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POLICY AND PROCEDURE: COMPLIANCE WITH HIPAA REQUIREMENTS

POLICY: It is the policy of this organization to comply with the privacy requirements of the Health Insurance Portability Accountability Act (HIPAA). The organization will not use or disclose protected health information (PHI) except as permitted by applicable requirements.

PROCEDURE:

- I. **Uses and Disclosures of Protected Health Information.** Protected health information is individually-identifiable health information transmitted by electronic media, maintained in any electronic media, or transmitted or maintained in any other form or medium. PHI does not include employment records maintained by the organization in its capacity as an employer.
 - A. Permitted use and disclosures. The organization will use or disclose protected health information as follows:
 1. To the individual
 2. For treatment, payment, or health care operations
 3. Consistent with a valid authorization, agreement, or as otherwise permitted by HIPAA
 4. In connection with incidental uses and disclosures that occur as a by-product of a use or disclosure otherwise permitted, but only to the extent that the organization has applied reasonable safeguards and implemented the minimum necessary standard, where necessary
 - B. Required disclosures of protected health information. The organization is required to disclose protected health information as follows:
 1. To an individual, when required by applicable provisions of HIPAA
 2. When required by the Secretary of the U.S. Department of Health and Human Services (the "Secretary") to investigate or determine the covered entity's compliance with HIPAA privacy requirements

- C. Disclosure of minimum necessary information. When using or disclosing protected health information or when requesting protected health information from another entity, the organization will make reasonable efforts to limit disclosure of protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. Provided, however, that disclosure of the minimum necessary information does not apply to:
1. Disclosure to or requests by a health care provider for treatment
 2. Use or disclosures to the individual as permitted, required, or authorized by applicable requirements
 3. Disclosures made to the Secretary
 4. Disclosures required by law
 5. Disclosures required for compliance with HIPAA requirements
- D. Use and disclosures of protected health information subject to an agreed-upon restriction. The organization will not use or disclose health information covered by any restriction to which the organization and individual agree is in violation of such restriction.
- E. Uses and disclosures of de-identified protected health information. The organization may disclose de-identified health information or information necessary to create de-identified information to business associates for such purpose. Business associates are not members of the organization's workforce and engage in functions involving the or disclosure of individually identifiable health information.
- F. Disclosure to business associates. The organization may disclose protected health information to business associates and may allow business associates to create or receive protected health information on its behalf if the organization obtains satisfactory assurance that the business associate will appropriately safeguard the information. Such satisfactory assurances must be documented in the form of a written contract or other written agreement or arrangement with business associates that meet applicable requirements. If the organization knows of a pattern of activity or practice of a business associate that constitutes material breach or violation of the business associate's obligation under the contract or other arrangement, the organization will take reasonable steps to cure the breach or end the violation. If such steps are unsuccessful, the organization may terminate the contract or arrangement or, if termination is not feasible, report the problem to the Secretary.
- G. Deceased individuals. If under applicable law executor, administrator, or other person has authority to act on behalf of a deceased individual or of the individual's estate, the organization will treat such person as a personal representative with respect to protected health information relevant to such personal representation.

H. Personal representatives. The organization will treat personal representatives as individuals. Persons authorized to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care are personal representatives, with respect to protected health information relevant to such personal representation. If a parent, guardian, or other person acting in loco parentis has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, the organization will treat such person a personal representative unless:

1. The minor consents to such health care services
2. The minor may lawfully obtain such health care services without the consent of a parent, guardian, or other person acting in loco parentis
3. A court or another person authorized by law consents to such health care services; or a parent, guardian, or other person acting in loco parentis assents to an agreement of confidentiality between the organization and the minor, with respect to such health care services

The organization may, however, elect not to treat a person as the personal representative of an individual if:

- a) The organization has a reasonable belief that the individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
- b) Treating such person as the personal representative could endanger the individual, and the organization in the exercise of professional judgment decides that it is not in the best interest of the individual to treat the person as the individual's personal representative

I. Use and disclosures consistent with notice. The organization will not use or disclose protected health information in a manner that is inconsistent with the attached notice.

J. Disclosures by staff members who are victims of a crime. Staff members who are victims of criminal acts may disclose protected health information to law enforcement officials so long as the protected health information disclosed is about the suspected perpetrator of the criminal act and the protected health information disclosed is limited, consistent with applicable requirements.

