**HIPAA PRIVACY POLICIES AND PROCEDURES**

**Summerfield Family Dentistry**

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**Notice of Privacy Practices**

Purpose:

45 CFR §164.520 requires that notice be given to individuals of the use and disclosure of protected health information as well as the individual’s rights and covered entities’ legal duties with respect to protected health information. This policy is designed to give guidance and to ensure compliance with all laws and regulations regarding the provision of the notice of use of protected health information by health care providers. This policy is not applicable to inmates.

Policy:

1. Summerfield Family Dentistry will provide a formal notice to individuals regarding the use or disclosure of protected health information pursuant to 45 CFR §164.520.

2. The provision of the notice given to individuals regarding the use and disclosure of protected health information pursuant to 45 CFR §164.520 will comply with the policies and procedures described herein.

Procedures:

1. The notice will be provided to individuals with whom Summerfield Family Dentistry has a direct treatment relationship as follows:

 (a) No later than the date of the first service delivery, including service delivered electronically, to such individual after the compliance date for the Practice;

 (b) Upon request;

 (c) On or after the effective date of a revision;

 (d) Promptly available at the service delivery site for individuals to request and to take with them;

 (e) Posted in a clear and prominent location where it is reasonable to expect individuals seeking service from the Practice to be able to read the notice;

 (f) Automatically and contemporaneously for electronic notices, when the response is to the individual’s first request for service and the first service delivery is delivered electronically. The individual who is the recipient of electronic notice will be permitted to retain the right to obtain a paper copy of the notice from the Practice upon request.

2. Summerfield Family Dentistry will only use a notice when both it and other covered entities participating in the organized health care arrangement agree to abide by the terms of the notice with respect to protected health information created or received by Summerfield Family Dentistry as part of its participation in the organized health care arrangement.

3. Summerfield Family Dentistry will prominently post its notice on any web sites that it maintains that provide information about its customer services or benefits, and will make the notice available electronically through the web site.

4. When providing the notice to an individual by email, Summerfield Family Dentistry will:

 (a) Ensure that the individual has agreed to electronic notice and such agreement has not been withdrawn;

 (b) Provide a paper copy of the notice to the individual if the Practice knows that an email transmission of the electronic notice has failed.

5. Summerfield Family Dentistry will document compliance with and maintain the notice, or joint notice as applicable, by retaining copies of the notices issued by the Practice for a period of at least six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

6. Knowledge of a violation or potential violation of this policy must be reported directly to Dr. Jenny Weston, Privacy Officer.

**Individual Rights to PHI – Requesting Restriction on Uses and Disclosures**

Purpose:

HIPAA requirements provide an individual with the right to request restrictions to the use and disclosure of his or her protected health information. While covered entities are not required to permit the requested restrictions, they are required to permit the request. If the covered entity agrees to the requested restrictions, the covered entity may not make uses or disclosures that are inconsistent with such restrictions unless such uses or disclosures are mandated by law. This provision does not apply to health care provided to an individual on an emergency basis.

Policy:

Summerfield Family Dentistry will allow an individual to request that uses and disclosures of their protected health information be restricted.

Procedure:

1. Summerfield Family Dentistry will allow an individual to request to restrict the use and disclosure of protected health information.

2. Upon agreeing to such restriction, the Practice will not violate such restriction unless as specified within this policy and procedure.

3. The Practice is not required to honor an individual’s request in the following situation(s):

 (a) When the individual who requested the restriction is in need of emergency treatment and the restricted protected health information is needed to provide the emergency treatment.

 (b) If restricted protected health information is disclosed to a health care provider for emergency treatment, the Practice will request that such health care provider not further use or disclose the information.

4. If the Practice agrees to an individual’s requested restriction, the restriction does not apply to the following uses and disclosures:

 (a) To an individual accessing their own protected health information;

 (b) To an individual requesting an accounting of their own protected health information;

 (c) Facility directories;

 (d) Instances for which consent, an authorization, or opportunity to agree or object is not required, such as judicial and administrative purposes; health oversight; research, law enforcement; public health; to avert a serious threat to health and safety; cadaveric organ, eye, or tissue donation; decedents; Workers’ Compensation; victims of abuse, neglect, or domestic violence; specialized government functions; required by law.

5. Summerfield Family Dentistry will terminate its agreement to a restriction in the following situations:

 (a) The individual agrees to or requests the termination in writing;

 (b) The individual orally agrees to the termination and the oral agreement is documented;

 (c) The Practice informs the individual that it is terminating its agreement to a restriction. Such termination is only effective with respect to protected health information created or received after it has so informed the individual.

6. Summerfield Family Dentistry will document and retain the restriction for a period of at least six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

**Confidential Communications for PHI**

Purpose:

It is important to ensure that individuals can receive communications regarding their protected health information in a means and location that the individual feels is safe from unauthorized use or disclosure. A covered health care provider must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the covered health care provider by alternative means or at least alternative locations.

