

Valleywise Health Administrative Policy & Procedure

Effective Date: 04/03

Reviewed Dates: 05/08, 04/10, 03/12, 06/15, 08/16, 01/19, 01/2020

Revision Dates: 07/03; 11/06, 06/08, 06/15, 08/16, 01/19

Policy #: 01308 S

Policy Title: Notice of Privacy Practices

Scope: [] **District Governance (G)**
[X] **System-Wide (S)**
[] **Division (D)**
[] **Multi-Division (MD)**
[] **Department (T)**
[] **Multi-Department (MT)**

Purpose:

To describe the content, locations of access, and means of disseminating the Valleywise Health Notice of Privacy Practices ("Notice")

Definitions:

Personal Representative: a person who has authority to act on behalf of an individual in making decisions related to health care, under Arizona law.

PHI: Protected health information means individually identifiable health information [“Individually identifiable health information is information that is a subset of health information, including demographic information collected from an individual, and: (1) Is created or received by a health care provider, health plan, employer, 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; and (i) That identifies the individual; or (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.”] that is: (i) Transmitted by electronic media; (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium..

Policy:

Each patient is entitled to receive the Valleywise Health Notice of Privacy Practices on the first date of their service. When the Notice is revised, it will be made available upon request and posted at the physical services delivery site. An incarcerated patient does not have a right to notice (45 CFR 164.520(a)(3) Exceptions for Inmates).

Procedure:

Content of Notice of Privacy Practices

1. The Notice will be in plain language and contain the following elements:
 - Header containing the words in capital letters:
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.
 - Description and at least one (1) example of the types of uses and disclosures that Valleywise Health is permitted to make for treatment, payment, and health care operations.
 - Description of each of the other purposes for which Valleywise Health is permitted or required to use or disclose protected health information (“PHI”) without patient consent or authorization—with enough detail to put the patient on notice.
 - If a use of disclosure for any purpose is prohibited or materially limited by other applicable law, a description of the more stringent law.
 - Statement that other uses and disclosures will be made only with the patient’s written authorization and that the patient may revoke such authorization—describe the limitation on the patient’s right to revoke the authorization and describe how a patient can revoke the authorization.
 - Statement that Valleywise Health may contact the patient to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to the patient.
 - Statement that Valleywise Health or its foundation may contact the patient to raise funds.
 - Statement of the patient’s individual rights with respect to PHI and a brief description of how the patient may exercise them.
[These rights include the right to request restrictions on certain uses and disclosures, and a statement that Valleywise Health is not required to agree to a requested restriction; the right to receive confidential communications of PHI; the right to inspect and copy PHI; the right to amend PHI; the right to receive an accounting of disclosures of PHI; the right to receive a paper copy of the Notice upon request, even after agreeing to electronic notice.]
 - Statement that Valleywise Health is required by law to maintain the privacy of PHI and provide individuals with notice of its legal duties and privacy practices with respect to PHI.
 - Statement that Valleywise Health is required to abide by the terms of the Notice currently in effect, but that it reserves the right to change its privacy practices.
 - Statement that patients may complain to the Compliance/Privacy Officer or to the Secretary of the Department of Health and Human Services if they believe their privacy rights have been violated—along with a brief description of how to file a complaint.
 - Non-retaliation statement.
 - Title and address of a person or office to contact for further information.
 - Effective date of the Notice, which may not be earlier than the publication date.
 - If Valleywise Health elects to limit uses or disclosure beyond the HIPAA requirements, a description of those more limited uses and disclosures.

Revisions to Notice of Privacy Practices

1. The Compliance Office is responsible for maintaining, distributing, and updating the Notice.
2. When Valleywise Health or any of its departments proposes a revision to a policy that affects the use or disclosure of a patient's PHI or patient's rights, the proposed policy shall be sent to the Compliance Office. The Compliance Office will evaluate whether the proposed policy will affect the content of the Notice and will promptly revise and distribute an amended Notice, if there is a material change to the content.
3. The effective date of the Notice, including any revised Notice, will not be before the publication date of the printed Notice.
4. Except where required by law, a material change in the Notice will not be implemented before the effective date of the Notice.
5. Valleywise Health will maintain each form of the Notice for at least six (6) years.

Means of Disseminating Notice of Privacy Practices

Valleywise Health will provide the Notice to patients and others in the following ways:

- At registration
- Upon any person's request
- By having hard copies of the Notice available at the information desk in the lobby, the front desk of the emergency department, outpatient areas, nursing stations, etc.
- By posting the Notice in clear and prominent locations where it is reasonable to expect individuals seeking service from Valleywise Health to be able to read the Notice.

Obtaining Patient Acknowledgement of Receipt of Notice of Privacy Practices

1. Except in emergency situations, Valleywise Health will make a good faith effort to obtain a written acknowledgement from the patient or the patient's representative of the receipt of the Notice on either the Conditions of Admission form or the Acknowledgement of Receipt of Notice of Privacy Practices, and if not obtained, document the attempts and the reason why acknowledgement was not obtained. (See Forms: 43268 - Acknowledgement of Receipt of Notice of Privacy Practices and Consent to Leave Phone Messages; See Form 43491 - Valleywise Health Conditions of Admission.)
2. In emergency situations where obtaining acknowledgement or receipt of the Notice would interfere with patient care, Valleywise Health will attempt to obtain the acknowledgment as soon as practicable.

Electronic Mail Notice; Valleywise Health Web Sites

Once Printed This Document May No Longer Be Current

1. All Valleywise Health Web sites containing information about its customer services will prominently post the Notice and make the Notice available electronically through the Web site. Valleywise Health customers must be able to download or print a paper copy of the Notice from the Web site.
2. Valleywise Health may provide the Notice by email only if the patient agrees to receive the Notice by email. The patient's agreement will be documented in the patient's medical or billing record.
 - The patient may withdraw this agreement. The patient's withdrawal of agreement will be documented in the patient's medical record or billing record.
 - If Valleywise Health personnel attempt to email the Notice to a patient and learn that the email transmission has failed, they will promptly provide a paper copy of the Notice.

References:

Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR § 164.520 Notice of Privacy Practices for Protected Health Information;
Valleywise Health Notice of Privacy Practices form numbers 43226 & 43115;
Valleywise Health Form 43491 – Conditions of Admission
Valleywise Health Form 43268 - Acknowledgement of Receipt of Notice of Privacy Practices and Consent to Leave Phone Messages

Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Chief Compliance Officer

DEVELOPMENT TEAM(S): OFFICE OF CORPORATE COMPLIANCE

Policy #: 01308 S

Policy Title: Notice of Privacy Practices

e-Signers: L.T. Slaughter, Jr., Chief Compliance Officer

Place an X on the right side of applicable description:

New -

Retire -

Reviewed - 01/2020

Revised with Minor Changes -

Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: System-wide P&P	01/2020
Committee:	00/00
Committee:	00/00
Reviewed for EPIC:	N/A
Other:	00/00
Other:	00/00
Other:	00/00