II. **Use or disclosures to carry out treatment, payment, or health care operations.**

A. The organization may use or disclose PHI for:

1. Its own treatment, payment, or health care operations
2. The treatment or payment activities of any health care provider
3. The health care operations of the entity that receives the information either has or had a relationship with the individual who is the subject of the information, the protected health information pertains to such relationship, and the disclosure is:

- a) For "health care operations," including quality assessment and improvement activities, population-based activities relating to improving health and reducing health care costs, case management and care coordination, conducting training programs and accreditation, licensing or
 - b) Credentialing activities or for the purpose of health care fraud and abuse detection or compliance
- B. Authorization for uses and disclosures. The organization will obtain a valid authorization for uses and disclosures of protected health information unless the use or disclosure is required or otherwise permitted by HIPAA. When the organization receive a valid authorization, use or disclosure will be consistent with such authorization. Specific authorization will be required to disclosure of psychotherapy notes, except use by the originator for treatment; in training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; use by the organization to defend a legal action or other proceeding brought by the individual; or for oversight of the originator of psychotherapy notes consistent with applicable requirements.
- 1. Valid authorizations must include the following:
 - a) A description of the information to be used or disclosed
 - b) The identification of the persons or classes of persons authorized to make the use or disclosure of the PHI
 - c) The identification of the persons or class of persons to whom the covered entity is authorized to make the use or disclosure
 - d) A description of each purpose of the use or disclosure
 - e) An expiration date or event
 - f) The individual's signature and date
 - g) If signed by a personal representative, a description of his/her authority to act for the individual.
 - h) A statement that the individual may revoke the authorization in writing
 - i) A statement that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining the authorization or a statement about the consequences of refusing to sign the authorization
 - j) A statement about the potential for the protected health information to be re-disclosed by the recipient

- C. Uses and disclosure requiring an opportunity for the individual to agree or to object. The organization may use or disclose protected health information without the written authorization of the individual, provided that the individual is informed in advance, orally, or in writing of the use or disclosure and has the opportunity to agree to, or prohibit or restrict the disclosure in accordance with applicable requirements. Such permitted uses and disclosure, absent objection, include:
1. Use of the individual's name, location, and condition described in general terms that do not communicate specific medical information about the individual and the individual's religious affiliation; to maintain a directory of individuals receiving services from the organization. Such directory information may be disclosed to clergy or to other persons who ask for the individual by name. If the individual is unable to object to this use and disclosure due to emergency circumstances, the information may, nonetheless, be disclosed if consistent with a prior expressed preference of the individual, if any, that is known to the organization and in the individual's best interest in the exercise of professional judgment. The organization will inform the individual and provide an opportunity to object to uses or disclosure for directory purposes when it becomes practicable to do so.
- D. Uses and disclosures for involvement in the individual's care and notification purpose. The organization may disclose to a family member, other relative, or a close personal friend of the individual; or any other person identified by the individual; protected health information directly relevant to such person's involvement with the individual's care or payment related to the individual's health care. The organization may also disclose protected health information to notify or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death.
- E. Uses and disclosures with the individual present. If the individual is present for, or otherwise available prior to, a permitted use or disclosure and has the capacity to make health care decisions, the organization may use or disclose the protected health information if it obtains the individual's agreement, provides the individual with opportunity to object to the disclosure, and the individual does not object to the disclosure.
- F. Limited use and disclosures when the individual is not present. If the individual is not present for, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the organization may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is directly relevant to the involvement with the individual's health care. The organization may use professional judgment and its experience with common practice to make reasonable inferences of the individual's best interest in allowing a person to act on behalf of the individual to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information.

- G. Use and disclosure for disaster relief purposes. The organization may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. The above requirements are applicable to the extent that, in the exercise of professional judgment, they do not interfere with the ability to respond to emergency circumstances.
- H. If the individual is deceased, the organization may disclose protected health information to family members or other persons involved in the individual's care or payment for health care prior to the individual's death protected health information of the individual that is relevant to such person's involvement unless inconsistent with prior expressed preference of the individual.

