

**Rural Health Services Consortium, Inc.**

**POLICY**

<b>DEPT/OPS AREA:</b> All Departments	<b>POLICY NAME:</b> PATIENT PRIVACY (HIPAA)	<b>POLICY NUMBER:</b> CM031
<b>DATE IMPLEMENTED:</b> 11/06/2019		<b>REVISED APPROVAL DATE:</b> 11/19/2020
<b>INITIAL APPROVAL DATE:</b> 11/15/2019		<b>APPROVED BY:</b> Governing Board of Directors
<b>APPLIES TO: CLINICAL</b>		
<p><b>POLICY STATEMENT:</b> RHSC recognizes that protecting a patient's private health information from inappropriate use or disclosure is a vital part of our infrastructure and all staff is expected to respect our patient's privacy to the fullest extent possible. Failure to protect our patient's private health information will warrant a thorough investigation and disciplinary action may be necessary dependent upon the outcome of the investigation.</p> <p><b>RESPONSIBILITY:</b> The RHSC Board of Directors (BOD) has the ultimate responsibility for the approval of the Patient Privacy (HIPAA) Policy. The BOD delegates policy compliance to the CEO. The CEO delegates policy review and recommendations to RHSC's Quality Assurance/Improvement Committee (QA/IC), The QIPC committee members oversight of policy implementation to the Chief Medical Officer who delegates day to day management in compliance with this policy to Clinical Staff, follow-up is performed to ensure implementation of the standards outlined below.</p> <p><b>IMPLEMENTATION:</b> RHSC provides initial and yearly HIPAA training to all staff. All Staff are provided with the tools/references needed to assist in meeting the privacy and disclosure of patient's health information. Tools/References include: Notice of Privacy Practice, Patient Authorization (determines use of PHI), Business Associates Agreement, Allowed Uses and Disclosures (certain uses and disclosures without a signed authorization), Personal Representatives (for minors or those who are not capable of making decisions), and Privacy Policies and Procedures (HIPAA Manual),</p> <p>Each staff member is responsible to keep abreast of privacy policies and procedures and should there be a breach of any patient information, an employee is to make their immediate supervisor aware immediately.</p> <p>All patients are to be given a copy of the Notice of Privacy Practices which explains the normal and typical use and disclosure of protected health information (PHI) for treatment, payment, medical operations and a statement of their right under HIPAA. The patient must be given the opportunity to read this notice and</p>		

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sign it, but patient is not required to read and sign if they choose not to, and it should be documented if patient does not wish to read and sign. Patients are to update their HIPAA authorization form at least yearly, sooner by patient request. The Notice of Privacy Practices is to be posted prominently in each practice.

All Staff are required to check the chart for documented permission for release of information or initiate a release of records before releasing PHI. Once PHI is released it should be documented in the patient's chart identifying to whom or what entity it was released.

Patients who suspect their PHI has been compromised may make a formal complaint to the Compliance Officer, Office Manager or other designee either by phone, in person or in writing. The complaint will be investigated to the fullest extent possible with follow-up, as needed. If determined by Compliance Officer/Risk Management a breach has occurred, those involved will be notified, and based on the severity appropriate disciplinary action will be taken. If a breach is found, the employee will be required to have HIPAA retraining with a follow-up test.

**DOCUMENTATION/MONITORING:** HIPAA training will be acknowledged by all employees by signing training logs and/or if an occurrence by signing the HIPAA Test and review and Remediation Sheet. Patient's Notice of Privacy Practice will be provided to each patient and a signed HIPAA authorization completed on each patient at least yearly. Release of records will be completed in accordance to HIPAA standards before releasing PHI. Random audits of patient's electronic health record will be conducted to check for compliance.

**REFERENCES:** The Doctors Management HIPAA Omnibus Manual-Health Insurance Portability Act Omnibus Final Rule

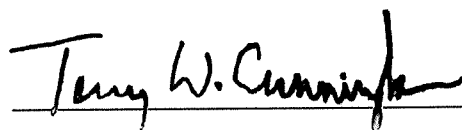
#### Privacy Policy-Website

Rural Health Services Consortium, Inc. is committed to respecting and protecting your personal information. Our website does not collect or disclose information that can personally identify you without your permission.

Areas in which you may be asked for personal information may include:

- Contact us
- Application Uploads

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Chairperson



President/CEO