

**Sioux Rivers Regional
Mental Health & Disabilities Services**

**PRIVACY POLICIES & PROCEDURES
for
Health Insurance
Portability and Accountability Act of 1996
“HIPAA”**

(As amended in April 2003)

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INTRODUCTION

STATUTORY BACKGROUND

Congress recognized the importance of protecting the privacy and health information given the rapid evolution of health information systems in the Health and Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA's Administrative Simplification provisions of the statute were designed to improve the efficiency and effectiveness of the health care system by facilitating the electronic exchange of information with respect to certain financial and administrative transactions carried out by health plans, health care clearinghouses and health care providers who transmit information electronically in connection with such transactions. To implement these provisions the statute directed HHS to adopt uniform, national standards for transaction, unique health identifiers, code sets for the data elements of the transactions, security of health information and electronic signature.

At the same time, Congress recognized the challenges to the confidentiality of health information presented by the increasing complexity of the health care industry, and by advances in the health information systems technology and communications. Thus, the Administrative Simplification provisions of HIPAA authorized the Secretary to promulgate standards for the privacy of individually identifiable health information if Congress did not enact health care privacy legislation by August 21, 1999. HIPAA also required the Secretary of HHS to provide Congress with recommendations for legislating to protect the confidentiality of health care information. The Secretary submitted such recommendations to Congress on September 11, 1997, but Congress did not pass such legislation within its self-imposed deadline.

With respect to these regulations, HIPAA provided that the standards, implementation specifications, and requirements established by the Secretary not supersede any contrary State law that imposes more stringent privacy protections. Additionally, Congress required that HHS consult with the National Committee on Vital and Health Statistics, a Federal advisory committee established pursuant to section 306(k) of the Public Health Service Act (42 U.S.C. 242k(k)), and the Attorney General in the development of HIPAA privacy standards.

After a set of HIPAA Administrative Simplification standards were adopted by the Department, HIPAA provided HHS with authority to modify the standards as deemed appropriate, but not more frequently than once every 12 months. However, modifications are permitted during the first year after adoption of the standards if the changes are necessary to permit compliance with the standards. HIPAA also provides that compliance with modifications to standards or implementation specifications must be accomplished by a date designated by the Secretary, which may not be earlier than 180 days after the adoption of the modification.

The Privacy Rule establishes, for the first time, a foundation of Federal protections for the privacy of protected health information. The Rule does not replace Federal, State, or other law that grants individuals even greater privacy protections, and covered entities are free to retain or adopt more protective policies or practices.

PREEMPTION OF STATE LAW

The HIPAA privacy provisions govern the use and disclosure of an individual's personal health information, also known as "protected health information" (PHI). In the event state law or Regional policy is more restrictive than the HIPAA privacy regulations, the more restrictive law or policy will apply.

**POLICY AND PROCEDURE:
USE AND DISCLOSURE OF INDIVIDUAL PROTECTED HEALTH INFORMATION
“WHAT SIOUX RIVERS REGION CAN DISCLOSE”**

POLICY

To preserve the confidentiality of protected health information (PHI), Sioux Rivers Region, hereinafter referred to as “The Region”, shall only disclose PHI for reasons identified and in the format developed in the Health Insurance Portability and Accountability Act of 1996. The Region shall only disclose PHI for the following reasons.

PERMITTED USES AND DISCLOSURES

The Region is permitted to use and disclose (PHI):

- 1) To the individual §164.502(a);
- 2) For treatment, payment or health care operations §164.502(a);
- 3) Incident to a use or disclosure permitted or required by HIPAA privacy provisions §164.502(a);
- 4) Pursuant to and in compliance with a valid authorization §164.502(a)
- 5) When required by the Secretary to investigate and determine Regional compliance §164.502(a);
- 6) To a family member or individual identified by the individual §164.510(b);
- 7) For disaster relief purposes §164.510(b)(4);
- 8) For public health activities §164.512(b);
- 9) For disclosures about victims of abuse, neglect or domestic violence §164.512(c);
- 10) For disclosures for health oversight activities §164.512(d);
- 11) For disclosures for judicial and administrative proceedings §164.512(e);
- 12) For disclosures for law enforcement purposes §164.512(f);
- 13) About decedents §164.512(g);
- 14) For cadaveric organ, eye or tissue donation purposes §164.512(h);
- 15) For research purpose §164.512(i);
- 16) To avert a serious threat to health or safety §164.512(j);
- 17) For specialized government functions §164.512(k);
- 18) For workers compensation §164.512(l);
- 19) For a limited data set §164.514(e);
- 20) For fundraising §164.514(f); and
- 21) For underwriting and related purposes §164.514(g).

MINIMUM NECESSARY STANDARD §164.502(b) See Minimum Necessary Policy

When using or disclosing PHI or when requesting PHI from another covered entity, the Region must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

The minimum necessary standard does not apply to the following:

- 1) Disclosures to or requests by a health care provider for treatment;
- 2) Uses and disclosures made to the individual;
- 3) Uses or disclosures made pursuant to an authorization;
- 4) Disclosures made to the Secretary to determine Regional compliance, or
- 5) Uses or disclosures that are required by law, including, compliance with HIPAA privacy provisions.

PHI SUBJECT TO AN AGREED UPON RESTRICTION §164.502(c) See Request for Privacy Policy

If the Region agrees to a restriction pursuant to §164.522, the Region may not use or disclose PHI in violation of that restriction.

DE-IDENTIFIED INFORMATION §§164.502(d) & 514

The Region may use PHI to create information that is not identifiable health information or disclose PHI only to a business associate for such purpose. The Region can disclose PHI in its “de-identified form,” as long as it can only be re-identified by the Region. PHI is considered “de-identified” when the following items are eliminated:

Names	Electronic Mail Addresses
Address, City, County, Precinct	Social Security Numbers
Zip code (other than first three digits)	Medical Records Numbers
Dates (other than year)	Health Plan Beneficiary Numbers
Telephone Numbers	Account Numbers
Fax Numbers	Certificate/License Numbers
Vehicle Identifiers	Device Identifiers and Serial Numbers
Web Universal Resource Locators (URLs)	Internet Protocol Address Numbers
Biometric Identifiers	Photographic images
Other identifying number, characteristic or code	

The Region may assign a code or other means of record identification to allow de-identified information to be re-identified by the Region, provided that the code is not easily translated so as to identify the individual. In addition, the Region cannot disclose the code or mechanism for re-identification.

Use of De-Identified Information is to be used only for the purposes of research, public health, or health care operations. There must be a signed Business Associate Agreement between The Region and the entity receiving de-identified PHI which follows those guidelines set forth in the Region Business Associate Agreement Policy.

PROCEDURE

- 1) Determine if the Region is permitted to disclose the PHI.
- 2) Determine if the use or disclosure of the PHI meets the minimum necessary standard.
- 3) Determine if there are any restrictions on the use or disclosure of the PHI.
- 4) Determine if the PHI can be de-identified.

POLICY AND PROCEDURE
USE AND DISCLOSURE OF INDIVIDUAL PROTECTED HEALTH INFORMATION
"TO WHOM SIOUX RIVERS REGION MAY USE AND DISCLOSE"

POLICY

To ensure protected health information (PHI) is used and disclosed only to those individuals who are allowed access, the Region will only disclose PHI in accordance to the Health Insurance Portability and Accountability Act of 1996. The Region will disclose information only to those identified below.

REQUIRED DISCLOSURES §164.502(a)(2)

The Region is required to disclose protected health information to:

- 1) The individual, when requested and
- 2) Secretary of Health and Human Services to determine Regional compliance.

DISCLOSURES TO BUSINESS ASSOCIATES §164.502(e) See **Business Associate Policy**

The Region may disclose PHI to a Business Associate and may allow a Business Associate to create and receive PHI on its behalf, if the Region obtains satisfactory assurance that the Business Associate will appropriately safeguard the information. These satisfactory assurances must be documented in the form of a Business Associate Agreement. This standard does not apply to disclosures:

- 1) By the Region to a health care provider concerning treatment of the individual;
- 2) With respect to disclosures by a group health plan to a plan sponsor; or
- 3) With respect to uses and disclosures by a Region (health plan), if the eligibility for, or enrollment in, the health plan is determined by an agency other than the Region.

DECEASED INDIVIDUALS §164.502(f)&(g)

The Region must comply with HIPAA privacy provisions with respect to PHI of deceased individuals.

PERSONAL REPRESENTATIVE'S ACCESS TO PHI §164.502(g)

The Region must treat a personal representative as the individual for purposes of the HIPAA privacy provisions. A personal representative must have legal authority to act on behalf of an individual who is an adult or a minor child in making decisions related to health care. The Region may elect not to treat a person as a personal representative of an individual if the Region reasonably believes, in its professional judgment, that the individual has been or may be subjected to domestic violence, abuse or neglect by such person or if treating the person as a personal representative could endanger the individual.

In addition, the Region must treat an executor or administrator of a deceased individual's estate as a personal representative with respect to relevant PHI.

USES AND DISCLOSURES TO FAMILY MEMBERS §164.510(b) See **Opportunity to Object Policy**

In the event of an emergency or an individual's incapacity, the Region may disclose PHI to a family member, close friend or any other person identified by the individual if the PHI is relevant to such person's involvement with the individual's care or payment related to the individuals' health care. If the individual is present, the Region must obtain the individual's agreement to release PHI to a family member or close friend.

MINIMUM NECESSARY FOR USES OF PHI §164.514(d)(2) See **Workforce Designation**

The Region must identify those persons or classes of persons, as appropriate, in its' workforce who need access to PHI to carry out their duties. For each person or class of persons the Region must identify the category or categories of PHI to which access is needed and the conditions appropriate for such access. The Region must make reasonable efforts to limit the access of each person or class of persons.

VERIFICATION §164.514(h) See **Verification Policy**

The Region shall verify the identity of a person requesting PHI and the authority of such person to have access to PHI, if the identity or authority of the person is not known to the Region. This can include oral or written verification.

PROCEDURE

- 1) Determine if the information to be used or disclosed is to an individual or entity that has a right to access the information.
- 2) Determine if there is any other policy that prohibits use or disclosure. (Verify that an agreement is in place or no objection has been made to the use or disclosure.)

<p style="text-align: center;">POLICY AND PROCEDURE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR JUDICIAL AND ADMINISTRATIVE PROCEEDINGS</p>

POLICY

The Region in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") has adopted the following policy with regard to the use and disclosure of protected health information as it pertains to judicial and administrative proceedings:

It will be the policy of The Region to disclose individual health information expressly authorized for the use in judicial or administrative proceedings in the following circumstances:

- 1) In response to an order of a court or administrative tribunal
- 2) In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, provided that the individual who is the subject of the protected health information that has been requested has been given notice of the request.
- 3) In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal if the party seeking the information has provided assurance that reasonable efforts have been made by such party to secure a qualified protective order.
- 4) If a written statement and accompanying documentation demonstrating that the party requesting such information has made a good faith attempt to provide written notice to the individual (or, if the individual's location is unknown, to mail a notice to the individual's last known address), and that the notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise an objection to the court or administrative tribunal; and the time for the individual to raise objections to the court or administrative tribunal has elapsed, and no objections were filed.
- 5) If assurances include a written statement and accompanying documentation demonstrating that the parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or, that the party seeking the protected health information has requested a qualified protective order from such court or administrative tribunal.
- 6) In response to a qualified protective order that prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested; and requires the return to your organization or destruction of the protected health information (including all copies made) at the end of the litigation or proceeding.
- 7) In response to a lawful process, without receiving satisfactory assurances, if reasonable efforts to provide sufficient notice to the individual have been made, or a qualified protective order is being requested.

Notice of Privacy Practices

A summary statement of this policy will be included in our Notice of Privacy Practices.

Documentation of Disclosures

All disclosures for judicial or administrative proceedings will be documented and accounted for to support any requests by the individual and/or the individual's representative for an accounting of these disclosures.

Retention

This Use and Disclosure of Protected Health Information for Judicial and Administrative Proceedings Policy and all associated disclosures will be retained for six years from the date of its creation or the date when it last was in effect, whichever is later.

PROCEDURE

- 1) Review this policy to determine if the purpose for release of PHI is to disclose individual health information expressly authorized for the use in judicial or administrative proceedings in any of the circumstances listed above and act according to findings.
- 2) Document any and all disclosures of PHI for judicial or administrative proceedings.
- 3) Retain all documents related to PHI disclosure for six years from the date of its creation or the date when it last was in effect, whichever is later.

<p style="text-align: center;">POLICY AND PROCEDURE USE AND DISCLOSURE OF INDIVIDUAL PROTECTED HEALTH INFORMATION FUNDRAISING</p>
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POLICY

Sioux Rivers Region, in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), has adopted the following policy with regard to the requirements set for use and disclosure of protected health information with regard to fundraising activities as follows:

Sioux Rivers Region will disclose information for fundraising purposes based on the following guidelines:

- 1) Only demographic information and dates of health care may be disclosed without an authorization to a business associate or to an institutionally related foundation for the purpose of raising funds.
- 2) Individuals who are the target of fundraising activities may opt out of receiving any further fundraising communications by contacting Shane Walter, HIPAA Privacy officer. A dated, written request stating the individual request to discontinue receiving fundraising communications must be submitted to Shane Walter, c/o Sioux County, P.O. Box 233, Orange City, IA 51041.

NOTICE OF PRIVACY PRACTICES

A summary statement of this policy is included in our Notice of Privacy Practices.

WORKFORCE TRAINING

This policy will be included in our privacy training.

RETENTION

This document will be retained for six years from the date of its creation or the date when it was last in effect, whichever is later.

PROCEDURE

- 1) PRIOR to release of PHI for fundraising purposes review individual documentation on file.
If file
 - a. Contains a request to opt out of receiving further fundraising communications, remove individual from this and future fundraising list(s).
 - b. Contains an Authorization to Release PHI for fundraising, do so in accordance with policy.
 - c. Does NOT contain a valid authorization; obtain appropriate authorization according to policy PRIOR to release of PHI.
- 2) Document release of PHI for fundraising in individual file according to policy and procedure.
- 3) When appropriate, document request to opt out of receiving further fundraising communications in the individual's file.

<p style="text-align: center;">POLICY AND PROCEDURE: USE AND DISCLOSURE OF INDIVIDUAL PROTECTED HEALTH INFORMATION MARKETING PURPOSES</p>
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POLICY

Sioux Rivers Region in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") has adopted the following policy with regard to the requirements set for use and disclosure of protected health information with regard to marketing as follows:

Sioux Rivers will adhere to the following marketing guidelines:

Our organization will NOT use or disclose protected health information for marketing without an authorization unless a valid exception exists.

The following EXCEPTIONS do not require that an authorization be provided for use and disclosure of individual information as it pertains to marketing:

- 1) To make a marketing communication to an individual that occurs in a face to face encounter with the individual.
- 2) Where the marketing is done by means of a promotional gift or service of nominal value.
- 3) To make a marketing communication to an individual concerning the health related products and services Sioux Rivers provided:
 - a) Sioux Rivers is identified as the party making the communication.
 - b) It is prominently stated if Sioux Rivers has received, or will receive, direct or indirect remuneration for making the communication.
- 4) The communication must, except when it is contained in a newsletter or general communication device, contain instructions describing how the individual may opt out of receiving future such communications. A mechanism to track and honor such requests will be part of all related marketing procedures.
- 5) If Sioux Rivers targets the communication to individuals based on their health status or condition, a determination must be made that the product or service being marketed may be beneficial to the health of the type or class of individual targeted, and include in the communication, an explanation of why the individual has been targeted and how the product or service relates to the health of the individual.

