

HIPPA PRIVACY POLICY

Purpose

The intent of this policy is to outline the organization's general guidelines and expectations for the necessary collection, use, and disclosure of confidential information about individuals in order to provide services and benefits to individuals, while maintaining reasonable safeguards to protect the privacy of their information.

Policy

1. **General - The organization will safeguard confidential information about individuals**
 - a. The organization may collect, maintain, use, transmit, share and/or disclose information about individuals to the extent needed to administer organizational programs, services and activities.
 - b. The organization will safeguard all confidential information about individuals, inform individuals about the organization's privacy practices and respect individual privacy rights, to the full extent required under this policy.
 - c. The organization shall provide training to all employees on organizational privacy policies, and shall require every employee to sign a "Privacy Program Statement of Understanding" outlining his/her role and responsibilities related to protecting the privacy of clients or participants.
2. **Safeguard information about Clients or Participants**
 - A "Client or Participant" is an individual who requests or receives services from the organization.
 - a. The organization, its employees, and business associates will respect and protect the privacy of records and information about clients or participants who request or receive services from the organization.
 - b. All information on the organization's clients or participants is confidential and must be safeguarded in accordance with organizational privacy policies and procedures.
 - c. The organization shall not use or disclose information unless either:
 - I. The client or participant has authorized the use or disclosure in accordance with organizational policies, "Uses and Disclosures of Client or Participant Information;" or
 - II. The use or disclosure is specifically permitted under organizational policy, "Uses and Disclosures of Client or Participant Information."
 - d. All areas of the organization shall adopt procedures to reasonably safeguard client or participant information.
3. **Conflict with other requirements regarding privacy and safeguarding**
 - a. The organization has adopted reasonable policies and procedures for administration of its programs, services and activities. If any state or federal law or regulation, or order of a court having appropriate jurisdiction, imposes a stricter requirement upon any organizational policy regarding the privacy or safeguarding of information, the organization shall act in accordance with that stricter standard.
 - b. The organization's staff shall act in accordance with established organizational policy and procedures regarding the safeguarding and confidentiality of individual information, whether health-related or not, in all the organization's programs, services and activities.
 - c. In the event that more than one policy applies but compliance with all such policies cannot reasonably be achieved, the employee will seek guidance from supervisors according to established organizational policy and procedures. Organization staff should consult with the Privacy Officer in appropriate circumstances.
4. **Notice of Privacy Practices.**
 - a. The organization will make available a copy of the "Notice of Privacy Practices," to any client or participant applying for or receiving services from the organization.
 - b. The Notice of Privacy Practices shall contain all information required under federal regulations regarding the notice of privacy practices for protected health information under HIPPA.
 - c. Where the organization is a provider, the organization will seek to acquire a signed acknowledgement, "Notice of Privacy Practices Receipt," from each client or participant

Policy

5. Client or Participant Privacy Rights

Organizational policies and procedures, as well as other federal and state laws and regulations, outline the client or participant's right to access their own information, with some exceptions. This policy also describes specific actions that a client or participant can take to request restrictions or amendments to their information, and the method for filing complaints. These specific actions are outlined in the organizational policy, "Client or Participant Privacy Rights."

6. Use and Disclosures of Client or Participant Information

The organization shall not use or disclose any information about a client or participant of organizational programs or services without a signed authorization for release of that information from the individual, or the individual's personal representative, unless authorized by this policy, or as otherwise allowed or required by state or federal law, as outlined in organizational policy, "Uses and Disclosures of Client or Participant Information."

7. Minimum Necessary Information

a. The organization will use or disclose only the minimum amount of information necessary to provide services and benefits to clients or participants, and only to the extent provided in organizational policies and procedures.

b. This policy does not apply to:

- i. Disclosures to or requests by a health care provider for treatment
- ii. Uses or disclosures made to the individual
- iii. Uses or disclosures authorized by the individual
- iv. Disclosures made to the Secretary of the United States Department of Health and Human Services in accordance with federal HIPAA regulations at 45 CFR 160, Subpart C
- v. Uses or disclosures that are required by law
- vi. Uses or disclosures that are required for compliance with federal HIPAA regulations at 45 CFR, Parts 160 and 164

c. When using or disclosing an individual's information, or when requesting an individual's information from a provider or health plan, employees must make reasonable efforts to limit the amount of information to the minimum necessary needed to accomplish the intended purpose of the use, disclosure, or request, as outlined in organizational policy, "Minimum Necessary Information."

8. Administrative, Technical and Physical Safeguards

Organization employees must take reasonable steps to safeguard confidential information from any intentional or unintentional use or disclosure, as outlined in organizational policy, "Administrative, Technical, and Physical Safeguards."

9. Use and Disclosures for Research Purposes and Waivers

The organization may use or disclose an individual's information for research purposes as outlined in 45 CFR 164.512.

10. De-identification of Client or Participant Information and Use of Limited Data Sets

Organization employees will follow standards under which client or participant information can be used and disclosed if information that can identify a person has been removed or restricted to a limited data set. Unless otherwise restricted or prohibited by other federal or state law, the organization can use and share information as appropriate for the work of the organization, without further restriction, if the organization or another entity has taken steps to de-identify the information as outlined in organizational policy, "De-identification of Client or Participant Information and Use of Limited Data Sets."

11. Business Associate Relationships

The organization may disclose protected health information to business associates with whom there is a written contract or memorandum of understanding as outlined in the organizational policy, "Business Associate Relationships."

12. Enforcement, Sanctions and Penalties for Violations of Individual Privacy

All employees, volunteers, interns and members of the organization's workforce must guard against improper uses or disclosures of client or participant information as outlined in organizational policy, "Enforcement, Sanctions, and Penalties for Violations of Individual Privacy."

Reference(s):

- 45 CFR Parts 160 and 164