III. **Uses and disclosure for which an authorization, or opportunity to agree or object is not required.** The organization will use or disclose protected health information without the written authorization of the individual or the opportunity for the individual to agree or object by informing the individual orally or seeking the oral agreement of the individual, when required, under the following circumstances:

- A. Uses and disclosure required by law
- B. Uses and disclosures for public health activities
- C. Disclosures about victims of abuse, neglect, or domestic violence
- D. Uses and disclosure for health oversight activities
- E. Disclosures for judicial and administrative proceedings
- F. Disclosures for law enforcement purpose
- G. Uses and disclosure decedents
- H. Uses and disclosure for cadaveric organ, eye, or tissue donation purposes
- I. Uses and disclosures for research purpose
- J. Uses and disclosures to avert a serious threat to health or safety
- K. Use and disclosure for specialized government functions
- L. Disclosures for workers' compensation

IV. **Other requirements related to uses and disclosures of protected health information.**

- A. De-identification of protected health information. Health information that does not identify an individual, and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual, is not individually identifiable health information and may be disclosed.

- B. The organization will establish policies and procedures that establish persons or classes of persons, as appropriate, in its workforce who need access to protected health information to carry out their duties, the category or categories of protected health information to which access is needed, and any conditions appropriate to such access, consistent with the principle that staff will have access to minimally necessary information only.
- C. When requesting protected health information from others, the organization will limit any requests to those that are reasonably necessary to accomplish the purpose for which the request is made. For requests that are made on a routine basis, the organization will develop and implement policies and procedures that limit the protected health information requested to the amount reasonably necessary to accomplish the purpose for which the request is made. The organization will not use, disclose, or request the entire medical record, except when the entire medical record is specifically justified the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.
- D. The organization will use and disclose protected health information for marketing purposes consistent with authorization to use or disclose PHI for marketing purposes. If the marketing involves any direct or indirect remuneration to the organization from a third party, the authorization will include a statement to this effect. "Marketing" means to make a communication about a product or service that encourage the recipients of the communication to purchase or use the product or service. Marketing, however, does not include promotional gifts of nominal value or face-to-face communication encounters between the organization and an individual. In addition, marketing does not include communications to individuals about:
 - 1. The participating providers and health plans in a network, the services offered by a provider, or the benefits covered by a health plan;
 - 2. The individual's treatment; or
 - 3. Case management or care coordination for that individual; or directions or recommendations for alternative treatments, therapies, health care providers, or settings of care to that individual.
- E. The organization will use and disclose protected health information for fundraising purpose consistent with applicable requirements.
- F. The organization will not sell protected health information without authorization and unless it complies with all applicable requirements.
- G. The organization may use of disclose protected health information to a Business Associate or institution related foundation for the purpose of raising funds for its own benefit, including demographic information, dates of service, treating physician, outcome information and health insurance status consistent within the organization's Notice of Privacy Practices.

- H. Prior to disclosure consistent with this policy and procedure, the organization will verify the identity of a person requesting protected health information and the authority of any such person to have access to protected health information, if the identity or authority of such person is not already known to the organization. The organization will also obtain any documentation, statement, or representation, whether oral or written, from the person requesting the protected health information when such documentation, statement, or representation is a condition of disclosure consistent with this policy and procedure.
- V. **Notice of privacy practices.** An individual, except for an inmate of a correctional institution, has a right to adequate notice of the uses and disclosures of protected health information that may be made by this organization, and of the individual's rights the organization's legal duties with to protected health information. The Notice of privacy practices that will be provided to individuals who receive services from this organization is attached to this policy and procedure. The organization will promptly revise and distribute its Notice whenever there is a material change to the uses or disclosures, the individual's rights, the organization's legal duties, or other privacy practices stated in the Notice. Except as required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which such material change is reflected. If the organization has a direct treatment relationship with individual, a copy of this Notice must be provided no later than the date of the first service delivery, including service delivered electronically. The organization will obtain written acknowledgment of receipt of this Notice. If an individual refuses to sign or otherwise fails to provide an acknowledgement, the organization will document its good faith efforts to obtain the acknowledgement and the reason why the acknowledgment was not obtained. The Notice must also be posted on the premises of the organization. The organization will document compliance with the notice requirements by retaining copies of Notice provided, acknowledgements, and documentation of good faith efforts to obtain such acknowledgments.
- VI. **Right of an individual to request restriction of uses and disclosures.** Individuals are permitted to request that the organization further restrict the uses or disclosure of protected health information to carry out treatment, payment, or health care operations. The organization is not required to agree to such requested restrictions unless the protected health information pertains solely to health care items or services for which individuals have paid the organization in full. Restrictions to which the organization agrees must be documented. Agreements for further restrictions, however, may be terminated under applicable circumstances.
- VII. **Confidential communications requirements.** The organization will permit individuals to receive communications of protected health information from the organization by reasonable alternative means or at alternative locations, but only if the individual clearly states that disclosure could endanger the individual and the request is in writing. The organization may condition such reasonable accommodations of individuals' requests on information as to how payment will be handled, and specification of an alternative address other method of contact. The organization will not require an explanation of the basis for such requests as a condition of providing communications on the above basis.
- VIII. **Access to protected health information.** Individuals have the right to access, inspect, and obtain copies of protected health information about the individual for as long the information is maintained in a designated record set, except for psychotherapy notes and information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding in the form and format requested by individuals. Protected health information will be sent to other persons designated by individuals at their requests. The organization may deny individuals access without providing the individual an opportunity for review under applicable circumstances. Access may be denied with a right of review of the grounds of the denial when:

- A. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested likely to endanger the life or physical safety of the individual or another person
- B. The information makes reference to another person and access may cause substantial harm to that person
- C. Information requested by a personal representative is likely to cause substantial harm to the individual

Denials of access requiring review must be examined by a reviewing official, i.e. a licensed health care professional who is designated by the organization to review the denial and who did not participate in the original decision to deny access. Request for access must be in writing and the organization will inform patients of this requirement. The organization will act on a request for access no later than thirty (30) days after receipt of a request or within sixty (60) days when information requested is not maintained on site. The organization may take an additional thirty (30) days to respond to request for access if the organization provides individuals with written statements of the reasons for the delay and the date by which the organization will complete its action the request within the initial thirty (30) day period. The organization will charge a reasonable, cost-based fee in order to supply copies of information, including the cost of supplies and labor of copying, postage, and preparation of a summary in lieu of supplying the information.

IX. **Denials of access to protected health information.** Denials of requests must be in writing and must include:

- A. The basis of the denial
- B. An explanation of the individual's right to review of the denial, if applicable
- C. A description of how the individual may complain to the organization or the Secretary
- D. The name, title, and telephone number of the contact person or office at the organization
- E. Where to direct the individual's request if the information is not maintained by the organization

Denials be promptly referred for review, as described, within a reasonable period of time. Individuals will receive written notice of the determinations of reviewing officials.

X. **Right to amend.**

- A. An individual has the right to ask the organization, in writing; to amend health information for as long as the protected health information is maintained in a designated record set. The organization will inform individuals in advance of the requirement that such requests must be in writing and must include a reason to support the requested amendment. The organization will deny such requests if:
 - 1. The information was not created by the organization, unless the individual provides a reasonable basis to believe that the originator is no longer available to act on the requested amendment
 - 2. The information is not part of the designated record set

3. The information would not be available for inspection under applicable requirements
 4. The information is accurate and complete
- B. Requests for amendment must be maintained in the individual's designated record set. They must be acted upon within thirty (30) days, except that the organization may extend the time for such action by no more than thirty (30) days if the individual is provided with a written explanation of the for the delay and the date by which the organization will complete its action on the request within the initial thirty (30) day period. Denials of requests for amendments be in writing and must include:
1. The bass for the denial
 2. A statement that the individual has the right to submit a written statement disagreeing with the denial and how the individual may file such a statement
 3. A statement that the individual has the right to submit a request that the request for amendment be included with any future disclosures
 4. A description of how the individual may file a complaint with the organization, including the name or title and telephone number of the contact person or office designated, as described above

The organization will permit the individual to submit a written statement disagreeing with the denial within time limits established by the organization. Statements submitted by individuals will be included with future disclosures of the information. The organization may, at its discretion, prepare a written rebuttal to the individual's statement of disagreement. If the organization accepts the requested amendment, in whole or in part, it must make the amendment, inform the individual, and inform others who have received the protected health information. The organization will document the titles of persons or offices responsible for receiving and processing requests for amendments by individuals and retain the documentation, as indicated below.