NOTICE OF PRIVACY PRACTICES

A summary statement of this policy is included in our Notice of Privacy Practices.

DOCUMENTATION OF DISCLOSURES

All disclosures for this policy will be documented and accounted for to support any requests by the individual and/or the individual representative for an accounting of these disclosures.

WORKFORCE TRAINING

This policy will be included in our privacy training.

RETENTION

This document will be retained for six years from the date of its creation or the date when it was last in effect, whichever is later.

PROCEDURE

- 1) PRIOR to release of PHI, review individual documentation on file.

If file:

 - a. Contains a request to opt out of receiving further marketing communications, remove individual from this and future marketing list(s).
 - b. Contains an Authorization to Release PHI for marketing, do so in accordance with policy.
 - c. Does NOT contain a valid authorization; obtain appropriate authorization according to policy PRIOR to release of PHI.
- 2) Document release of PHI for marketing in individual file according to policy and procedure.
- 3) When appropriate, document request to opt out of receiving further marketing communications in the individual's file.

PHI DISCLOSURE FORM

WHO'S PHI WAS DISCLOSED?

Name: (First/Middle/Last) _____

Address: (Street/City/State/Zip code) _____

Date of Birth: _____ Social Security/Client number: _____

DISCLOSURE INFORMATION:

Date of Disclosure: _____

IS THERE A VALID AUTHORIZATION TO RELEASE PHI IN PLACE? ☐ Yes ☐ No

If 'No': ☐ Letter Sent to Client to obtain Authorization (if appropriate)

- Date Sent _____ - Date Obtained _____

☐ Letter of Denial, No valid Authorization, sent (if appropriate) - Date: _____

NAME OF PERSON OR ENTITY WHO RECEIVED THE PHI: _____

ADDRESS OF PERSON OR ENTITY WHO RECEIVED THE PHI: _____

DESCRIBE THE PHI THAT WAS DISCLOSED: _____

REASON PHI WAS DISCLOSED: _____

NAME OF EMPLOYEE HANDLING DISCLOSURE OF THE PHI: _____

MINIMUM NECESSARY EXCLUSION:

☐ **THE MINIMUM NECESSARY REQUIREMENT DOES NOT APPLY TO THIS DISCLOSURE BECAUSE:**

- ☐ Disclosure was made to the individual or to his/her personal representative
- ☐ Disclosure was made pursuant to an authorization executed by the individual or to the individual's personal representative (attach copy of authorization)
- ☐ Disclosure was made to a professional pursuant to our privacy practices
- ☐ Disclosure was made for documented research purposes
- ☐ Disclosure was made to a health care provider for treatment purposes
- ☐ Disclosure was made to the Dept. of Health & Human Services for compliance requirements
- ☐ Disclosure was made to a health care provider for treatment purposes
- ☐ Disclosure was made pursuant to Iowa Code § _____
- ☐ Disclosure was made to be in compliance with the HIPAA Administration Simplification Rule(s):

Pursuant to Rule(s)# _____

MINIMUM NECESSARY VERIFICATION:

☐ **The Disclosure was made in accordance with our privacy practices and was limited to the minimum necessary to accomplish the purpose for which the request is made.**

POLICY AND PROCEDURE AUTHORIZATIONS

POLICY

To ensure the integrity of individual protected health information (PHI), the Region will only disclose information pursuant to an authorization unless otherwise directed by the Health Insurance Portability and Accountability Act of 1996. The Region will follow the requirements as outlined below.

AUTHORIZATION REQUIRED §164.508(a)(1) *See AUTHORIZATION FORM*

The Region requires authorizations for any use and disclosure of:

- 1) psychotherapy notes, except to carry out treatment, payment or health care operations or for the Region to defend itself in a legal action, and
- 2) marketing.

INVALID AUTHORIZATIONS §164.508(b)

An authorization will not be valid if it passes the expiration date; if it has not been filled out completely; if revoked or if any material information is known by the Region to be false. In addition, the Region will not combine authorization for psychotherapy notes with any other document to create a compound authorization.

CONDITIONING AUTHORIZATIONS §164.508(b)(4)

The Region may condition enrollment or eligibility for benefits on provision of an authorization requested by the Region prior to the individual's enrollment:

- 1) If the authorization is sought for the health plan's eligibility or enrollment determinations relating to the individual; or
- 2) For its underwriting or risk rating determinations, and
- 3) The authorization is not for a use or disclosure of psychotherapy notes.

EFFECT OF PRIOR CONSENTS

The Region will use or disclose protected health information about an individual pursuant to an individual's signed consent, authorization, or other express legal permission collected before the applicable compliance date of the HIPAA privacy rule. In addition, the Region will NOT make any use or disclosure that is expressly excluded from the consent, authorization, or other express legal permission obtained from an individual, and will comply with all limitations or restrictions placed by the consent, authorization, or other express legal permission obtained from an individual.

REVOCATION §164.508(b)(5)

An individual may revoke an authorization at any time, provided that the revocation is in writing, except, to the extent that:

- 1) The Region has taken action in reliance on the authorization, or
- 2) The authorization was a condition of obtaining insurance coverage.

DOCUMENTATION §164.508(b)(6)

The Region will document and retain any signed authorization for a period of six (6) years.

VALID AUTHORIZATIONS §164.508(c)

- 1) Specific and meaningful description of the information to be used or disclosed;
- 2) Name or other specific identification of the person(s) or class of persons, authorized to make the requested use or disclosure;
- 3) Name or other specific identification of the person(s), or class of persons, to whom the Region may make the requested use or disclosure;
- 4) A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose;
- 5) An expiration date or expiration event that relates to the individual for the purpose of the use or disclosure;
- 6) Signature of the individual and date. If the authorization is signed by the individual's personal representative, a description of the representative's authority to act for the individual must be provided.

In addition to the above core elements, the authorization must also contain the following statements that adequately put the individual on notice:

- 1) The individual's right to revoke the authorization in writing;
- 2) The exceptions to the right to revoke or a reference to the Region's privacy notice if the exceptions to revocation are listed in it;
- 3) The ability of the Region to condition treatment, payment, enrollment and/or eligibility for benefits on the authorization by stating the consequences to the individual of a refusal to sign the authorization; and
- 4) The potential for information disclosed to be subject to re-disclosure by the recipient.

Further, the authorization will be written in plain language and a copy of the signed authorization will be given to the individual.

PROCEDURE

- 1) Determine if an authorization is required to disclose the PHI.

- 2) Review the purpose of the authorization with the individual.
- 3) Ask the individual to read, complete, sign and date the authorization.
- 4) Explain to the individual that the authorization can be revoked, in writing, at any time, the exceptions to revocation and the consequence of the revocation.
- 5) Explain to the individual that they have the right to not sign the authorization and the consequences of not signing the authorization.
- 6) Give a signed copy of the authorization to the individual.
- 7) Give the individual a copy of the Region's Notice of Privacy Practices.
- 8) Place the completed authorization in the individual's designated record set.

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Please complete this form in its entirety. This authorization is not valid, and the Region will not release your protected health information, unless the form is completed in its entirety. A copy of the signed authorization will be provided to you.

THE FOLLOWING PERSON(S) OR ENTITY SHALL:

Name of Person(s) or Entity: _____

Address of Person(s) or Entity: _____

DISCLOSE THE FOLLOWING INFORMATION FROM THE HEALTH RECORDS OF:

Name: (First/Middle/Last) _____

Address: (Street/City/ State/Zip code) _____

Birthdate: (Month/Day/Year) _____ Social Security #: _____

Telephone Number: (Home) _____ (Work) _____

INFORMATION SHALL BE DISCLOSED TO:

Name of Person(s) or Entity: _____

Address of Person(s) or Entity: _____

THE INFORMATION DISCLOSED SHALL COVER HEALTH CARE FOR THE FOLLOWING PERIOD(S) OF TIME:

From: (month/date/year) _____ To: (month/date/year) _____

THE INFORMATION SHALL BE DISCLOSED FOR THE FOLLOWING PURPOSE(S):

(Not required if the disclosure is requested by the individual. "At the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.)

THE FOLLOWING INFORMATION SHALL BE RELEASED:

I UNDERSTAND THAT THIS WILL INCLUDE INFORMATION RELATING TO: (Initial, if applicable)

_____ Acquired Immunodeficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV).

_____ Behavioral health service/psychiatric care.

_____ Treatment for alcohol and/or drug abuse.

AFFIRMATION OF AUTHORIZATION:

I give the person(s) or entity named above permission to disclose only the information I have identified on this authorization form to the person(s) or entity I have named and only for the purposes I have identified. I understand: ***(Please initial after reading each statement)***

_____ This authorization is valid for one year from the date I sign unless revoked prior to that date.

_____ I may refuse to sign this authorization (A refusal to sign the authorization may effect payment for or eligibility for benefits).

_____ I may revoke this authorization in writing at any time. (A revocation of this authorization may effect payment for or eligibility for benefits). This authorization cannot be revoked to the extent that the Region has taken action in reliance on the authorization or the authorization was a condition of obtaining insurance coverage.

_____ This information may be redisclosed by the person(s) or entity receiving the information and no longer protected by 45 C.F.R. §164.508.

_____ I may access my protected health information by following the procedure outlined in the Notice of Privacy Practices.

Signature of Individual

Date

Signature of personal representative (If Individual is unavailable or unable to sign)

Date

Legal authority of personal representative

Date

<p style="text-align: center;">POLICY AND PROCEDURE</p> <p style="text-align: center;">USES AND DISCLOSURES THAT REQUIRE AN OPPORTUNITY TO OBJECT</p>

POLICY

To ensure the confidentiality of individual protected health information (PHI), the Region will only disclose information in certain situations only after the individual has had an opportunity to agree or object to the disclosure pursuant to the Health Insurance Portability and Accountability Act of 1996. The Region will follow the requirements as outlined below.

INDIVIDUAL'S RIGHT TO AGREE OR OBJECT §164.510

The Region may use or disclose PHI, provided that the individual is informed in advance of the use or disclosure and has the opportunity to agree to or prohibit or restrict the following uses or disclosures:

- 1) The Region may disclose to a member of the individual's family, a relative, a close friend or any other person identified by the individual, the individual's PHI that directly relates to that person's involvement in the individual's health care.
- 2) The Region may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for the individual's care of the individual's location, general condition or death.
- 3) If the individual is not present, 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 Region may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the individual, if so, disclose only the PHI that is directly relevant to the person's involvement in the individual's care.
- 4) The Region may use or disclose PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in individual's health care.

FORM OF AGREEMENT OR OBJECTION

The Region may orally inform the individual and receive oral agreement or objection to the use or disclosure.

PROCEDURE

- 1) Determine whether the use or disclosure requires an opportunity for the individual to agree or object.
- 2) Disclose only that PHI which is relevant to the person's role in the individual's healthcare.
- 3) Document the individual's oral agreement or objection in the individual's designated record set.

<p style="text-align: center;">POLICY AND PROCEDURE</p> <p style="text-align: center;">USES AND DISCLOSURES THAT DO NOT REQUIRE AN AUTHORIZATION OR OPPORTUNITY TO OBJECT</p>

POLICY

To ensure the confidentiality of individual protected health information (PHI), the Region will only disclose information as required by the Health Insurance Portability and Accountability Act of 1996. The Region will follow the requirements as outlined below. PHI pursuant to these provisions can be disclosed without an authorization or an opportunity to agree or object.

REQUIRED BY LAW §164.512(a)

The Region may use or disclose PHI to the extent that the use or disclosure is required by law. The Region will notify an individual, as required by law, of any such uses or disclosures.

PUBLIC HEALTH §164.512(b)

The Region may disclose PHI for public health activities and purposes that may include:

- 1) Collecting and receiving information, by a public health authority, for the purpose of preventing or controlling disease, injury or disability;
- 2) Disclosures to a public health authority authorized to receive child abuse or neglect reports;
- 3) Activities related to the quality, safety or effectiveness of FDA-related products;
- 4) Contacting individuals, if authorized by law, who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease; or
- 5) Disclosing information to an employer, if the Region provides healthcare to the individual at the request of the employer to conduct drug testing or to evaluate whether the individual has a work-related illness or injury.

ABUSE OR NEGLECT §164.512(c)

The Region may disclose PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, the Region may disclose PHI, to the governmental entity or agency authorized to receive such information, if it believes an individual has been a victim of abuse, neglect or domestic violence. The disclosure will be made consistent with the requirements of federal and state laws. The Region will notify the individual of the disclosure unless, in the exercise of professional judgment, the Region believes informing the individual would place them at risk of serious harm.

HEALTH OVERSIGHT §164.512(d)

The Region may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections.

LEGAL PROCEEDINGS §164.512(e)

The Region may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

LAW ENFORCEMENT §164.512(f)

The Region may disclose PHI for law enforcement purposes, in the following situations:

- 1) If required by law (ex. reporting wounds or pursuant to a subpoena);
- 2) Limited information requests for identification and location purposes;
- 3) Pertaining to victims of a crime;
- 4) Suspicion that death has occurred as a result of criminal conduct;
- 5) In the event that a crime occurs on county premises, and
- 6) Medical emergency if it is likely that a crime has occurred
- 7) In response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that only the following information, if available, is disclosed: (A) Name and address; (B) Date and place of birth; (C) Social security number; (D) ABO blood type and rh factor; (E) Type of injury; (F) Date and time of treatment; (G) Date and time of death, if applicable; and (H) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos. EXCLUDING disclosure for the purposes of identification or location any protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.

USES AND DISCLOSURES ABOUT DECEDENTS §164.512(g)

1) *Coroners and Medical Examiners*

The Region may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

2) *Funeral Directors*

The Region may disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. The Region may disclose PHI in reasonable anticipation of death.

CADAVERIC ORGAN, EYE OR TISSUE DONATION §164.512(h)

The Region may disclose PHI to organ procurement, banking or transplantation organizations for cadaveric organ, eye or tissue donation purposes.

RESEARCH §164.512(i)

The Region may disclose PHI to researchers when their research has been approved by an Institutional Review Board or a Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of the PHI.

AVERTING SERIOUS THREAT TO HEALTH OR SAFETY §164.512(j)

Consistent with applicable federal and state laws, the Region may disclose PHI, if in good faith, it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Region may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

SPECIALIZED GOVERNMENT FUNCTIONS §164.512(k)**1) Military and Veterans Activities**

The Region may disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. The Region, as a component of the Department of Veterans Affairs, may disclose PHI for the purpose of determining eligibility for benefits. The Region may disclose PHI of an individual who is foreign military personnel to foreign military authority.

2) National Security and Intelligence Activities

The Region may disclose PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

3) Correctional Institutions and Other Law Enforcement Custodial Situations

The Region may disclose to a correctional institution or law enforcement official PHI for the purposes of providing health care; for the purpose of health and safety of an individual, other inmates or correctional employees; for the purpose of law enforcement on the premises of the correctional institution or for the administration and maintenance of safety, security and other good order of the correctional institution.

4) Government Entities Providing Public Benefits

A Region that is a health plan may disclose PHI relating to eligibility for enrollment in the health plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such agencies or the maintenance of such information in a single combined data system accessible to all such agencies is required. In addition, a Region that is a health plan may disclose PHI relating to the program to another covered entity that is a government program providing public benefits if the programs serve the same or similar populations and the disclosure of PHI is necessary to coordinate functions of the programs or improve administration and management.

