HIPAA Privacy Rule generally does not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

5.4. How We May Use and Disclose Your Protected Health Information (PHI)

We are permitted to use and disclose your PHI to provide treatment to you, to be paid or request payment for our services, and to conduct health care operations. This section of the Notice discusses each of these types of uses and disclosures of PHI.

- ✚ **For Treatment.** We may use PHI about you to provide you with health care treatment or services. For example, we may use your PHI when performing medical procedures. We may disclose PHI about you to our Organization workforce, as well as to doctors, nurses, hospitals, clinics, or other health care providers who are involved in your care. For example, a doctor treating you for a medical condition may need to know all medications which have been prescribed to you, or the services and items that have been provided to you.
- ✚ **For Payment.** We may use and disclose PHI about you so that the services and items that you receive may be billed to and payment may be collected from you, an insurance company, or a third-party payer. We may need to give your health plan information about the services or items that you received so that your health plan will pay us or reimburse you for the services or items.
- ✚ **For Health Care Operations.** We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to make sure you receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in providing services to you. We may also disclose information to doctors, nurses, hospitals, clinics, and other health care providers, for review and learning purposes. We may remove information that identifies you from this set of PHI so others can use it to study health care and health care delivery without learning the names of the specific individuals.

Other Uses and Disclosures of PHI Listed below are a number of other ways that we are permitted or required to use or disclose PHI. This list is not exhaustive and hence not every use or disclosure in a category is listed.

- ✚ **Appointment Reminders.** We may use and disclose protected health information to contact you as a reminder that you have an appointment with us.
- ✚ **Individuals Involved in Your Care or Payment for Your Care.** We may release PHI about you to a friend or family member who is involved in your medical care. We may share PHI about you with family members or friends who accompany you or to someone who helps pay for your care. In addition, we may disclose PHI about you to a person or entity assisting in an emergency so that your family can be notified about your condition, status and location.

- ✚ **As Required by Law.** We will disclose PHI about you when required to do so by federal, state, or local law.
- ✚ **Public Health Risks.** We may disclose PHI about you for public health activities, including the prevention or control of disease or, when required by law, to notify public authorities concerning cases of abuse or neglect.
- ✚ **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- ✚ **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you 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 you about the request or to obtain an order protecting the information requested.
- ✚ **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official as required by law.
- ✚ **Coroners and Medical Examiners.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- ✚ **Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, we might disclose PHI to be used in a research study. In some cases, we might disclose PHI for research purposes without your knowledge or approval. However, such disclosures will be made only if approved through a special process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with an individual's need for privacy of their PHI.
- ✚ **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- ✚ **Military and Veterans.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities.
- ✚ **Health-Related Benefits and Services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- ✚ **Workers' Compensation.** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ✚ **Fundraising.** We may disclose PHI about you for fundraising purposes. Any such disclosure of PHI will be limited in scope and disclosed only to our business associates or to a charitable organization which is obligated to act for the benefit of this Organization. In case you do not want us to contact you about fundraising, you must notify our Privacy Officer in writing.
- ✚ **Parents as Personal Representatives of Minors:** In most cases, we may disclose your minor child's PHI to you. However, we may be required to deny a parent's access to a minor's PHI according to applicable state law.

Authorization for Other Uses and Disclosures

- ✚ Other uses and disclosures of your PHI that are not described above will be made only with your written authorization.
- ✚ You may give us written authorization permitting us to use your PHI or disclose it to anyone for any purpose.
- ✚ We will obtain your written authorization for uses and disclosures of your PHI that are not identified by this Notice or are not otherwise permitted by applicable law.
- ✚ Any authorization that you provide to us regarding the use and disclosure of your PHI may be revoked by you in writing at any time. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.
- ✚ We may also be required to disclose PHI as necessary for purposes of payment for services received by you prior to the date when you revoke your authorization.
- ✚ Your authorization must be in writing and contain certain elements to be considered a valid authorization.

5.5. Privacy Rights Concerning Your Protected Health Information (PHI)

You have the following rights regarding the PHI that we maintain about you. Requests to exercise your rights must be in writing.