XI. **Accounting and disclosures of protected health information.**

- A. Right to an accounting of disclosures of protected health information. Individuals have the right to receive a written accounting of disclosures of protected health information by the organization in the six (6) yeas; or such shorter time period, at the request of the individual; prior to the date on which the accounting is requested consistent with applicable exceptions, including disclosures made consistent with an authorization and incidental disclosure.

The written accounting shall include:

1. The date of the disclosure
2. The name of the entity or person who received the protected health information
3. The address of the who received the protected health information, if known
4. A brief description of the protected health information disclosed

5. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement a copy of the individual's written authorization or a copy of a written request for disclosure
- B. Accountings must be provided within sixty (60) days of receipt of a request, except that the organization may extend the time period for providing the accounting by thirty (30) days, so long the organization provides the individual with a written statement of the reasons for the delay and the date by which the covered entity will provide the accounting within the initial thirty (30) day time period. The organization will charge a reasonable cost-based fee for each request for an accounting after the first request within a twelve (12) month period. The organization will notify individuals in advance of the fee and provide the individual with opportunity to withdraw or modify the request in order to avoid or reduce the fee. The organization will retain copies of written accountings provided to individuals. The organization will document the titles of the persons or offices responsible for receiving and processing requests for an accounting by individuals.

XII. Notification of Breaches.

A. Definitions

1. **Breach** means the acquisition, access, use, or disclosure of protected health information in a manner not permitted by this Policy that compromises the security or privacy of protected health information. Breach does not include the following:
 - a) Any intentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted by this Policy.
 - b) Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate or organized health care arrangement in which the covered entity participates and the information a result of such disclosure is not further used or disclosed in a manner not permitted by this Policy.
 - c) A disclosure of protected health information in which a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
2. **Compromises the security or privacy of protected health information.** A use or disclosure of protected health information that does not include identifiers, date of birth, and zip code does not compromise the security or privacy of protected health information.

3. **Unsecured protected health information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in guidance that appears on the HHS website.

B. Notification to individuals.

1. The organization will, following discovery or a breach of unsecured protected health information, notify each individual whose unsecured protected health information has been or is reasonably believed by the Provider to have been accessed, acquired, used, or disclosed a result of such breach.
2. A breach shall be treated as discovered on the first day on which such breach is known to the organization or, by exercising reasonable diligence, would have been known to the organization. The organization shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is a workforce member or agent of the organization.
3. The organization shall give notice to individuals without unreasonable delay and in no case later than sixty (60) calendar days after discovery of a breach.
4. Notification shall be written in plain language and shall include, to the extent possible:
 - a) A brief description of what happened, including the date of the breach and the date of discovery of the breach, if known
 - b) A description of the types of unsecured protected health information that were involved in the breach, such as whether full name, social security number, date of birth, home address, account number, diagnosis; disability code, or other types of information were involved.
 - c) Any steps individuals should take to protect themselves from potential harm resulting from the breach.
 - d) A brief description of what the organization is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breach.
 - e) Contact procedures for individuals to ask questions or learn additional information that shall include a toll-free telephone number, an e-mail address, Web site, or postal address.
5. Notification shall be provided in the following form:

- a) **Written notice** - Written notification by first-class mail to the individual the last known of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail. If the organization knows that the individual is deceased and has the address of the next of kin or personal representative, the organization will give notice to either the next of kin or personal representative of the individual. Notification may be provided in one or more mailings as information is available.
- b) **Substitute notice** - If there is insufficient or out-of-date contact information that precludes written notification to individuals, a substitute form of notice reasonably calculated to reach individuals shall be provided. Substitute notice will not be provided when there is insufficient or out-of-date contact information that precludes written notification to next of kin or personal representatives.
 - (1) If there is insufficient or out-of-date contact information for fewer than ten (10) individuals, then such substitute notice may be provided by an alternative form of written notice, by telephone or other means.
 - (2) If there is insufficient or out-of-date contact information for ten (10) or more individuals, then such substitute notice shall:
 - (a) Be in the form of either a conspicuous posting for a period of ninety (90) days on the home page of the organization website or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside.
 - (b) Include a toll-free phone number that remains active for at least ninety (90) days that individuals can use to obtain information about whether an individual's unsecured protected health information may be included in the breach.
- c) **Urgent notice** - In any case deemed by the organization to require urgency because of possible imminent misuse of unsecured protected health information, the organization may provide information to individuals by telephone or means, as appropriate, in addition to notice provided consistent with this Policy.

C. Notification to the media

- 1. If a breach of unsecured protected health information involves more than five hundred (500) individuals in a state or jurisdiction, the organization shall, following discovery of the breach, notify prominent media outlets serving the state or jurisdiction.
- 2. The organization will provide notice without unreasonable delay and in no case later than sixty (60) calendar days after discovery of a breach.
- 3. The notification shall meet the requirements of Paragraph B.4. above

D. Notification to the Secretary

1. If breaches involve five hundred (500) or more individuals the organization will notify the Secretary contemporaneously with notice to individuals in the manner specified on the HHS website.
2. If breaches involve fewer than five hundred (500) individuals, the organization will maintain a log or other documentation of such breaches. The organization will notify the Secretary of such breaches within Sixty (60) calendar days of the end of the calendar year in which the breaches occurred in the manner specified on the HHS website.

E. Notification by business associates.

1. Business associates of the organization are required to notify the organization of all breaches of unsecured protected health information within sixty (60) calendar days of discovery.
2. Business associates shall include, to the extent possible, identification of each individual whose protected health information has been breached in notifications to the organization.
3. Business associates shall provide the organization with information that the organization is required to provide to individuals when notification is given to the organization or promptly thereafter as information available.

F. Law enforcement delay.

1. If a law enforcement official states to the organization or business associate that a notification, notice, or posting required under this subpart would impede a criminal investigation or cause damage to national security, the organization or business associate shall:
 - a) If the statement is in writing and specifies the time for which a delay is required, delay such notification, notice, or posting for the time period specified by the official; or
 - b) if the statement is orally, document the statement, including the identity of the official making the statement, and delay the notification, notice, or posting temporarily for no longer than thirty (30) days from the date of the oral statement, unless a written statement is submitted during that time.

XIII. **Administrative requirements**

- A. Personnel designations. The organization will designate a privacy official who is responsible for the development and implementation of the policies and procedures of the organization.

- B. Training. The organization will train all members of its workforce on these policies and procedures and will train all new employees within a reasonable time period after the person joins the organization's workforce. The organization will also provide training when there are material changes in these policies and procedures. The organization will maintain documentation of training activities.
- C. Safeguards. The organization will establish and maintain appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information.
1. Complaints to the organization. The organization will establish and maintain process for individuals to lodge complaints concerning these policies and procedures. Such complaints will be documented.
 2. Sanctions. The organization will discipline members of its workforce for violations of these policies and procedures, consistent with the organization's policy on progressive discipline.
 3. Mitigation. The organization will mitigate, to the extent practicable, any harmful effect that is known to the organization of a use or disclosure of protected health information in violation of these policies and procedures or applicable requirements.
 4. Refraining from intimidating or retaliatory acts. The organization will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals and others in relation to compliance with HIPAA privacy requirements.
 5. Waiver of rights. The organization will not require individuals to wave their rights under these policies and procedures.
 6. Policies and procedure. The organization will maintain these policies and procedures consistent with applicable requirements
 7. Documentation. The organization will maintain copies of all required written communications in order to demonstrate compliance with applicable standards.
 8. Retention. The organization will retain required documentation for a period of six (6) years from the date of its creation or the date when it last was in effect, whichever is later.
 9. Submission of compliance reports. Compliance reports will be submitted to the Secretary as required.
 10. Cooperation with complaint investigations and compliance reviews. The organization will cooperate with the Secretary if an investigation or compliance review of these policies and procedures and the organization's practices is undertaken.

11. Access to information. Access by the Secretary will be permitted during normal business hours to facilities books, records, accounts, and other sources of information, including protected health information, that pertinent to ascertaining compliance with HIPAA privacy requirements. If the Secretary determines that exigent circumstances exist, the organization will permit access by the Secretary at any time and without notice.
12. Information in the exclusive possession of others. If information required to be furnished in order to comply with the privacy requirements of HIPAA is in the exclusive possession of others who refuse to provide the information, the organization will certify that this is the case. The certification will include a description of efforts made to obtain the information.

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