WORKERS' COMPENSATION §164.512(l)

PHI may be disclosed by the Region as authorized to comply with workers' compensation laws and other similar legally-established programs.

INMATES

The Region may use or disclose PHI about an inmate of a correctional facility if the Region created or received the PHI in the course of providing care to the inmate.

REQUIRED USES AND DISCLOSURES

The Region must make disclosures to the individual to whom the PHI pertains when requested by the individual and when required by the Secretary of the Department of Health and Human Services to investigate or determine Regional compliance with the HIPAA privacy provisions.

PROCEDURE

- 1) Determine if the use or disclosure falls into one of the categories that does not require an authorization or an opportunity to agree or object.
- 2) Notify the individual of the use or disclosure.

<p style="text-align: center;">POLICY AND PROCEDURE</p> <p style="text-align: center;">USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION</p> <p style="text-align: center;">MINIMUM NECESSARY</p>

POLICY

To ensure the confidentiality of individual protected health information (PHI), the Region will only disclose the minimum necessary to meet the purpose of the requested use or disclosure pursuant to the Health Insurance Portability and Accountability Act of 1996. The Region will follow the requirements as outlined below.

MINIMUM NECESSARY STANDARD §164.502(b)

When using or disclosing PHI or when requesting PHI from another covered entity, the Region must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

The minimum necessary standard does not apply to the following:

- 1) Disclosures to or requests by a health care provider for treatment;
- 2) Uses and disclosures made to the individual;
- 3) Uses or disclosures made pursuant to an authorization;
- 4) Disclosures made to the Secretary to determine Regional compliance, or
- 5) Uses or disclosures that are required by law, including, compliance with HIPAA privacy provisions.

ROUTINE AND RECURRING DISCLOSURES §164.514(d)

For any type of disclosure that the Region makes on a routine and recurring basis, the Region must implement procedures to limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.

OTHER DISCLOSURES

For all other disclosures, the Region has developed criteria designated to limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure and review requests for disclosure on an individual basis. The Region may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when:

- 1) Making disclosures to public officials pursuant to §164.512, if the public official represents that the requested information is the minimum necessary;
- 2) The information is requested by another covered entity;
- 3) The information is requested by a professional who is a member of the workforce or is a business associate of the Region for purposes of providing professional services to the Region, if the professional represents that the information requested is the minimum necessary for the stated purpose.
- 4) Documentation or representations comply with §164.512(l) for purposes of research.

REQUEST FOR PHI

The Region must limit any request for PHI to that which is reasonably necessary to accomplish the purpose for which the request is made, when requesting such information from other covered entities. For information requested on a routine or recurring basis the Region must limit the amount reasonably necessary to achieve the purpose for which the request was made. For all other requests, the Region must develop criteria designated to limit the PHI requested to the amount reasonably necessary to achieve the purpose of the request and review requests for disclosure on an individual basis.

OTHER CONTENT REQUIREMENTS

For all uses, disclosures and requests, the Region may not use, disclose or request an entire medical record unless the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure or request.

PROCEDURE

- 1) Each request for disclosure shall be evaluated on an individual basis.
- 2) Determine if the information meets the purpose of the request.
- 3) Determine the minimum necessary to meet the purpose of the request.

<p style="text-align: center;">POLICY AND PROCEDURE VERIFICATION</p>
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POLICY

To ensure the confidentiality of individual protected health information (PHI), the Region will only disclose PHI after verifying the individual or the entity the PHI is disclosed to pursuant to the Health Insurance Portability and Accountability Act of 1996. The Region will follow the requirements as outlined below.

REQUIREMENTS §164.514(h)

The Region shall verify the identity of a person requesting PHI and the authority of such person to have access to PHI, if the identity or authority of the person is not known to the Region. This can include oral or written verification.

If the Region conditions disclosure on particular documentation for verification, the Region may rely, if such reliance is reasonable under the circumstances, on documentation that, on its face, meet the requirements. Verification may be satisfied by, for example, an administrative subpoena or a written statement that demonstrates that the requirement has been satisfied. Documentation must be signed and dated.

PUBLIC OFFICIALS

The Region may rely on any of the following to verify identity when the disclosure for PHI is requested by a public official:

- 1) If the request is made in person, presentation of an agency identification badge or other official credentials;
- 2) If the request is in writing, the request is on appropriate government letterhead or a written statement of legal authority if a written statement is impracticable. A written statement of legal authority can include a subpoena or warrant.
- 3) If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority.

PROCEDURE

- 1) Obtain written documentation of the verification.
- 2) If written documentation is not available, document the oral communication verifying the identity of the individual requesting the disclosure.
- 3) Documentation that the Region knows the individual requesting the disclosure if no other verification is required.

<p style="text-align: center;">POLICY AND PROCEDURE INDIVIDUAL PRIVACY RIGHTS</p>

POLICY

The Region acknowledges individual's right to privacy and to that end will ensure those rights pursuant to guidelines established by the Health Insurance Portability and Accountability Act of 1996. The Region will provide the following rights to individuals with regard to their protected health information (PHI):

Right to Receive a County's Notice of Privacy Practices

Notice of privacy practices is a document that the Region must provide that explains to individuals how the Region routinely manages its confidential data. If the Region uses or discloses information, other than for purposes of treatment, payment or operations, the notice of privacy practices must include how the information is being used or disclosed.

Right to Access and Copy Protected Health Information

Individuals can request access to and copy certain medical records containing PHI. The Region and the individual may either come to an agreement on how this information is to be shared or a copy of the records can be mailed to the individual. There are certain circumstances under which access can be denied. The Region is permitted to charge a reasonable fee for this service.

Right to Request Restriction of the Uses and Disclosures of Protected Health Information

An individual can request that the Region not disclose PHI to others. The Region can stipulate that this request be in writing. If, for example, Sara, who is an 18-year old dependent covered under her father's health coverage, seeks medical attention from a provider or facility, Sara has the right to request that any information related to that service not be disclosed to specific persons.

Right to Receive Confidential Communications

This gives an individual the right to receive communications of PHI by alternate means or at alternate locations. For instance, in the previous example, if Sara still lives with her parents and does not want communications sent to her home, she may request that a health care provider send the communications to an alternate location. The Region must also accommodate a request for confidential communications, provided the individual clearly states that disclosure of all or part of the information could endanger the individual. The Region may require that these requests be made in writing.

Right to Request Amendment and Correction of Protected Health Information

An individual has the right to request revisions or corrections to any part of the record that the individual believes to be incorrect. The Region has a specific time limit to act upon this request, but is not always obligated to revise the records. There are several valid reasons allowed for denying such a request. One reason for denying the request is that the record(s) was(were) not created by the Region.

Right to an Accounting of the Disclosures of Protected Health Information

If the Region discloses PHI outside of what is considered treatment, payment and health care operations, an individual has the right to receive an accounting of those disclosures. The Region is not required to provide this accounting if the disclosures were either made directly to the individual or were authorized by the individual, whose PHI was disclosed.

<p style="text-align: center;">POLICY AND PROCEDURE RIGHT TO NOTICE OF SIOUX RIVERS REGION PRIVACY PRACTICES</p>

POLICY

The Region acknowledges the individual's right to notice of the Region's privacy practices regarding PHI and will inform individuals of the Region's privacy practices pursuant to the Health Insurance Portability and Accountability Act of 1996. The Region will follow the requirements as outlined below.

INDIVIDUAL'S RIGHT TO NOTICE §164.520 See Right to Notice of Privacy Practices

The Region shall provide individuals with a notice of the uses and disclosures of PHI that may be made by the Region and of the individual's rights and the Region's legal duties with respect to PHI.

INMATES

An inmate does not have a right to notice.

NOTICE REQUIREMENTS

- 1) Written in plain language.
- 2) 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) A description, including at least one example, of the types of uses and disclosures that the Region is permitted to make for treatment, payment and health care operations.
- 4) A description of each of the other purposes for which the Region is permitted to use or disclose PHI without the individual's written authorization.
- 5) A statement that the other uses or disclosures will only be made with the individual's written authorization and that the individual may revoke such authorization.
- 6) If a use or disclosure is prohibited or materially limited by other applicable law, the description of the use or disclosure must reflect the more stringent law.
- 7) If the Region contacts individuals to remind them of appointments or to provide them with other information, the Region must describe that on the notice.
- 8) A statement of the individual's rights with respect to PHI and a brief description of how the individual may exercise these rights.
 - a) the right to request restrictions on certain uses and disclosures and that the Region is not required to agree to a requested restriction.
 - b) the right to receive confidential communications of PHI.
 - c) the right to inspect and copy PHI.
 - d) the right to amend PHI.
 - e) the right to receive an accounting of PHI disclosures.
 - f) the right to obtain a paper copy of the notice from the Region.
- 9) A statement that the Region is required to maintain the privacy of PHI and to provide the individual with notice of its legal duties and privacy practices with respect to PHI.
- 10) A statement that the Region is required to abide by terms of the notice currently in effect.
- 11) A statement that the Region reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. The statement must also describe how it will provide individuals with the revised notice.
- 12) A statement that the individual may complain to the Region and to the Secretary if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint and a statement that the individual will not be retaliated against for filing a complaint.
- 13) The name or title and telephone number of the person or office to contact for further information.
- 14) A date on which the notice is first in effect.

OPTIONAL ELEMENTS

If the Region, elects to limit the uses or disclosures that it is permitted to make, the Region may describe its more limited uses or disclosures in its notice. The Region, however, cannot limit the individual's rights under this notice.

REVISIONS TO THE NOTICE §164.520(b)(3)

The Region must promptly revise and distribute its notice whenever there is a material change to the uses and disclosures, the individual's rights, the Region's legal duties or other privacy practices.

PROVISIONS FOR HEALTH PLANS §164.520(c)

A health plan must provide notice no later than the compliance date for the health plan, to the individuals then covered by the plan, thereafter at the time of enrollment, to the individuals who are new enrollees and within 60 days of a material revision to the notice. In addition, the health plan must notify individuals covered at least every three years on the availability of the notice and how to obtain the notice.

PROVISIONS FOR PROVIDERS §164.520(c)

A health provider that has a direct treatment relationship with individual must provide notice no later than the first date of service. The provider shall make a good faith effort to obtain a written acknowledgment of receipt of the notice. If the acknowledgment is not obtained the provider must describe the good faith effort to obtain it and the reason why it was not obtained. If the provider maintains a physical service location the notice shall be available at the service delivery site and posted in a prominent location. In an emergency treatment situation, the provider must make available the notice as soon as reasonably practicable after the emergency.

METHODS FOR PROVIDING NOTICE §164.520(c)(3)

A Region that maintains a website about its customer services or benefits must prominently post its notice on the website. The Region can provide the notice via email if the individual agrees to electronic transmission. An individual who is a recipient of an electronic notice maintains the right to request and obtain a paper copy from the Region.

DOCUMENT RETENTION §164.520(c)(e) See Acknowledgement of Receipt and Good Faith Effort

The Region must document compliance with the notice requirements by retaining copies of the notices issued by the Region and any written acknowledgments of receipt or the good faith efforts to obtain the acknowledgment of receipt.

PROCEDURE

- 1) Give individual copy of Notice of Privacy rights.
- 2) Retain copy and place in individual's designated record set.

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICE**

I, _____, do hereby
acknowledge receipt of a copy of the Sioux Rivers Region Notice of Privacy Practices, Policy and Procedure.

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE:

Signature of Individuals' Personal Representative

Date

Legal authority of personal representative

**“GOOD FAITH EFFORT”
TO GAIN ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICE**

This is an acknowledgement of a good faith effort to gain acknowledgment of receipt of the Sioux Rivers Region Notice of Privacy Practice, Policy and Procedures (NPP), in regards to the following client:

Client Name _____ **ID #** _____

DATE NPP WAS MAILED, EMAILED, OR HAND-DELIVERED: _____

A COPY OF THE NOTICE OF PRIVACY PRACTICES HAS NOT BEEN GIVEN TO THE INDIVIDUAL FOR THE REASON(S) STATED BELOW:

Employee Signature

Date

☐ Certified Mail Return Receipt Attached

POLICY AND PROCEDURE
ACCESSING PROTECTED HEALTH INFORMATION

POLICY

The Region acknowledges the individual's right to access confidential information about themselves. To this end the Region will disclose PHI, to the individual, pursuant to the Health Insurance Portability and Accountability Act of 1996. The Region will follow the requirements as outlined below.

RIGHT TO ACCESS §164.524(a) **See: Individual Request for Disclosure of Protected Health Information.**

Individuals have a right of access to inspect and obtain protected health information (PHI) about the individual in a designated record set, for as long as the information is maintained by the Region, except for:

- 1) Psychotherapy notes;
- 2) Information compiled in reasonable anticipation of a legal proceeding; or
- 3) PHI maintained by the Region that is subject to or exempted from the Clinical Laboratory Improvements Amendments of 1988 (CLIA).

UNREVIEWABLE GROUNDS FOR DENIAL §164.524(a)(2)

The Region may deny an individual access to PHI, without providing the individual an opportunity for review, for the following reasons:

1. The information requested is psychotherapy notes;
2. The Region that is a correctional institution or a covered health care provider acting under the direction of a correctional institution has determined that the requested information would jeopardize the health, safety, security, custody or rehabilitation of the individual or other inmates, or the safety of a correctional employee or other person responsible for transporting the individual;
3. The information requested was obtained under a promise of confidentiality from someone other than the Region and the inspection or copying will likely reveal the source of the information;
4. The requested information was compiled in reasonable anticipation of, or for use in, a legal proceeding;
5. If the PHI is obtained by the Region in the course of research that includes treatment of the research participants, while such research is in progress. For this exception to apply, the individual must have agreed to the denial of access in conjunction with the individual's consent to participate in the research and the covered provider must have informed the individual that the right of access will be reinstated upon completion of the research;
6. The PHI requested is also subject to the Privacy Act.

REVIEWABLE GROUNDS FOR DENIAL

The Region must provide the individual with a right to review the following reasons for denial.

- 1) If a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
- 2) The PHI requested makes reference to someone other than the individual (and other than a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause serious harm to that other person; or
- 3) The request is made by an individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

REVIEW OF DENIAL OF ACCESS

If access is denied and the individual has grounds for review, the individual has the right to have a denial reviewed by a licensed health care professional who is designated by the Region to act as a reviewing official and who did not participate in the original decision to deny.

REQUEST FOR ACCESS AND TIMELY ACTION §164.524(b) **See Notice of Decision**

The Region will permit an individual to request access to inspect or to obtain a copy of the PHI about the individual that is maintained in a designated record set, by the Region. The request for access must be in writing.

The Region must act on a request for access within 30 days of receiving the request if the information is maintained or accessible on-site. The Region must act on a request for access within 60 days of receiving the request if the information is not maintained or accessible on-site. If the Region is unable to act on a request within the applicable deadline, it may extend the deadline by no more than 30 days by providing the individual with a written statement of the reasons for the delay and the date by which the Region will complete its action on the request. This written statement describing the extension must be provided within the standard deadline. The Region may only extend the deadline once per request for access. The requirements for the Region to comply with or deny a request for access, in whole or in part, are described below:

PROVISION OF ACCESS §164.524 (c)

The Region, upon accepting a request for access, will notify the individual of the decision and of any steps necessary to fulfill the request; to provide the information requested in the form or format requested, if readily producible in such form or format; and to facilitate the process of inspection and copying. If the same PHI is maintained in more than one designated record set or at more than one location, the Region is required to produce the information only once per request for access.