- ✚ **Right to Access Your PHI:** You have the right to inspect or get copies of your PHI contained in a designated record set. Generally, a “designated record set” contains medical, enrollment, claims and billing records we may have about you, as well as other records that we may use to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.
- ✚ **Right to Copy:** You may request that we provide copies of your PHI in a format other than photocopies. We will use the format you request unless we cannot practicably do so. We may charge a reasonable fee for copies of PHI (based on our costs), for postage, and for a custom summary or explanation of PHI. You will receive notification of any fee(s) to be charged before we release your PHI, and you will have the opportunity to modify your request in order to avoid and/or reduce the fee. In certain situations, we may deny your request for access to your PHI. If we do, we will tell you our reasons in writing, and explain your right to have the denial reviewed. If you seek a review, a licensed health care provider chosen by us will review your request and the denial. The person conducting the review will not be the person who originally denied your request. We shall comply with the outcome of the review.
- ✚ **Right to Request an Amendment to PHI:** You have the right to request that we amend your PHI if you believe there is a mistake in your PHI, or that important information is missing. To request an amendment to your PHI, your request must be made in writing. In addition, you must provide a reason that supports your request. We will generally make a decision regarding your request for amendment no later than 60 days after receipt of your request. However, if we are unable to act on the request within this time, we may extend the time for 30 more days but shall provide you with a written notice of the reason for the delay and the approximate time for completion. If we deny your requested amendment, we will

provide you with a written denial. Approved amendments made to your PHI will also be sent to those who need to know. We may also deny your request if, for instance, we did not create the information you want amended. If we deny your request to amend your PHI, we will tell you our reasons in writing, and explain your right to file a written statement of disagreement.

 **Right to an Accounting of Certain Disclosures:** You may request, in writing, that we tell you when we or our Business Associates have disclosed your PHI (an “Accounting”). Any accounting of disclosures will not include those we made:

- for payment, or health care operations
- to you or individuals involved in your care;
- with your authorization;
- for national security purposes;
- to correctional institution personnel

To request accounting of such disclosures, your request must be submitted in writing. Your request must also state a time period, which may not be longer than six (6) years. Your request should also specify the format in which you prefer to receive the accounting, such as on paper or electronic format. We may charge you for the costs of providing the accounting. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

 **Right to Request Restrictions:** You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to your request. However, if we do agree, we will be bound by our agreement except when required by law, in emergencies, or when information is necessary to treat you. An approved restriction continues until you revoke it in writing, or until we tell you that we are terminating our agreement to a restriction.

 **Right to Request Confidential Communications:** You have the right to request, in writing, that we use alternate means or an alternative location to communicate with you in confidence about your PHI. For instance, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. Your written request must clearly state that the disclosure of all or part of your PHI at your current address or method of contact we have on record could be an endangerment to you. We will require that you provide a reasonable alternate address or other method of contact for the confidential communications. In assessing reasonableness, we will consider our ability to continue to receive payment and conduct health care operations effectively, and the subscriber’s right to payment information. We may exclude certain communications that are commonly provided to all members from confidential communications. Examples of such communications include benefit booklets and newsletters.

 **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of our Notice of Privacy Practices. You can request a copy at any time, even if you have agreed to receive this Notice electronically. *To request a paper copy of this Notice, please let a member of staff know that you want one.*

✚ **Your Right to File a Privacy Complaint:** If you believe your privacy rights have been violated, or if you are dissatisfied with our privacy practices or procedures, you may file a complaint with the Organization’s Privacy Office and with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

✚ To file a privacy complaint with us, you may contact the Privacy Office as follows:

Organization: Wahkiakum County Health & Human Services

Contact Details: By email: cruickshankd@co.wahkiakum.wa.us

**ACKNOWLEDGEMENT OF RECEIPT OF
FORM OF NOTICE OF PRIVACY PRACTICES**

Effective Date: December 1, 2020

I hereby acknowledge the receipt of Notice of Privacy Practices from

_____ (Organization Name) on _____ (Date)

(Signature of the Patient, Guardian or Legal Representative)

(Relationship with patient)

The individual or the individual's legal representative did not provide a written acknowledgment of receipt of this Notice of Privacy Practices. The following explains the good faith efforts to obtain the written acknowledgment and the reasons why the acknowledgment was not obtained:
