



ESSENT HEALTHCARE, INC.

Section:	HIPAA Privacy	Effective Date:	4/14/03
Subject:	Notice of Privacy Practices	Revision Date:	8/09/05
Policy #:	HIPAA-014	Review Date:	9/14/09
Responsible Party:	Chief Privacy Officer	Revision #:	2

Scope:

This policy applies to all workforce members of Essent Healthcare, Inc., (“Essent”).

Purpose:

The purpose of this policy is to outline the procedures for distribution of the “Notice of Privacy Practices for Protected Health Information (PHI)”; also known as the *Privacy Notice*.

Policy:

It is Essent policy to provide all patients with adequate written notice of how Essent will use and disclose PHI, and of the individual’s rights with respect to PHI.

Procedure:

1. Each hospital must maintain a notice that outlines the patient’s rights with respect to use and/or disclosure of PHI (“Privacy Notice”).
2. Each hospital shall provide every patient with a copy of the Privacy Notice upon admission to the facility – such notice must be provided no later than the first service delivery.
3. Each facility shall make a good faith effort to obtain written acknowledgement of the Privacy Notice from every patient.
 - a. This requirement does not require that an individual’s signature be located on the Privacy Notice. Instead, facilities may, for example, have the individual sign a log or initial a cover sheet. Hospitals are not precluded from obtaining the individual’s acknowledgement electronically however; a simple notation by a registration clerk in the patient’s medical record would **not** suffice as an individual’s written acknowledgment.
 - b. If an individual refuses to sign the acknowledgement, the facility must document its good faith efforts to obtain such acknowledgement and the reason why the acknowledgement was not signed.
 - c. In an emergency treatment situation, where obtaining a signed acknowledgement is impracticable, this requirement may be delayed until reasonably practicable after the emergency situation.



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d. All acknowledgements related to Privacy Notices shall be maintained permanently.

4. Each hospital shall provide a copy of the privacy notice to any individual upon request.
5. Each hospital shall post a copy of the privacy notice in a highly visible location where there is clear and easy access to all individuals who are in the hospital for treatment.
 - a. Upon revision of the notice, the facility must make the revised notice available upon request. The revised notice must also be posted as described above.
 - b. Hospitals are not required to provide the revised notice to all existing patients, unless requested by an individual, so long as the original privacy notice included language that the hospital reserves the right to make future changes to the notice. *A new written acknowledgement is not required for Privacy Notice revisions.*
6. Each hospital shall maintain a copy of the privacy notice on its web site (if applicable).
7. Each hospital shall maintain copies of their privacy notice, and any revisions, for a period of at least six (6) years.

Content of Notice

1. The Privacy Notice of each facility must, at a minimum, be written in plain language that will be easy to understand by the population served by the facility. The plain language requirement can be satisfied by; organizing the notice into short sections that serve the needs of the reader, using short sentences in the active voice, and using common everyday words in sentences. Additionally, if a significant population of the facility (i.e. greater than 10%) communicates in a language other than English, the facility may translate the notice into other languages as necessary.
2. The Privacy Notice must contain the following header **“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.”**
3. The Privacy Notice must describe all uses and disclosures of PHI that the hospital is permitted or required to make without authorization.
 - a. The Privacy Notice must separately describe each purpose for the hospital is allowed to use or disclose PHI without authorization. This must be done in sufficient detail to place the individual on notice of those uses and disclosures.
 - b. With respect to uses and disclosures to carry our treatment, payment, and healthcare



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operations, the description must include at least one example of the types of uses and disclosures that the hospital is permitted to make.

- c. Should the hospital wish to be able to contact the individual for any of the following activities, the hospital must list those activities in the notice. If the hospital does not include these activities in its Privacy Notice; it may not use or disclose PHI for these activities without authorization.
 - i. Providing appointment reminders
 - ii. Describing or recommending treatment alternatives
 - iii. Providing information about health-related benefits and services that may be of interest to the individual
 - iv. Soliciting funds to benefit the facility
4. The Notice must state that all other uses and disclosures will be made only with the individual's written authorization, and the individual has the right to revoke authorization.
5. The Notice must describe individual's rights under the HIPAA regulations as follows:
 - a. The right to request restrictions on certain uses and disclosures including a statement that the hospital is not *required* to agree to the request, the right to receive confidential communications of PHI, the right to inspect and copy PHI, and the right to an accounting of disclosures of PHI.
 - b. The Notice must also describe the patient's right to obtain paper a copy of the notice upon request.
6. The Notice must state that the facility is required by law to maintain the confidentiality of its PHI and to abide by the terms of the Privacy Notice currently in effect. *In addition, if the facility wishes to reserve the right to change its Privacy Notice in the future and apply the changes to PHI previously created or received*, the Notice must contain a statement to that effect, and describe how the facility will provide individuals with a revised notice.
7. The Notice must inform individuals about how they lodge complaints with the facility if they believe that their rights have been violated. The notice must also state that individuals may file a complaint with the Secretary and that the individual will not suffer retaliation for filing such a complaint.
8. The Notice must identify a point of contact where the individual can obtain additional information about any of the matters described in the notice.
9. The Notice must include an effective date. The effective date cannot be earlier than the date on which the Notice was first printed or otherwise published.



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References:

HIPPA Subpart B Section 164.520
FR 12/28/00 pages 53238-53243
FR 08/14/02 pages 82547-82552