The Region must provide the information requested in the form or format requested if it is readily producible in such form or format. Additionally, if the information is not available in the form or format requested, the Region must provide the information in a readable hard copy or another form or format to which the individual and the Region can agree. If the Individual agrees, including agreeing to any associated fees, the Region may provide access to a summary of information rather than all PHI in a designated record set.

The Region must provide the access requested in a timely manner, including arranging for a mutually convenient time and place for the individual to inspect the PHI or obtain a copy. If the individual requests that the Region mail a copy of the information, the Region must do so, and may charge certain fees for copying and mailing.

If the individual requests a copy of PHI, the Region may charge a reasonable, cost-based fee for the copying, including the labor and supply costs of copying. The Region may not charge any fees for retrieving or handling the information or for processing the request. If the individual requests the information to be mailed, the fee may include the cost of postage. If the individual requests an explanation or summary of the information provided, and agrees in advance to any associated fees, the Region may charge for preparing the explanation or summary.

DENIAL OF ACCESS §164.524(d) See Notice of Decision

If the Region denies access, in whole or in part, the Region must, to the extent possible, give the individual access to any other PHI requested after excluding the PHI to which the Region has a ground to deny access. The Region, upon denying a request for access in whole or in part, will provide the individual with a written statement in plain language of the basis for the denial; how the individual may exercise the right of review and how the individual could make a complaint to the Region or the Secretary of Health and Human Services.

If the Region denies the request because it does not maintain the requested information, and the Region knows where the requested information is maintained, the Region must inform the individual where to direct the request for access.

REVIEW OF DENIAL REQUESTED

If the individual requests a review of a denial made, the Region must designate a licensed health care professional to act as the reviewing official. This reviewing official must not have been involved in the original decision to deny access. The Region must promptly refer a request for review to the designated reviewing official. The reviewing official must determine, within a reasonable period of time, whether or not to deny the access requested. The Region must promptly provide the individual with written notice of the reviewing official's decision and otherwise carry out the decision in accordance with the requirements of this section.

DOCUMENTATION

The Region must retain documentation of the designated record sets that are subject to access by the individual and the titles of the person(s) or offices responsible for receiving and processing requests for access by individuals.

PROCEDURE

- 1) Provide the individual with a Request to Access Protected Health Information Form.
- 2) Inform the individual that the Region will notify the individual of its decision.
- 3) Inform the individual of the grounds on which the Region can deny access.
- 4) Send the individual written notice of acceptance or denial.
- 5) If request is accepted, allow individual to obtain requested information.
- 6) Place all denials or acceptances in the individual's designated record set.

**INDIVIDUAL REQUEST FOR DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

***This form constitutes an individual's request for protected health information (PHI) held by the Region.
To obtain your PHI this form must be filled out in its entirety.***

Name: (First/Middle/Last) _____

Address: (Street/City/State/Zip code) _____

Date of Birth: (Month/Day/Year) _____

Social Security Number: _____ Date of Request: _____

I REQUEST THE REGION TO PROVIDE ME ACCESS TO THE FOLLOWING PHI ABOUT ME:

☐ Mental Health Records

☐ Medical Records

☐ Billing Records

☐ Other _____

I REQUEST ACCESS TO MY PHI FOR THE DATES COVERING THE FOLLOWING TIME PERIOD(S):

From: (Month/Day/Year) _____ To: (Month/Day/Year) _____

I WOULD LIKE TO OBTAIN THE REQUESTED PHI IN THE FOLLOWING FORMAT:

☐ Electronic sent to the following address: _____

☐ Hardcopy sent to the following address: _____

☐ Other: _____

☐ On-site inspection

**I UNDERSTAND THE REGION MAY CHARGE A REASONABLE FEE FOR THE COSTS OF COPYING, MAILING OR
OTHER SUPPLIES ASSOCIATED WITH MY REQUEST.**

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE:

Signature of Personal Representative

Date

Legal Authority of the Personal Representative

Date

**NOTICE OF DECISION
REGARDING INDIVIDUAL REQUEST FOR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

YOUR REQUEST TO ACCESS THE FOLLOWING PROTECTED HEALTH INFORMATION (PHI),

- ☐ Medical Records
☐ Billing Records
☐ Other _____

FOR PHI COVERING THE DATES OF: ____/____/____ through ____/____/____

IN THE FOLLOWING FORMAT:

- ☐ Copies of requested information (Cost \$_____.____)
☐ Inspection of my health information at the Sioux Rivers Regional Office of _____.

HAS BEEN:

- ☐ **Accepted**
[List procedure for receiving copies or a date to inspect the PHI at the facility here]
- ☐ **Denied**

Reason for Denial:

- ☐ **You do not have a right to access the information nor to request a review of this decision as it falls under the following category:**
- ☐ Psychotherapy notes;
 - ☐ PHI requested is related to civil, criminal, or administrative action;
 - ☐ PHI requested is subject to or exempt from the Clinical Laboratory Improvements Amendments of 1988 (CLIA);
 - ☐ You are an inmate and the PHI requested could jeopardize the health, safety, security, custody or rehabilitation of yourself or others;
 - ☐ You have agreed to participate in research and have been notified that this information is restricted while in the course of the research. You may access the information upon completion of the research;
 - ☐ The PHI requested is subject to the Privacy Act;
 - ☐ The PHI requested was obtained from a third party (non-health care provider) under condition of confidentiality.
- ☐ **Your request has been denied for the following reason: (Note: you may request a review of this decision by following the appeal procedure outlined in the "Review Procedure" section of this form.)**
- ☐ A licensed Health Care Professional has determined that the access requested is likely to endanger the life or physical safety of yourself or others;
 - ☐ The PHI requested makes reference to someone else and is likely to cause that person serious harm;
 - ☐ As a personal representative it is believed that access to the requested PHI may subject the individual you represent to domestic violence, abuse or neglect or may endanger their life or is not in the best interest of the individual represented.

☐ **Other:** _____

Staff Signature: _____ **Date** _____

Date Request Received: _____

REQUEST FOR REVIEWS

You may have this decision reviewed by sending a written request to: [Shane Walter, Sioux Rivers CEO, P.O. Box 233, Orange City, IA, 51041, (712)737-2999. The request must be received within 7 days from the date of this notice. The review process is described in the “Review Procedure” section of this form.

REVIEW PROCEDURE

The purpose of this section is to describe how Region decisions can be reviewed.

- If you disagree with this notice of decision you may seek a review of the decision. Only reviews initiated by you or your personal representative will be evaluated.
- To request a review, you must send a written notice requesting a review within ten (10) working days of receipt of your Notice of Decision. Send your request to Shane Walter, Sioux Rivers CEO, P.O. Box 233, Orange City, IA, 51041.
- Within five (5) working days of the receipt of the written request for a review, Region shall send you a written notice informing you of the date, time and place that will review will be conducted.
- A written decision will be issued no later than ten (10) working days after the review proceeding. A copy of that decision will be sent to you and your representative (if applicable). A notice explaining the effect of the decision regarding access to your private health information and your rights regarding any subsequent review will accompany the decision.
- The review proceeding shall be held privately. At any review, you have the right to be present and have an attorney or other advocate accompany and represent you at your own expense. If you cannot afford an attorney, you may contact Legal Services Corporation of Iowa, the Iowa Volunteer Lawyer Project, or Iowa Protection and Advocacy Services, Inc., for assistance.

<p style="text-align: center;">POLICY AND PROCEDURE AMENDING PROTECTED HEALTH INFORMATION</p>

POLICY

To ensure the accuracy and integrity of individual protected health information (PHI), the Region will amend PHI pursuant to the Health Insurance Portability and Accountability Act of 1996. The Region will follow the requirements as outlined below.

RIGHT TO AMEND §164.526(a) See Request to Amend Form

An individual has the right to have the Region amend PHI or a record about the individual in a designated record set for as long as the PHI is maintained in the designated record set.

DENIAL OF AMENDMENT

The Region may deny an individual's request for amendment, if it determines that the PHI or record that is subject to the request:

- 1) Was not created by the Region, unless the individual can provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;
- 2) Is not available for inspection under §164.524, or
- 3) Is accurate and complete.

REQUEST FOR AMENDMENT AND TIMELY ACTION §164.526(b)

The Region must permit an individual to request that the Region amend the PHI maintained in the designated record set. The Region may require the individual to make the request in writing and to provide a reason to support a requested amendment, provided that it informs the individual in advance of this requirement. The Region must act on the individual's request for amendment within 60 days of receiving the request.

If the Region is unable to act on the amendment within 60 days, the Region may extend the time for such action by no more than 30 days provided the Region notifies the individual in writing within the 60 day period and provides the reason for the delay and the date by which the Region will complete the action. The Region can only have one such extension.

ACCEPTING THE AMENDMENT

If the Region grants the amendment, in part or whole, it must make the appropriate amendment to the PHI or record or provide a link to the location of the amendment. The Region must also inform the individual that the amendment was accepted and have the individual identify and agree to have the Region notify the relevant persons with which the amendment needs to be shared.

NOTIFYING OTHERS

The Region must make reasonable efforts to inform and provide the amendment within a reasonable time to:

- 1) Persons identified by the individual as having received PHI about the individual and needing the amendment; and
- 2) Person(s) including business associates, that the Region knows have the PHI that is subject to the amendment and that may have relied, or could foreseeably rely, on such information to the detriment to the individual.

DENYING THE AMENDMENT

If the Region denies the requested amendment in part or whole, the Region must provide the individual with a timely, written statement of:

- 1) The basis for the denial;
- 2) The individual's right to submit a written statement disagreeing with the denial and how the individual can file the denial;
- 3) If the individual does not file a written statement of disagreement, the individual has the right to request the Region provide the individual's request for amendment and the denial with any future disclosures of PHI that is subject to the amendment; and
- 4) The description of how the individual may file a complaint to the Region or to the Secretary. The description must include the name, or title, and telephone number of the Region's HIPAA Contact.

STATEMENT OF DISAGREEMENT

The Region must permit the individual to submit a written statement disagreeing with the denial of all or part of the requested amendment. The Region may reasonably limit the length of the statement of disagreement.

REBUTTAL STATEMENT

The Region may prepare a written rebuttal to the statement of disagreement. If the Region rebuts the statement of disagreement a copy must be provided to the individual.

RECORDKEEPING

The Region must, as appropriate, identify the record or PHI that is subject to the disputed amendment and append or otherwise link the individual's request, the individual's statement of disagreement, the Region's denial and the Region's rebuttal, if any, to the designated record set.

FUTURE DISCLOSURES §164.526(d)(5)

If a statement of disagreement has been submitted by the individual, the Region must include material appended or at the election of the Region, an accurate summary of any such information, with any subsequent disclosure of the PHI to which the disagreement relates.

If the individual has not submitted a written statement of disagreement, the Region must include the individual's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the PHI, if the individual follows the appropriate procedures.

ACTIONS ON NOTICES OF AMENDMENT §164.526(e)

If the Region is informed by another covered entity of an amendment to an individual's PHI, the Region must amend the PHI in designated record sets.

DOCUMENTATION §164.526(f)

The Region must document titles of the persons or offices responsible for receiving and processing requests for amendments.

PROCEDURE

- 1) Have the individual complete the Request for Amendment Form.
- 2) Explain to the individual that the information will be reviewed and a decision will be made on whether the correction is accepted or denied.
- 3) If the amendment is accepted the PHI or designated record set must be amended or appended with the requested amendment.
- 4) Region must notify others affected by the amendment, including business partners.
- 5) Explain the individual's right to write a statement of disagreement for any denials and the Region's right to rebut the statement of disagreement.
- 6) Place the completed form in the individual's designated record set and give a copy to the individual.
- 7) The Region will retain the correction/amendment form for a period of 6 years.
- 8) Explain to the individual that this information will accompany the designated record set anytime a request is made to release information.
- 9) If a statement of disagreement is filed pursuant to a Region denial, attach to the individual's designated record set.
- 10) If a rebuttal statement is provided by the Region, attach to the individual's designated record set.

**INDIVIDUAL REQUEST FOR
AMENDMENT TO PROTECTED HEALTH INFORMATION**

Name: (First/Middle/Last) _____

Address: (Street/City/State/Zip code) _____

Date of Birth: _____ Social Security number: _____

Date of Request: _____

Date of entry to be amended: _____

Type of entry to be amended: _____

Who (or Whom) may we contact (name and address) to verify accuracy of information you are requesting we amend?

Please explain how the entry is incorrect or incomplete. (What should the entry say to be more accurate or complete?)

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization(s) or individual(s).

I understand that Region reserves the right to amend the protected health information based on my request, and the original entry(ies) in the record will not be altered. This request to amend will be made a part of my permanent health care record.

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

Signature of Personal Representative

Date

Legal Authority of Personal Representative

FOR REGION USE:

Date Request for Amendment received _____

Accepted _____ Denied _____

If denied, check reason for denial:

- _____ PHI is accurate and complete
- _____ PHI was not created at this organization
- _____ PHI is not part of individual's designated record set
- _____ Pursuant to federal law PHI is not available to individual for inspection (e.g. psychotherapy notes)
- _____ If denied, individual was informed of denial in writing
- _____ If accepted, individual was informed of acceptance

Name/title of Individual processing this request: _____

Date _____

POLICY AND PROCEDURE
REQUEST FOR PRIVACY
“ALTERNATE MEANS AND LOCATION”

POLICY

To ensure the confidentiality of individual protected health information (PHI), the Region will disclose PHI to an alternate location or through an alternate means pursuant to the Health Insurance Portability and Accountability Act of 1996. The Region will follow the requirements as outlined below.

REQUESTING RESTRICTION §164.522 See: **Request for Confidential Communications Form**

The Region must permit an individual to request that the Region restrict: §164.522

- 1) Uses and disclosures of PHI about the individual to carry out treatment, payment or health care operations; and
- 2) Disclosures made to family members pursuant to §164.510.

The Region is not required to agree to the restriction. If the Region does agree to restrict PHI it must not use or disclose PHI in violation of such restriction, except if the restricted information is needed in an emergency situation. If restricted information is disclosed during an emergency situation the Region must request that the health care provider not further use or disclose the restricted information. The Region may not agree to a restriction on disclosure of PHI if the HIPAA privacy provisions require the disclosure.

TERMINATING A RESTRICTION §164.522(a)(2)

The Region may terminate its agreement to a restriction, if:

- 1) the individual agrees to or requests the termination in writing;
- 2) The individual orally agrees to the termination and the oral agreement is documented; or
- 3) The Region informs the individual that it is terminating its agreement to a restriction, except that such termination is only effective with respect to PHI created or received after it has so informed the individual.

CONFIDENTIAL COMMUNICATIONS §164.522(b)

A Region who is a health care provider must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of PHI from the Region by alternate means or at alternate locations. The Region cannot require an explanation from the individual as to the basis for the request as a condition of providing communications on the confidential basis.

A Region who is a health plan must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of PHI by alternate means and at alternate locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual.

CONDITIONS ON PROVIDING CONFIDENTIAL COMMUNICATIONS

The Region may require an individual to make a request for a confidential communication in writing. The Region may condition the provision of a reasonable accommodation on:

- 1) When appropriate, information on how payment, if any, will be handled; *and*
- 2) Specification of an alternate address or other method of contact.

PROCEDURE

- 1) Provide the individual with appropriate forms.
- 2) If reasonable change communications to alternate means or location.
- 3) Retain documentation, to be included in the individual's designated record set for a period of six years from the date of correction or date when applicable policy was last in effect, whichever is later.

**REQUEST FOR ALTERNATIVE MEANS OR LOCATION
OF CONFIDENTIAL COMMUNICATIONS**

Date of Request: _____

Name: (First/Middle/Last) _____

Address: (Street/City/State/Zip code) _____

Date of Birth: (month/day/year) _____ **Social Security Number:** _____

I REQUEST THE REGION TO COMMUNICATE CONFIDENTIAL INFORMATION TO ME IN THE FOLLOWING MANNER:

- ☐ Telephone communication at the following telephone number: _____
_____ Leave a message on an answering machine at this number
_____ Do not leave a message on an answering machine at this number

- ☐ Written communication to be mailed to the following address:

- ☐ Other: _____

I FURTHER UNDERSTAND THAT THE REGION MAY CONDITION ITS ACCEPTANCE OF THESE CONDITIONS UPON HOW PAYMENT FOR SERVICES WILL BE MADE OR UPON MY PROVIDING AN ALTERNATIVE ADDRESS OR OTHER METHOD OF CONTACT.

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

Signature of Personal Representative

Date

Legal Authority of Personal Representative

FOR REGION USE:

_____ Accept request for alternative communication

_____ Reject request for alternative communication. Reason rejected:

Name/Title of individual processing this request: _____

Date request processed: _____

<p style="text-align: center;">POLICY AND PROCEDURE ACCOUNTING OF DISCLOSURES</p>

The Region acknowledges an individual's right to an accounting of disclosures made by the Region. The Region will provide this accounting pursuant to the Health Insurance Portability and Accountability Act of 1996. The Region will follow the requirements as outlined below.

RIGHT TO AN ACCOUNTING OF PHI §164.528(a)(1)

An individual has the right to receive an accounting of disclosures of protected health information (PHI) made by the Region in the 6 years prior to the date on which the accounting was requested, except for disclosures:

- 1) To carry out treatment, payment and health care operations;
- 2) To individuals of PHI about them;
- 3) Incident to a use or disclosure otherwise permitted;
- 4) Pursuant to an authorization;
- 5) For national security;
- 6) To correctional institutions or law enforcement officials;
- 7) As part of a limited data set; or
- 8) If it occurred prior to the compliance date for the Region.

The Region must temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency or law enforcement official, at the request of a health oversight agency or law enforcement official, if they provide a written statement that such accounting would be reasonably likely to impede the agency's action. In addition, they must also state a time for which the suspension is required. If the statement is given orally the Region must document the statement, including the agency's or officials' identity, and the suspension cannot be longer than 30 days.

CONTENT OF THE ACCOUNTING §164.528(b)

The Region must provide the individual with a written accounting that includes the disclosures of PHI that occurred during the past 6 years (or shorter period if requested by the individual) prior to the date of the request for accounting, including disclosures to or by business associates of the Region. The accounting must include the following for each disclosure:

- 1) Date of the disclosure;
- 2) Name of the entity or person who received the PHI and, if known, the address of such entity or person;
- 3) Brief description of the PHI disclosed; and
- 4) 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 a written request for the disclosure.

If, during the period covered by the accounting, the Region has made multiple disclosures of PHI to the same person or entity for a single purpose, the accounting may, with respect to such multiple disclosures, provide the information listed above for the first disclosure. In addition, the Region shall provide the frequency, periodicity or number of disclosures made during the accounting period and the date of the last such disclosure during the accounting period.

PROVISION OF THE ACCOUNTING §164.528(c)

The Region must act on the individual's request for an accounting, no later than 60 days after the request is made, as follows:

- 1) Provide the individual with an accounting;
- 2) If the Region is unable to provide the accounting within the time required, the Region can extend the time to provide the accounting by no more than 30 days if the Region provides the individual with a written statement with the reason for the delay and the date by which the Region shall provide the accounting. The Region may only have one extension.

The Region must provide the first accounting to an individual for any 12 month period without charge. The Region may impose a reasonable, cost-based, fee for subsequent requests for an accounting by the same individual within the 12 month period, provided that the Region informs the individual in advance of the fee and provides the individual with an opportunity to withdraw or modify the request.

DOCUMENTATION §164.528(d)

The Region must document and retain the documentation which includes the written accounting provided to the individual and the titles of the person or offices responsible for receiving and processing requests for an accounting.

PROCEDURE

- 1) Provide the individual with a Request for Accounting Form.
- 2) Provide the necessary disclosures to the individual.
- 3) Retain documentation to be included in the individual's designated record set.

REQUEST FOR ACCOUNTING OF DISCLOSURES

Name: (First/Middle/Last) _____

Address: (Street/City/State/Zip code) _____

Date of Birth: _____ Social Security number: _____

Date of Request: _____

I REQUEST AN ACCOUNTING OF ALL DISCLOSURES FOR THE FOLLOWING TIME PERIOD: (note: the maximum time period that can be requested is six years prior to the date of your request but not for time periods prior to April 14, 2003):

From: (Month/Day/Year) _____ To: (Month/Day/Year) _____

I REQUEST THE ACCOUNTING BE SENT TO THE FOLLOWING ADDRESS:

I understand that there is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, the charge is \$ _____.

I UNDERSTAND THE FOLLOWING: (check one)

_____ There is no fee for this request _____ There is a fee for this request

I UNDERSTAND THE ACCOUNTING I HAVE REQUESTED WILL BE PROVIDED TO ME WITHIN 60 DAYS OF THIS REQUEST UNLESS I AM NOTIFIED IN WRITING THAT AN EXTENSION OF UP TO 30 DAYS IS NEEDED.

Signature of Individual _____

Date _____

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

Signature of Personal Representative _____

Date _____

Legal Authority of Personal Representative _____

FOR REGION USE:

Date request received: _____ Date accounting sent: _____

Extension requested: _____ No _____ Yes –

If YES, give reason: _____

Individual notified in writing of extension _____ No _____ Yes

If NO, give reason: _____

Name of individual processing request: _____

<p style="text-align: center;">POLICY AND PROCEDURE</p> <p style="text-align: center;">BUSINESS ASSOCIATE AGREEMENTS</p>
--

POLICY

In order to conduct business and perform health care operations while at the same time ensuring confidentiality of protected health information (PHI), the Region will enter into agreements or memorandums of understanding with all Business Associates as defined under the Health Insurance Portability and Accountability Act of 1996. The Region will follow the standards and requirements outlined below.

The Region will obtain assurances that the Business Associate will safeguard PHI that the Region discloses to it or it receives or creates on behalf of the Region. An agreement between the Region and a Business Associate will establish the permitted uses and disclosures of PHI. However, the agreement will not allow the Business Associate to use or further disclose PHI in violation of the HIPAA privacy provisions, except that the Business Associate may use and disclose PHI for the following purposes: §164.504(e)

- 1) Management and administration of the business associate,
- 2) Legal responsibilities, or
- 3) Data aggregation services relating to the health care component of the Region.

**If the Business Associate, pursuant to the law or the agreement, uses or discloses PHI it receives, the Business Associate must obtain reasonable assurances from the person(s) to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law.*

The agreement between the Region and the Business Associate will also provide that the Business Associate will:

- 1) Agree not to use or further disclose PHI other than as permitted or required by law;
- 2) Agree to use appropriate safeguards to prevent use or disclosure of the PHI;
- 3) Agree to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of an unlawful use or disclosure of PHI by Business Associate;
- 4) Agree to report to the Region any use or disclosure of the PHI not provided for by the agreement;
- 5) Agree to ensure that any agents, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of the Region agrees to the same restrictions and conditions that apply to the Business Associate with respect to such information;
- 6) Agree to provide the Region with access to PHI in a designated record set, in the time and manner designated by the Region or, as directed by the Region, to an individual; §164.524
- 7) Agree to make any amendment(s) to PHI in a designated record set at the request of the Region or an individual, and in the time and manner designated by the Region;
- 8) Agree to make internal practices, books and records relating to the use and disclosure of PHI received from the Region available to the Region or to the Secretary, in a time and manner designated by the Region or the Secretary, for purposes of determining Regional compliance;
- 9) Agree to document such disclosures of PHI as would be required for Region to respond to a request by an individual for an accounting of disclosures of PHI; §164.528
- 10) Agree to provide to the Region or an individual, in time and manner designated by the Region, information required for an accounting of disclosures of PHI. §164.528

TERMINATION OF AN AGREEMENT

In addition, the Business Associate shall agree to the following:

- 1) At termination of the agreement, if feasible, return or destroy all PHI received from, or created or received by the Business Associate on behalf of the Region that the Business Associate still maintains in any form and retain no copies of such information. If return or destruction is not feasible, the protections of the agreement shall be extended and further uses and disclosures limited.
- 2) Authorize termination of the agreement by the Region, if the Region determines that the Business Associate has violated a material term of the agreement.

OTHER ARRANGEMENTS

The Region can enter into a Memorandum of Understanding, containing the preceding conditions, with the Business Associate, if both entities are governmental entities.

GROUP HEALTH PLANS

The Region may disclose summary health information to a plan sponsor.

DE-IDENTIFIED PHI / LIMITED DATA SETS §164.514

The Region may provide de-identified PHI as set forth in Privacy Policy: Use and Disclosure – What Sioux Rivers Region Can Disclose, for the purposes of research, public health, or health care operations. The Agreement between The Region and the Business Associate receiving de-identified PHI will contain, along with standard wording of the Business Associate Agreement, the following terms: (A) Establish the permitted uses and disclosures of such information by the limited data set recipient; (B) Establish who is permitted to use or receive the limited data set; and (C) Provide that the limited data set recipient will: (1) Not use or further disclose the information other than as permitted by the data use agreement or as otherwise required by law; (2) Use appropriate safeguards to prevent use and disclosure of the information other than as provided for by the data use agreement; (3) Report to the covered entity any use or disclosure of the information not provided for by its data use agreement of which it became aware; (4) Ensure that any agents, including a subcontractor, to whom it provides the limited data set agrees to the same restrictions and conditions that apply to the limited data set recipient with respect to such information; and (5) Not identify the information or contact the individuals.

BUSINESS ASSOCIATE AGREEMENT

THIS AGREEMENT ("Agreement"), entered into and effective this _____ day of _____, 2003, is by and between _____ ("Business Associate") and **Sioux Rivers Region** ("Region").

The statements and intentions of the parties, to this Agreement, are as follows:

- The U.S. Department of Health and Human Services ("HHS") has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), governing the privacy of individually identifiable health information ("HIPAA Privacy Provisions"); obtained, created or maintained by certain entities; and
- The HIPAA Privacy Provisions require Region to enter into this Agreement with Business Associate in order to protect the privacy of individually identifiable health information maintained by Region ("Protected Health Information" or "PHI"); and
- Region and Business Associate are committed to complying with the HIPAA Privacy Provisions and this Agreement sets forth the terms and conditions pursuant to which PHI that is provided by, or created or received by, Business Associate from or on behalf of Region, will be handled between Business Associate and Region and with third parties.

In consideration of the premises and promises contained herein, it is mutually agreed by and between Region and Business Associate as follows:

SECTION 1

RESPONSIBILITIES OF BUSINESS ASSOCIATE

Section 1.1 Uses and Disclosures of PHI.

Business Associate shall ensure that any director, officer, employee, contractor or other agent of Business Associate does not use or disclose any PHI in any manner that violates either the HIPAA Privacy Provisions or state law. Business Associate may use any PHI it receives from or creates or maintains on behalf of Region (a) for performance of any contractual obligations between Region and Business Associate; (b) for performance of its management and administrative functions; (c) for performance of Business Associate's legal responsibilities, or (d) as otherwise required by any federal, state or local law.

Section 1.2 Safeguards of PHI.

Business Associate shall use appropriate safeguards to maintain the security and privacy of PHI and to prevent unauthorized use and/or disclosure of such PHI. In addition, Business Associate shall provide Region with information concerning the safeguards upon request.

Section 1.3 Disclosures to Third Parties.

Business Associate shall obtain reasonable written assurances from any third party, including subcontractors or agents, to whom PHI will be disclosed. The written statements shall assure (a) that PHI will be held confidentially and used or further disclosed only as required and permitted under either state law or the HIPAA Privacy Provisions; (b) that the third party agrees to be governed by the same restrictions and conditions contained in this Agreement, and (c) that the third party will notify Business Associate of any instances in which confidentiality of PHI has been breached.

Section 1.4 Reporting Unauthorized Uses and Disclosures.

Business Associate shall report to Region any and all unauthorized uses or disclosures of PHI made by the Business Associate or by any third party of the Business Associate within five (5) days from the date the Business Associate becomes aware of the violation. In addition, Business Associate shall report to Region any sanction or remedial action taken or proposed to be taken with regard to the unauthorized use or disclosure and will cooperate with Region in mitigating any harmful effects of such use or disclosure.

Section 1.5 Accounting of Disclosures.

Business Associate shall maintain an accounting of all disclosures of PHI not expressly authorized in this Addendum. The accounting shall include the date of the disclosure, name and address of the individual or entity which is the recipient of the disclosure, a brief description of the PHI disclosed and the purpose of the disclosure. Upon written request from Region, Business Associate shall provide, to Region, an accounting of all disclosures within ten (10) working days from date of Region's request.

Section 1.6 Records Available for HHS Inspection.

Business Associate shall make available all records, books, agreements, policies and procedures relating to the use and/or disclosure of PHI received from, created by, or received by Business Associate on behalf of Region to the Secretary of HHS for purposes of determining Region's compliance with HIPAA Privacy Provisions.

Section 1.7 Records Available for Region inspection.

Business Associate shall, within ten (10) days of receipt of a written request from Region, make available, to Region, all records, books, agreements, policies and procedures relating to the use and/or disclosure of PHI for the purpose of enabling Region to determine Business Associate's compliance with the terms of this Addendum.

Section 1.8 Individual Request for Access.

Within five (5) days from the date Business Associate receives a request by Region, Business Associate shall permit an individual to access requested PHI that Business Associate maintains. Business Associate shall allow an individual to access, inspect and or copy the requested PHI.

Section 1.9 Amendments to PHI.

Business Associate shall make an amendment to PHI upon request from Region.

Section 1.10 Records after Termination of Agreement.

Upon termination of the Business Associate and Region agreement, Business Associate shall return or destroy all PHI that it maintains in any form, and shall retain no copies (of any format) of such information. If Business Associate and Region agree that the return or destruction of the PHI is not feasible, Business Associate shall continue to extend the protections of this addendum to said PHI, and limit further use of the said PHI to those purposes that make the return or destruction of the PHI infeasible. The provisions of this section shall survive termination or the agreement.

SECTION 2
RESPONSIBILITIES OF REGION

Section 2.1 Authorizations.

Region shall notify Business Associate of any changes in, or withdrawal of, the consent or authorization provided to Region by individuals.

Section 2.2 Restrictions.

Region shall notify Business Associate, in a timely written manner of any restrictions to the use and/or disclosure of PHI agreed to by Region.

SECTION 3
TERM AND TERMINATION

Section 3.1 Term.

The initial term of this Agreement shall be for a period of one (1) year, commencing on the date first above written, and shall automatically renew on a year to year basis on the same terms and conditions, unless terminated earlier by either party in accordance with this Agreement.

Section 7.4 Termination.

Region shall have the right to terminate this Agreement immediately by giving written notice to Business Associate upon the occurrence of Business Associate's material breach of any of the terms or obligations of this Agreement.

SECTION 4
NOTICES

Section 4.1 Notices to Region.

Any notice, request, demand, waiver, consent, approval or other communication to Region which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

Attention: _____

Section 4.2 Notices to Business Associate.

Any notice, request, demand, waiver, consent, approval or other communication to Business Associate which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

Attention: _____

SECTION 5
OTHER TERMS AND CONDITIONS

Section 5.1 Amendment.

This Agreement may be amended at any time by the mutual written agreement of the parties. In addition, Region may amend this Agreement upon sixty (60) days advance notice to Business Associate and if Business Associate does not provide written objection to Region within the sixty (60) day period, then the amendment shall be effective at the expiration of the sixty (60) day period.

Section 5.2 Regulatory Amendment.

Region may also amend this Agreement to comply with applicable statutes and regulations and shall give written notice to Business Associate of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice.

Section 5.3 Entire Agreement.

This Agreement and attachments attached hereto constitute the entire agreement between Region and Business Associate, and supersedes or replaces any prior agreements between Region and Business Associate relating to its subject matter.

Section 5.4 Invalidity.

If any term, provision or condition of this Agreement shall be determined invalid by a court of law, such invalidity shall in no way effect the validity of any other term, provision or condition of this Agreement, and the remainder of the Agreement shall survive in full force and effect unless to do so would substantially impair the rights and obligations of the parties to this Agreement.

Section 5.5 No Waiver.

The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.

THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO, THROUGH THEIR DULY AUTHORIZED OFFICIALS.

REGION: _____

BUSINESS ASSOCIATE: _____

By: _____

By: _____

Print Name: _____

Print Name: _____

Print Title: _____

Print Title: _____

Date: _____

Date: _____

<p style="text-align: center;">POLICY AND PROCEDURE</p> <p style="text-align: center;">WORKFORCE CONFIDENTIALITY</p>
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POLICY

To ensure that personal health information (PHI) is protected, the Region will educate and train all employees on the privacy provisions of the Health Insurance Portability and Accountability Act of 1996. The Region will support and require the following items.

REGIONAL PRINCIPLES

- 1) All Regional employees and persons associated with the Region are responsible for protecting the confidentiality of all PHI that is obtained, handled, learned, heard or viewed in the course of their work or association with the Region.
- 2) PHI shall be protected during its collection, use, storage and destruction within the Region.
- 3) Use or disclosure of personal health information is acceptable only in the discharge of one's responsibilities and duties and based on the need to know. Discussion regarding PHI should not take place in the presence of persons not entitled to such information or in public places.
- 4) The execution of an employee confidentiality agreement (**see Employee Confidentiality Agreement**) is required as a condition of employment/contract/association/ appointment with the Region. All Region employees and persons associated with the Region are to sign the confidentiality agreement at the commencement of their relationship with the Region. Region employees are to sign a confidentiality pledge on an annual basis.
- 5) Unauthorized use or disclosure of confidential information will result in a disciplinary action which may include termination of employment.
- 6) All individuals who become aware of a use or disclosure of PHI that violates the HIPAA privacy provisions are to follow the Region's reporting procedures.

PROCEDURE

- 1) An allegation of a breach of confidentiality of PHI may be made to the HIPAA privacy officer of Region. Any individual receiving an allegation of a breach of confidentiality or having knowledge or a reasonable belief that a breach of confidentiality of PHI may have occurred should immediately notify the Region privacy officer.
- 2) The Region privacy officer will decide whether to proceed with an investigation. It may be decided that a complaint does not require investigation if:
 - a) The length of time that has elapsed since the date of complaint makes an investigation no longer practicable or desirable.
 - b) The subject matter of the complaint is trivial or not made in good faith or is frivolous.
 - a) The circumstances of the complaint do not require investigation.
- 3) If the decision is made to proceed with an investigation, it is the responsibility of the Region's privacy officer to investigate the allegation and consult appropriate resources to make a determination if a breach of confidentiality of PHI has been made.
- 4) If a breach of confidentiality of PHI has occurred, the appropriate disciplinary action will be taken.
- 5) All incidents of a breach of confidentiality of PHI will be documented and filed with the Region's privacy officer.

EMPLOYEE CONFIDENTIALITY AGREEMENT

I, the undersigned, have read and understand Region policy on "Workforce Confidentiality Policy." In consideration of my employment or association with Region and as an integral part of the terms and conditions of my employment or association, I hereby agree that I will not at any time, during my employment or after my employment or association ends, access or use protected health information, or reveal or disclose to any persons within or outside Region, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable local, state or federal laws governing proper release of information.

I also understand that unauthorized use or disclosure of protected health information will result in disciplinary action up to and including termination of employment or association and the possible imposition of fines pursuant to applicable state and federal laws.

Date

Employee signature

Department

I HAVE DISCUSSED THE WORKFORCE CONFIDENTIALITY POLICY AND THE CONSEQUENCES OF A BREACH WITH THE ABOVE NAMED.

Signature of individual administering agreement

Date

POLICY AND PROCEDURE: Compliance Violations

POLICY

The Region believes that an effective system of communication is important in identifying compliance violations of the privacy standards adopted by the Region to protect the health information (PHI). To encourage communication of compliance concerns by members of the workforce and other agents doing business with the Region, the Region has implemented a reporting system that permits the workforce and other agents to report concerns openly or anonymously, verbally or in writing, in accordance with established procedures.

The Region will make every reasonable effort to protect the identity of a reporting employee, unless the employee permits the Region to reveal their identity. No disciplinary action or retaliation will be taken against an employee who makes a good faith report of a compliance concern. Any individual who retaliates against an employee for reporting a compliance concern will be subject to disciplinary action.

PROCEDURE

REPORT OF CONCERN

A report of concern may be made by anyone having knowledge or information about a known or suspected violation of the Region's privacy standards or the laws and regulations governing the Region. Reports may be made verbally or in writing to the Region privacy officer or the Office of the Secretary of the Department of Health and Human Services. All reports, whether verbal or written, will be documented on the *Confidential Report of Concern and/or Complaints to the Office of the Secretary of the Department of Health and Human Services*.

REPORTING SYSTEM

Reports of compliance concerns can be made in any one of the following ways:

- 1) Verbal report by a named individual, in person or by telephone, made to the Region privacy officer.
- 2) Written report by a named individual, by use of the *Confidential Report of Concern*, submitted to the Region privacy officer.
- 3) Anonymous telephone report by an unidentified individual made to the Region privacy officer or to the organization's anonymous reporting system.
- 4) Anonymous written report by an unidentified individual submitted by mailing a completed *Confidential Report of Concern* to the County privacy officer at the Region's address or a completed *Complaints to the Office of the Secretary of the Department of Health and Human Services* (address listed on form).

INVESTIGATION OF REPORTS

The Region privacy officer will investigate each report of concern. The findings of an investigation prompted by a report of concern will be recorded on the *Compliance Report Investigation Form* within five working days of the report.

CONFIDENTIAL REPORT OF CONCERN

The purpose of this form is to report the facts pertaining to any known or suspected violation of the Region's privacy standards or the laws and regulations governing the Region. Although we ask you to provide your name, it is not necessary for you to do so if you wish to make an anonymous report. An anonymous report can be made by completing this form and mailing it to the Privacy Officer at the Region. If you do not want to give your name, you may call the Privacy Officer within one week of submitting this report to inquire about the outcome of the investigation.

If you wish to identify yourself in this report, the Region will make every effort to keep your identity confidential, unless you give the Region permission to reveal it. Only the Privacy Officer, and others designated by the Privacy Officer, will have access to your report. No disciplinary action or retaliation will be taken against you for making a good faith report of a compliance violation.

Please include all the factual details of the suspected violation, however big or small, to ensure that the Privacy Officer has all of the information necessary to conduct a thorough investigation. Please attach additional pages as needed. The information that you provide should include names, dates, times, places and a detailed description of the incident that led you to believe that a violation of the Region's privacy standards occurred. Please include a copy or a description of any documents that support your concerns.

Date of this report: _____

Name of person making this report (optional): _____

Description of the violation(s): _____

Detailed description of the incident(s) resulting in the violation (include names, dates, times and places):

Name(s) of person(s) involved in the incident and an explanation of their role:

Name(s) of other person(s) having knowledge of the incident: _____

Department where the incident occurred: _____

Date(s) of the incident: _____

Explanation of how you became aware of the suspected violation: _____

Please attach or describe any documents that support your concern (include a description of the documents, the identity of the persons who wrote the documents, the dates of the documents, and the location of the documents).

COMPLIANCE REPORT INVESTIGATION FORM

Date of reported concern: _____

Name of person who received the report: _____

Name of person who made the report (state "unknown" if the report was made anonymously):

Date(s) of investigation: _____

Name(s) of person(s) investigating: _____

Name(s) of person(s) interviewed: _____

Description of documents reviewed: _____

Findings: _____

Plan of correction: _____

Signature of Privacy Officer

Date

**COMPLAINTS TO THE OFFICE OF THE SECRETARY
OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following form is being provided to facilitate the reporting of complaints to the Office of the Secretary of the Department of Health and Human Services. The following entity is believed to be in violation of HIPAA standards.

_____ [Name of Entity in Violation]
_____ [Employer Identification Number (if known)]
_____ [Location of Entity in Violation]

Explain in detail what happened and what violation occurred. State who was involved and where the violation occurred or is occurring. (Also attach any written materials or documentation that may be helpful.)

Name of Person/Persons Making Complaint: _____

Address of Complainant: _____

Phone Number of Complainant: _____

**This complaint will be sent to: The U.S. Department of Health and Human Services
 Office of the Secretary
 200 Independence Avenue, S.W.
 Washington, D.C. 20201**

[Note: The above complaint will be referred to our Privacy Officer and filed by our organization within 180 days of when the violation was determined to have occurred. We will cooperate fully with the Secretary to support the remediation of this complaint.]

<p style="text-align: center;">POLICIES AND PROCEDURE ADMINISTRATIVE REQUIREMENTS</p>

POLICY

PERSONNEL DESIGNATIONS §164.530

The Region has designated a privacy official who is responsible for the development and implementation of the policies and procedures of the Region. In addition, the Region must designate a contact person or office who is responsible for receiving complaints and who is able to provide further information about matters covered under notice.

DOCUMENTATION OF DESIGNATED PERSONNEL §164.530(2)

The Region must document the personnel designation.

TRAINING §164.530(b)(1)(2)

The Region must train all members of its workforce on the policies and procedures with respect to PHI, as necessary and appropriate for the members of the workforce to carry out their function within the Region. ***See Workforce Privacy Training Policy and Procedure.***

The Region must provide training to each member of the Region's workforce by no later than the compliance date for the Region, thereafter, to each new employee within a reasonable period of time after the person joins the Region's workforce. In addition, the Region must train each employee whose functions are affected by a material change in the policies and procedures, within a reasonable time after the material change becomes effective. The Region must document the training

SAFEGUARDS §164.530(c)(1)

The Region must have in place appropriate administrative, technical and physical safeguards to protect the privacy of PHI. These safeguards must reasonably protect PHI from intentional and unintentional use and disclosure that is in violation of HIPAA. In addition, the Region must reasonably safeguard PHI to limit incidental uses and disclosures.

MITIGATION OF HARMFUL EFFECTS

Sioux Rivers Region will

- 1) Mitigate, to the extent practicable, any known harmful effect due to inappropriate use or disclosure of protected health information by the Region or any of our business associates
- 2) Inform those responsible for the breach to require prevention of future actions that would have harmful effects.

COMPLAINTS TO THE REGION §164.530(d)

The Region must provide a process for individuals to make complaints concerning the Region's policies and procedures or other requirements under HIPAA. The Region must document all complaints received and their disposition, if any.

SANCTIONS §164.530(e)

The Region must have and apply appropriate sanctions against employees who fail to comply with the privacy policies and procedures of the Region or the other requirements under HIPAA. The Region must document all sanctions applied. The Region must mitigate, to the extent practicable, any harmful effect known to the Region of a use or disclosure of PHI in violation of its policies and procedures by the Region or its business associates. ***See HIPAA Violation Sanction Policy.***

REFRAINING FROM RETALIATION §164.530(g)

The Region cannot intimidate, threaten, coerce, discriminate against or take any other retaliatory action against:

- 1) Individuals who exercise any right under HIPAA including filing a complaint, or
- 2) Individuals who file a complaint with the Secretary or assist, testify or participate in an investigation, compliance review, proceeding or hearing.
- 3) Individuals who opposes any act or practice, in which the person has a good faith belief the act or practice is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of PHI.

WAIVER OF RIGHTS §164.530(h)

The Region may not require individuals to waive their rights, including the right to file a complaint, as a condition of treatment, payment, enrollment in a health plan or eligibility of benefits.

POLICIES AND PROCEDURES §164.530(i)

The Region must implement policies and procedures with respect to PHI that are designed to comply with HIPAA privacy provisions. The policies and procedures must be reasonably designed, taking into account the size and type of activities that relate to PHI undertaken by the Region to ensure such compliance.

The Region must change its policies and procedures as necessary and appropriate to comply with changes in the law.

DOCUMENTATION AND RETENTION PERIOD §164.530(i)(1)&(2)

The Region must document and retain the following information in either written or electronic form for six years from the date of its creation or the date it was last in effect, whichever is later:

- 1) Policies and procedures
- 2) All writings required by the HIPAA privacy provisions
- 3) Any action, activity or designation required by any HIPAA provision.
- 3) All signed Authorization Forms

All documentation will be maintained in a secure, safe location with appropriate safeguards in place.

COMPLIANCE DATE §164.534

April 14, 2003

<p style="text-align: center;">POLICY AND PROCEDURES: REVISIONS TO DOCUMENTATION</p>

POLICY

Sioux Rivers Region in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") has adopted the following policy with regard to revisions to documentation:

Sioux Rivers Region will follow the following revision guidelines as they pertain to HIPAA policies and procedures:

- 1) Policies and procedures will be developed (or revised) to support operations concerning protected health information to facilitate compliance with the HIPAA privacy rule.
- 2) Changes to policies and procedures will be made as necessary and appropriate to comply with changes in the HIPAA law.
- 3) Changes to privacy practices as stated in our Notice of Privacy Practices may be made to be effective for all protected health information our organization maintains on as long as this right is reserved in our current privacy policy.
- 4) Changes to policies and procedures may be made at any time, provided that the changes are in compliance with regulations, and properly documented and implemented. Our organization may not implement a change to a policy or procedure prior to the effective date of the notice which contains corresponding revisions.
- 5) When there is a change in law that necessitates a change to our organization's policies or procedures, our organization will promptly document and implement the revised policy or procedure, and if the change in law materially affects the content of the Notice of Privacy Practices, our organization will promptly make the appropriate revisions to the notice. Except when required by law, a material change to any term in the Notice of Privacy Practices may not be implemented prior to the effective date of the notice in which the material change is reflected.

PROCEDURE

Our organization has defined a process to stay current with Privacy regulation changes:

- 1) Designated Privacy Staff will regularly review updates to HIPAA rules and regulations and initiate implementation of appropriate changes to applicable Policy and Procedures.
- 2) When implementing a change, our organization will utilize the following procedure:
 - i) Ensure that the policy or procedure, as revised reflects the change in our privacy practice as stated in its notice and complies with the standards, requirements, and implementation specifications of the HIPAA privacy rule;
 - ii) Document the policy or procedure, as revised;
 - iii) Revise the Notice of Privacy Practices to state the changed practice and make the revised notice available.
- 3) All changes to a policy or procedure will NOT be implemented prior to the effective date of the revised notice.
- 4) If our organization does not reserve the right to change a privacy practice that is stated in the Notice, then we will uphold that our organization is bound by the privacy practices as stated in the Notice with respect to protected health information created or received while such notice is in effect.
- 5) Changes may be made regarding a privacy practice that is stated in the notice, and the related policies and procedures, without having reserved the right to do so, provided that:
 - (i) Such change meets implementation requirements as stated in the HIPAA Standards for Privacy of Individually Identifiable Health Information; and
 - (ii) Such change is effective only with respect to protected health information created or received after the effective date of the notice.
- 6) Changes that do not materially affect the content of the Notice, may be made provided that:
 - (i) The policy or procedure, as revised, complies with the standards, requirements, and implementation specifications of the HIPAA privacy rule; and
 - (ii) Prior to the effective date of the change, the policy or procedure, as revised, is documented and retained.

Notice of Privacy Practices

A summary statement of this policy will be included in our Notice of Privacy Practices.

Retention

The above policy and all revisions will be retained for six years from the date of its creation or the date when it last was in effect, whichever is later.

<p style="text-align: center;">POLICY AND PROCEDURE WORKFORCE PRIVACY TRAINING</p>
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POLICY

Sioux Rivers Region has adopted the following Workforce Training Policy to adhere to HIPAA privacy regulations with regard to specific employee training. All employees and outside contractors where applicable will be trained in accordance with this policy and acknowledge such training. It will be the responsibility of each employee to adhere to privacy standards once trained with the understanding that legal action and liability may be directly incurred by employee upon privacy breaches whether intentional or unintentional.

All training must be completed by April 14, 2003 for all current employees. New employees will be trained at the beginning of their employment as part of their orientation program. If any privacy policy is revised and/or changed at any time, employees must be notified and trained within a reasonable timeframe on the revised policy. All employees will sign an acknowledgement upon completion of their training. Employees will additionally be required to sign a confidentiality statement attesting that they have received this privacy training.

All workforce employees must receive general privacy training regardless of whether they directly or indirectly work with protected health information (e.g. maintenance, secretaries, janitorial). In addition, further employee training must occur on the following policies and procedures where applicable:

- ✍ General Privacy Training
- ✍ Use and Disclosure for Treatment, Payment, and Health Care Operations
- ✍ Individual's Right to and Provision of the Notice of Privacy Practices
- ✍ Use and Disclosure Requiring Authorization
- ✍ Use and Disclosure for Involvement in the Individual's Care and Notification Purposes
- ✍ Use and Disclosure for Facility Directory
- ✍ Use and Disclosure Required by Law
- ✍ Use and Disclosure for Public Health Activities
- ✍ Disclosures About Victims of Abuse, Neglect, or Domestic Violence
- ✍ Use and Disclosure for Health Oversight Activities
- ✍ Disclosures for Judicial or Administrative Proceedings
- ✍ Use and Disclosure for Law Enforcement Purposes Policy
- ✍ Use and Disclosure for Decedents Policy
- ✍ Use and Disclosure for Organ, Eye, or Tissue Donation Policy
- ✍ Use and Disclosure for Research Purposes Policy
- ✍ Use and Disclosure Documentation Requirements
- ✍ Use and Disclosure Using Limited Data Sets Policy
- ✍ Individual's Right to Request Restriction of Use and Disclosure Policy
- ✍ Individual's Right to Request Confidential Communications
- ✍ Individual's Right to Access Protected Health Information
- ✍ Individual's Right to Amend Protected Health Information
- ✍ Individual's Right to Request an Accounting of Disclosures of their PHI
- ✍ Handling of client Complaints with Regard to Privacy
- ✍ Documentation of Satisfactory Assurances
- ✍ Sanctions for Privacy Breaches
- ✍ Mitigation of Privacy Breaches
- ✍ Refrain from Intimidating or Retaliatory Acts Policy
- ✍ No Waiver of Rights Requirements
- ✍ Requests by the DHHS Office of the Secretary Policy

[Note: This document should be retained for six years from the date of its creation or the date when it was last in effect, whichever is later.]

HIPAA VIOLATION SANCTION POLICY

In the event, that you as an employee of Sioux Rivers Region are responsible for a Violation of the Regions's Privacy Practices and/or violate the Health Insurance Portability and Accountability Act of 1996 (HIPAA) the following sanction guideline would apply:

DEFINITION OF OFFENSE

CLASS I OFFENSES:

- (1) Accessing information that you do not need to know to do your job;
- (2) Sharing your computer access codes (user name & password);
- (3) Leaving your computer unattended while you are logged into a PHI program;
- (4) Sharing PHI with another employee without authorization;
- (5) Copying PHI without authorization;
- (6) Changing PHI without authorization;
- (7) Discussing confidential information in a public area or in an area where the public could overhear the conversation;
- (8) Discussing confidential information with an unauthorized person; or
- (9) Failure to cooperate with privacy officer.

CLASS II OFFENSES:

- (1) Second offense of any class I offense (does not have to be the same offense);
- (2) Unauthorized use or disclosure of PHI;
- (3) Using another person's computer access codes (user name & password); or
- (4) Failure to comply with a resolution team resolution or recommendation.

CLASS III OFFENSES:

- (1) Third offense of any class I offense (does not have to be the same offense);
- (2) Second offense of any class II offense (does not have to be the same offense);
- (3) Obtaining PHI under false pretenses; or
- (4) Using and/or disclosing PHI for commercial advantage, personal gain or malicious harm.

SANCTIONS:

CLASS I OFFENSES shall include, but are not limited to:

- (a) Verbal reprimand;
- (b) Written reprimand in employee's personnel file;
- (c) Retraining on HIPAA Awareness;
- (d) Retraining on Region's Privacy Policy and how it impacts the said employee and said employee's department; or
- (e) Retraining on the proper use of internal forms and HIPAA required forms.

CLASS II OFFENSES shall include, but are not limited to:

- (a) Written reprimand in employee's personnel file;
- (b) Retraining on HIPAA Awareness;
- (c) Retraining on Regions's Privacy Policy and how it impacts the said employee and said employee's department;
- (d) Retraining on the proper use of internal forms and HIPAA required forms; or
- (e) Suspension of employee (In reference to suspension period: minimum of one (1) day/ maximum of three (3) days).

CLASS III OFFENSES shall include, but are not limited to:

- (a) Termination of employment;
- (b) Civil penalties as provided under HIPAA or other applicable Federal/State/Local law; or
- (c) Criminal penalties as provided under HIPAA or other applicable Federal/State/Local law.

**HIPAA VIOLATION SANCTION POLICY
ACKNOWLEDGEMENT OF RECEIPT**

ACKNOWLEDGMENT OF RECEIPT OF HIPAA VIOLATION SANCTION POLICY:

I, the undersigned employee, hereby acknowledge receipt of a copy of the HIPAA Violation Sanction Policy for Sioux Rivers Region.

Dated this _____ day of _____, 20_____.

Signature of Employee

Regional Office

PRIVACY OFFICER JOB DESCRIPTION

Job Overview

The Privacy Officer will serve as the designated official responsible for the HIPAA privacy compliance program of Sioux Rivers Region. The Privacy Officer oversees the development, implementation, maintenance, and compliance with HIPAA regulations as they pertain to privacy.

Responsibilities:

Work with management to establish a HIPAA privacy group charged with the development and implementation of a privacy compliance program.

Direct and facilitate the HIPAA activities.

Collaborate with the HIPAA team, management and appropriate staff to create, implement, and monitor privacy policies, including policies for a notice of privacy practices; minimum necessary use and disclosure of protected health information (PHI); access, inspection, and copying of PHI; amendment of PHI; accounting for disclosures of PHI; record-keeping procedures; and other administrative procedures.

Monitor all departments, division, and operations to ensure compliance with all state and federal privacy laws.

Establish an internal privacy audit program to track certain non-routine disclosures of PHI and coordinate the development of privacy risk assessment policies and procedures.

Assist in the development, implementation, and monitoring of business associate agreements to ensure that all privacy requirements are adequately addressed.

Develop and implement an organization-wide privacy training program and a certification program to ensure that all workforce members certify their recognition of and compliance with the organization's privacy policies and procedures.

Establish and monitor a system for receiving questions and complaints regarding the privacy program, ensure that the notice of privacy practices includes a method for contacting the organization regarding privacy matters, and document complaints and their resolution.

Develop methods of investigating allegations of non-compliance with the privacy policies, and develop appropriate sanctions for non-compliance by employees and business associates.

Make periodic reports to management on the status of the privacy program.

Develop and implement corrective action procedures to mitigate the effects of prohibited use of disclosure of PHI by workforce members or business associates.

Serve as an internal resource for all privacy-related matters and cooperate with external parties in any compliance reviews or investigations.

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.

If you have any questions about this Notice of Privacy Practices contact Sioux River's Privacy Officer: Shane A. Walter, Chief Executive Officer, P.O. Box 233, Orange City, IA 51041, (712)737-2999, mh-dd@siouxcounty.org.

This Notice of Privacy Practices describes how Sioux Rivers may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

The Region is required to abide by the terms of this Notice of Privacy Practices. Changes to policies and procedures will be made as necessary and appropriate to comply with changes in the HIPAA law. The Region may change the terms of this notice at any time, provided that the changes are in compliance with regulations and properly documented. The new notice will be effective for all protected health information that the Region maintains at that time. Upon request, the Region will provide you with a copy of the revised Notice of Privacy Practices which you may pick up at our office, receive by mail, or access on our website www.siouxrivers.com. In the event that you request to receive this Notice of Privacy Practices via email transmission and we are aware that the transmission has failed, a paper copy will be sent to you at the address you provide. If you elect to receive an electronic copy of this notice you may also request, and are entitled to receive, a paper copy of this Notice.

PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by the Region for the purpose of providing or accessing health care services for you. Your protected health information may also be used and disclosed to pay your health care bills and to support the business operation of the Region.

The following categories describe ways that the Region is permitted to use and disclose health care information. Examples of types of uses and disclosures are listed in each category. Not every use or disclosure for each category is listed; however, all of the ways the Region is permitted to use and disclose information falls into one of these categories:

- 1) **Treatment:** The Region may use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, the Region would disclose your protected health information, as necessary, to a home health agency that provides care to you. Another example is that protected health information may be provided to a facility to which you have been referred to ensure that the facility has the necessary information to treat you.
 - 2) **Payment:** The Region may use and disclose health care information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. The Region may also discuss your protected health information about a service you are going to receive to determine whether you are eligible for the service, and for undertaking utilization review activities. For example, authorizing a service may require that your relevant protected health information be discussed with a provider to determine your need and eligibility for the service.
 - 3) **Healthcare Operations:** The Region may use or disclose, as-needed, your protected health information in order to support its business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities. For example, the Region may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment or to provide information about alternate services or other health-related benefits.
- The Region may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the Region. Whenever an arrangement between the Region and a business associate involves the use or disclosure of your protected health information, the Region will have a written contract that contains terms that will protect the privacy of your protected health information.
- 4) **Limited Data Sets / De-Identified PHI:** The Region may provide de-identified PHI for the purposes of research, public health, or health care operations. Whenever an arrangement between the Region and a business associate involves the use or disclosure of your de-identified protected health information, the Region will have a written contract that contains terms that will protect the privacy of your protected health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the Region has taken an action in reliance on the use or disclosure indicated in the authorization.

The Region may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then the Region may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

- 1) **Others Involved in Your Healthcare** - Unless you object, the Region may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, the Region may disclose such information as necessary if the Region, based on its professional judgment, determines that it is in your best interest. The Region may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, the Region may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- 2) **Emergencies** - The Region may use or disclose your protected health information in an emergency treatment situation. If this happens, The Region shall try to obtain your acknowledgment of receipt of the Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

The Region may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

- 1) **Required By Law** - The Region may use or disclose your protected health information to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosures.
- 2) **Public Health** - The Region may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. The Region may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- 3) **Communicable Diseases** - The Region may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.
- 4) **Health Oversight** - The Region may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- 5) **Abuse or Neglect** - The Region may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, the Region may disclose your protected health information if it believes that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- 6) **Food and Drug Administration** - The Region may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- 7) **Legal Proceedings** - The Region may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- 8) **Law Enforcement** - The Region may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on Region premises, (6) medical emergency (not on the Region's premises) and it is likely that a crime has occurred and (7) In response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that only the following information, if available, is disclosed: (A) Name and address; (B) Date and place of birth; (C) Social security number; (D) ABO blood type and rh factor; (E) Type of injury; (F) Date and time of treatment; (G) Date and

time of death, if applicable; and (H) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos. EXCLUDING disclosure for the purposes of identification or location any protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.

- 9) **Coroners, Funeral Directors, and Organ Donation** - The Region may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- 10) **Research** - The Region may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- 11) **Marketing** - The Region may disclose your protected health information as it pertains to marketing in a face to face encounter with you, by means of a promotional gift or service of nominal value; or when making a marketing communication to you concerning the health related products and services the Region provided the Region is a) identified as the party making the communication and b) it is prominently stated if the Region has received, or will receive, direct or indirect remuneration for making the communication. The communication must, except when it is contained in a newsletter or general communication device, contain instructions describing how you may opt out of receiving future such communications. Communication with you must explain why you received it and how the product or service relates to your health. You may opt out of receiving any further marketing communications from the Region by sending a written request to the County Privacy Officer. Send to: Attention Shane Walter, Sioux Rivers CEO, P.O. Box 233, Orange City, IA 51041.
- 12) **Fundraising** - Only demographic information and dates of health care may be disclosed without your authorization to a business associate or to an institutionally related foundation for the purpose of raising funds. You may opt out of receiving any further fundraising communications by sending a written request to the Region Privacy Officer. Send to: Attention Shane Walter, Sioux Rivers CEO, P.O. Box 233, Orange City, IA 51041.
- 13) **Criminal Activity** - Consistent with applicable federal and state laws, the Region may disclose your protected health information, if it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Region may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- 14) **Military Activity and National Security** - When the appropriate conditions apply, the Region may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. The Region may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- 15) **Workers' Compensation** - Your protected health information may be disclosed by the Region as authorized to comply with workers' compensation laws and other similar legally-established programs.
- 16) **Inmates** - The Region may use or disclose your protected health information if you are an inmate of a correctional facility and the Region created or received your protected health information in the course of providing care to you.
- 17) **Required Uses and Disclosures** - Under the law, the Region must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine Regional compliance with the requirements of 45 C.F.R. section 164.500 et. seq.

MITIGATION OF HARMFUL EFFECTS

The Region will mitigate, to the extent practicable, any known harmful effect due to inappropriate use or disclosure of protected health information by the Region or any of our business associates and inform those responsible for the breach to require prevention of future actions that would have harmful effects.

EFFECT OF PRIOR CONSENTS

The Region will use or disclose protected health information about an individual pursuant to an individual's signed consent, authorization, or other express legal permission collected before the applicable compliance date of the HIPAA privacy rule. In addition, the Region will NOT make any use or disclosure that is expressly excluded from the consent, authorization, or other express legal permission obtained from an individual, and will comply with all limitations or restrictions placed by the consent, authorization, or other express legal permission obtained from an individual.

YOUR RIGHTS

The following are a list of your rights with respect to your protected health information and a brief description of how you may exercise these rights:

RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as the Region maintains the protected health information. A "designated record set" contains medical and billing records and any other records that the Region uses in making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact the Region Privacy Contact if you have questions about access to your medical record.

RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION

This means you may ask the Region not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The Region is not required to agree to a restriction that you may request. If the Region believes that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the Region does agree to the requested restriction, it may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the Region. You may request a restriction in writing to the Region Privacy Officer.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS FROM THE REGION BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION

The Region will accommodate reasonable requests. The Region may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. The Region will not request an explanation from you as to the basis for the request. Please make this request in writing to the Region Privacy Contact.

RIGHT TO REQUEST AN AMENDMENT TO YOUR PROTECTED HEALTH INFORMATION

This means you may request an amendment of protected health information about you in a designated record set for as long as the Region maintains this information. In certain cases, the Region may deny your request for an amendment. If the Region denies your request for amendment, you have the right to file a statement of disagreement with the Region and the Region may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures the Region may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003.

RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE

You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically.

COMPLAINTS

You may file a complaint to the Region or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the Region. You may file a complaint against the Region by notifying the County Privacy Officer. The Region will not retaliate against you for filing a complaint. You may contact the Region Privacy Officer, **Shane A. Walter, Sioux Rivers CEO at (712)737-2999 or mh-dd@siouxcounty.org** for further information about the complaint process.

This notice was published on and is effective as of April 14, 2003.

HIPAA PRIVACY REGULATION GLOSSARY

SECTION I

160.103 Definitions

Except as otherwise provided, the following definitions apply to Sioux Rivers Region HIPAA Privacy Policies and Practices:

Act means the Social Security Act.

ANSI stands for the American National Standards Institute.

Business associate:

- (1) Except as provided in paragraph (2) of this definition, business associate means, with respect to a covered entity, a person who:
 - (i) On behalf of such covered entity or of an organized health care arrangement (as defined in § 164.501 of this subchapter) in which the covered entity participates, but other than in the capacity of a member of the workforce of such covered entity or arrangement, performs, or assists in the performance of:
 - (A) A function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing; or
 - (B) Any other function or activity regulated by this subchapter; or
 - (ii) Provides, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, data aggregation (as defined in 164.501 of this subchapter), management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized health care arrangement in which the covered entity participates, where the provision of the service involves the disclosure of individually identifiable health information from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person.
- (2) A covered entity participating in an organized health care arrangement that performs a function or activity as described by paragraph (1)(i) of this definition for or on behalf of such organized health care arrangement, or that provides a service as described in paragraph (1)(ii) of this definition to or for such organized health care arrangement, does not, simply through the performance of such function or activity or the provision of such service, become a business associate of other covered entities participating in such organized health care arrangement.
- (3) A covered entity may be a business associate of another covered entity.

Code Set: Any set of codes used for encoding data elements, such as tables of terms, medical concepts, medical diagnostic codes or medical procedure codes.

Compliance date the date by which a covered entity must comply with a standard, implementation specification, requirement, or modification adopted under this subchapter.

Covered entity:

- (1) A health plan.
- (2) A health care clearinghouse.
- (3) A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.

Group health plan (also see definition of health plan in this section) means an employee welfare benefit plan (as defined in section 3(1) of the Employee Retirement Income and Security Act of 1974 (ERISA), 29 U.S.C. 1002(1)), including insured and self-insured plans, to the extent that the plan provides medical care (as defined in section 2791(a)(2) of the Public Health Service Act (PHS Act), 42 U.S.C. 300gg-91(a)(2)), including items and services paid for as medical care, to employees or their dependents directly or through insurance, reimbursement, or otherwise, that:

- (1) Has 50 or more participants (as defined in section 3(7) of ERISA, 29 U.S.C. 1002(7)); or
- (2) Is administered by an entity other than the employer that established and maintains the plan.

HCFA stands for Health Care Financing Administration within the Department of Health and Human Services.

HHS stands for the Department of Health and Human Services.

Health care means care, services, or supplies related to the health of an individual. Health care includes, but is not limited to, the following:

- (1) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and
- (2) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

Health care clearinghouse means a public or private entity, including a billing service, repricing company, community health management information system or community health information system, and "value-added" networks and switches, that does either of the following functions:

- (1) Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction.
- (2) Receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

Health care provider means a provider of services (as defined in section 1861(u) of the Act, 42 U.S.C. 1395x(u)), a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

Health information means any information, whether oral or recorded in any form or medium, that:

- (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Health insurance issuer (as defined in section 2791(b)(2) of the PHS Act, 42 U.S.C. 300gg-91(b)(2) and used in the definition of health plan in this section) means an insurance company, insurance service, or insurance organization (including an HMO) that is licensed to engage in the business of insurance in a State and is subject to State law that regulates insurance. Such term does not include a group health plan.

Health maintenance organization (HMO) (as defined in section 2791(b)(3) of the PHS Act, 42 U.S.C. 300gg-91(b)(3) and used in the definition of health plan in this section) means a federally qualified HMO, an organization recognized as an HMO under State law, or a similar organization regulated for solvency under State law in the same manner and to the same extent as such an HMO.

Health plan means an individual or group plan that provides, or pays the cost of, medical care (as defined in section 2791(a)(2) of the PHS Act, 42 U.S.C. 300gg- 91(a)(2)).

(1) Health plan includes the following, singly or in combination:

- (i) A group health plan, as defined in this section.
- (ii) A health insurance issuer, as defined in this section.
- (iii) An HMO, as defined in this section.
- (iv) Part A or Part B of the Medicare program under title XVIII of the Act.
- (v) The Medicaid program under title XIX of the Act, 42 U.S.C. 1396, et seq.
- (vi) An issuer of a Medicare supplemental policy (as defined in section 1882(g)(1) of the Act, 42 U.S.C. 1395ss(g)(1)).
- (vii) An issuer of a long-term care policy, excluding a nursing home fixed- indemnity policy.
- (viii) An employee welfare benefit plan or any other arrangement that is established or maintained for the purpose of offering or providing health benefits to the employees of two or more employers.
- (ix) The health care program for active military personnel under title 10 of the United States Code.
- (x) The veterans health care program under 38 U.S.C. chapter 17.
- (xi) The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)(as defined in 10 U.S.C. 1072(4)).
- (xii) The Indian Health Service program under the Indian Health Care Improvement Act, 25 U.S.C. 1601, et seq.
- (xiii) The Federal Employees Health Benefits Program under 5 U.S.C. 8902, et seq.
- (xiv) An approved State child health plan under title XXI of the Act, providing benefits for child health assistance that meet the requirements of section 2103 of the Act, 42 U.S.C. 1397, et seq.
- (xv) The Medicare + Choice program under Part C of title XVIII of the Act, 42 U.S.C. 1395w-21 through 1395w-28.
- (xvi) A high risk pool that is a mechanism established under State law to provide health insurance coverage or comparable coverage to eligible individuals.
- (xvii) Any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care (as defined in section 2791(a)(2) of the PHS Act, 42 U.S.C. 300gg-91(a)(2)).

(2) Health plan excludes:

- (i) Any policy, plan, or program to the extent that it provides, or pays for the cost of, excepted benefits that are listed in section 2791(c)(1) of the PHS Act, 42 U.S.C. 300gg-91(c)(1); and
- (ii) A government-funded program (other than one listed in paragraph (1)(i)- (xvi) of this definition):
 - (A) Whose principal purpose is other than providing, or paying the cost of, health care; or
 - (B) Whose principal activity is:
 - (1) The direct provision of health care to persons; or
 - (2) The making of grants to fund the direct provision of health care to persons.

Implementation specification means specific requirements or instructions for implementing a standard.

Modify or modification refers to a change adopted by the Secretary, through regulation, to a standard or an implementation specification.

Secretary means the Secretary of Health and Human Services or any other officer or employee of HHS to whom the authority involved has been delegated.

Small health plan means a health plan with annual receipts of \$5 million or less.

Standard means a rule, condition, or requirement:

- (1) Describing the following information for products, systems, services or practices:
 - (i) Classification of components.
 - (ii) Specification of materials, performance, or operations; or
 - (iii) Delineation of procedures; or
- (2) With respect to the privacy of individually identifiable health information.

Standard setting organization (SSO) means an organization accredited by the American National Standards Institute that develops and maintains standards for information transactions or data elements, or any other standard that is necessary for, or will facilitate the implementation of, this part.

State refers to one of the following:

- (1) For a health plan established or regulated by Federal law, State has the meaning set forth in the applicable section of the United States Code for such health plan.
- (2) For all other purposes, State means any of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, and Guam.

Trading partner agreement means an agreement related to the exchange of information in electronic transactions, whether the agreement is distinct or part of a larger agreement, between each party to the agreement. (For example, a trading partner agreement may specify, among other things, the duties and responsibilities of each party to the agreement in conducting a standard transaction.)

Transaction means the transmission of information between two parties to carry out financial or administrative activities related to health care. It includes the following types of information transmissions:

- (1) Health care claims or equivalent encounter information.
- (2) Health care payment and remittance advice.
- (3) Coordination of benefits.
- (4) Health care claim status.
- (5) Enrollment and disenrollment in a health plan.
- (6) Eligibility for a health plan.
- (7) Health plan premium payments.
- (8) Referral certification and authorization.
- (9) First report of injury.
- (10) Health claims attachments.
- (11) Other transactions that the Secretary may prescribe by regulation.

Workforce means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

HIPAA PRIVACY REGULATION GLOSSARY,

SECTION II

§ 164.501 Definitions.

Standards for Privacy of Individually Identifiable Health Information

As used in this subpart, the following terms have the following meanings:

Correctional institution means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program center operated by, or under contract to, the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody.

Other persons held in lawful custody includes juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial.

Covered functions means those functions of a covered entity the performance of which makes the entity a health plan, health care provider, or health care clearinghouse.

Data aggregation means, with respect to protected health information created or received by a business associate in its capacity as the business associate of a covered entity, the combining of such protected health information by the business associate with the protected health information received by the business associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

Designated record set means:

- (1) A group of records maintained by or for a covered entity that is:
 - (i) The medical records and billing records about individuals maintained by or for a covered health care provider;
 - (ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - (iii) Used, in whole or in part, by or for the covered entity to make decisions about individuals.
- (2) For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

Direct treatment relationship means a treatment relationship between an individual and a health care provider that is not an indirect treatment relationship.

Disclosure means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

Health care operations means any of the following activities of the covered entity to the extent that the activities are related to covered functions:

- (1) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and individuals with information about treatment alternatives; and related functions that do not include treatment;
- (2) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- (3) Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of § 164.514(g) are met, if applicable;
- (4) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- (5) Business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
- (6) Business management and general administrative activities of the entity, including, but not limited to:
 - (i) Management activities relating to implementation of and compliance with the requirements of this subchapter;
 - (ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer.
 - (iii) Resolution of internal grievances;
 - (iv) The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and (v) Consistent with the applicable requirements of Sec. 164.514, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

Health oversight agency means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

Indirect treatment relationship means a relationship between an individual and a health care provider in which:

- (1) The health care provider delivers health care to the individual based on the orders of another health care provider; and
- (2) The health care provider typically provides services or products, or reports the diagnosis or results associated with the health care, directly to another health care provider, who provides the services or products or reports to the individual.

Individual means the person who is the subject of protected health information.

Inmate means a person incarcerated in or otherwise confined to a correctional institution.

Law enforcement official means an officer or employee of any agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to:

- (1) Investigate or conduct an official inquiry into a potential violation of law;
- (2) Prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.

Marketing means:

- (1) To make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, unless the communication is made:
 - (i) To describe a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits of, the covered entity making the communication, including communications about: the entities participating in a health care provider network or health plan network; replacement of, or enhancements to, a health plan; and health-related products or services available only to a health plan enrollee that add value to, but are not part of, a plan of benefits.
 - (ii) For treatment of the individual; or
 - (iii) For case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual.
- (2) An arrangement between a covered entity and any other entity whereby the covered entity discloses protected health information to the other entity, in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or service that encourages recipients of the communication to purchase or use that product or service.

Organized health care arrangement means:

- (1) A clinically integrated care setting in which individuals typically receive health care from more than one health care provider;
- (2) An organized system of health care in which more than one covered entity participates, and in which the participating covered entities:
 - (i) Hold themselves out to the public as participating in a joint arrangement; and
 - (ii) Participate in joint activities that include at least one of the following:
 - (A) Utilization review, in which health care decisions by participating covered entities are reviewed by other participating covered entities or by a third party on their behalf;
 - (B) Quality assessment and improvement activities, in which treatment provided by participating covered entities is assessed by other participating covered entities or by a third party on their behalf; or
 - (C) Payment activities, if the financial risk for delivering health care is shared, in part or in whole, by participating covered entities through the joint arrangement and if protected health information created or received by a covered entity is reviewed by other participating covered entities or by a third party on their behalf for the purpose of administering the sharing of financial risk.
- (3) A group health plan and a health insurance issuer or HMO with respect to such group health plan, but only with respect to protected health information created or received by such health insurance issuer or HMO that relates to individuals who are or who have been participants or beneficiaries in such group health plan;
- (4) A group health plan and one or more other group health plans each of which are maintained by the same plan sponsor; or
- (5) The group health plans described in paragraph (4) of this definition and health insurance issuers or HMOs with respect to such group health plans, but only with respect to protected health information created or received by such health insurance issuers or HMOs that relates to individuals who are or have been participants or beneficiaries in any of such group health plans.

Payment means:

- (1) The activities undertaken by:
 - (i) A health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or
 - (ii) A health care provider or health plan to obtain or provide reimbursement for the provision of health care; and
- (2) The activities in paragraph (1) of this definition relate to the individual to whom health care is provided and include, but are not limited to:
 - (i) Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
 - (ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics;
 - (iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing;
 - (iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
 - (v) Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and

- (vi) Disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement:
- (A) Name and address;
 - (B) Date of birth;
 - (C) Social security number;
 - (D) Payment history;
 - (E) Account number; and
 - (F) Name and address of the health care provider and/or health plan.

Plan sponsor is defined as defined at section 3(16)(B) of ERISA, 29 U.S.C. 1002(16)(B).

Protected health information means individually identifiable health information:

- (1) Except as provided in paragraph (2) of this definition, that is:
- (i) Transmitted by electronic media;
 - (ii) Maintained in any medium described in the definition of **electronic media** at § 162.103 of this subchapter; or
 - (iii) Transmitted or maintained in any other form or medium.
- (2) **Protected health information** excludes individually identifiable health information in:
- (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g;
 - (ii) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and
 - (iii) Employment records held by a covered entity in its role as employer.

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Public health authority means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

Required by law means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law.

Required by law includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

Research means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to an individual; or the referral of an individual for health care from one health care provider to another.

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

ACKNOWLEDGEMENT OF HIPAA TRAINING
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I acknowledge that I received training regarding the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that I have a general understanding:

- 1) Of the core elements of HIPAA,**
- 2) Of how to contact the Sioux Rivers Region HIPAA Privacy Officer, and**
- 3) Of the Sioux Rivers Regional HIPAA Privacy Policies and Procedures.**

Signature of Regional Employee

Printed Name of Regional Employee

Regional Employee Position / Office

Date of Presentation

Signature of Individual Presenting