Policy:

1. Summerfield Family Dentistry will take necessary steps to accommodate reasonable requests by individuals to receive confidential communications of protected health information.

2. In complying with Policy #1, will provide confidential communications by alternative means or at alternative locations.

Procedure:

1. The Practice will require individuals to make a request for a confidential communication in writing.

2. The Practice will not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.

3. When appropriate, the Practice will condition the provision of a reasonable accommodation on information as to how payment, if any, will be handled, and specification of an alternative address or other method of contact.

4. An alternative means or location will be designated on a case by case basis, that is satisfactory to both the Practice and the individual before communication of protected health information is made.

5. The Practice’s Privacy Officer, using professional judgment and considering all relevant factors, will be responsible for deciding the alternative means or location to communicate protected health information to an individual.

6. Once it is determined that use or disclosure is appropriate, Practice personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

7. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

8. Practice personnel will appropriately document the request and delivery of the protected health information.

9. In the event that the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, Practice personnel will refrain from disclosing the requested information and report the matter to the Privacy Officer in a timely manner.

10. Knowledge of a violation or potential violation of this policy will be reported directly to the Privacy Officer.

**Granting Access to Inspect and Obtain a Copy of PHI**

Purpose:

Summerfield Family Dentistry recognizes that individual rights are a critical aspect of maintaining quality care and service and is committed to allowing individuals to exercise their rights under 45 CFR §164.524 and other applicable federal, state, and/or local laws and regulations. To support this commitment, Summerfield Family Dentistry will maintain and update, as appropriate, written policies and procedures to provide guidance on employee and organizational responsibilities regarding the rights of individuals to access, inspect, and obtain a copy of their protected health information.

Policy:

1. Summerfield Family Dentistry will take necessary steps to address individual requests to access, inspect, and/or obtain a copy of their protected health information that is maintained in a designated record set in a timely and professional manner.

2. Individuals may request to access, inspect, and/or obtain a copy of their protected health information that is maintained in a designated record set. In instances where the protected health information is in more than one record set, or at more than one location, the Practice will only produce the protected health information in response to a request for access.

3. Individuals do not have the right to access the following types of information:

 (a) Psychotherapy notes;

 (b) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and

 (c) Protected health information that is:

 (1) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. §263a, to the extent the provision of access to the individual would be prohibited by law; or

 (2) Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR §493.3(a)(2).

4. The Practice’s Privacy Officer is responsible for receiving and processing requests for access to protected health information by individuals.

Procedures:

1. The Practice will require individuals to direct requests for access, inspection, or a copy of protected health information to the Privacy Officer and complete a form Request for Protected Health Information.

2. The individual will be informed that request for access is required to be in writing.

3. An appropriate request from an individual regarding protected health information using the Request for Protected Health Information form will, within a reasonable time period, be reported, along with the form to Practice personnel with appropriate access clearance to protected health information.

4. Upon receipt of a request made, Practice personnel with appropriate clearance will act on the request by:

 (a) Informing the individual of the acceptance and providing the access requested; or

 (b) Providing the individual with a written denial.

5. Action taken pursuant to Procedure #4 will be taken:

 (a) No later than 30 days after the request is made; or

 (b) If the request is for protected health information that is not maintained or accessible on-site to the Practice, the Practice will obtain the protected health information within 30 days after the request is received unless a written notice including the reason for delay and expected date of completion not to exceed an additional 30 days is provided to the patient.

6. If the Practice cannot take action on a request for access to protected health information within the relevant time periods listed in Procedure #5, the Practice will extend the time required by 30 days as provided in these privacy policies and procedures.

7. Practice personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

8. The individual will be allowed access, inspection, and/or copies of the requested protected health information in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

9. The Practice will provide the individual with access to the protected health information in the form or format requested by the individual if it is readily producible in such form or format.

10. If the requested format is not readily producible, then the Practice will provide the individual with access to the protected health information in a readable hard copy form or such other form as agreed to by the individual.

11. If requested by the individual, the Practice will arrange with the individual for a convenient time and place to inspect or obtain a copy of the protected health information, or mailing of protected health information within the specified time period.

12. A summary of the requested protected health information will be provided in lieu of access to the information only when the individual agrees in advance to a summary, and to any related fees imposed.

13. An explanation of the requested protected health information to which access has been provided will accompany the access only when the individual agrees in advance to a summary, and to any related fees imposed.

14. If a summary or explanation of the requested information is to be prepared, such summary or explanation will be completed only by Practice personnel or other applicable personnel with appropriate access clearance.

15. Practice personnel will appropriately document the request and delivery of the protected health information.

16. Any fees imposed on the individual for a copy of the protected health information or a summary or explanation of such information will:

 (a) Be collected by the Practice at the time of receipt of the request and proper completion of the request form;

 (b) Be reasonable and cost-based.

 (c) Will be only for the cost of:

 (1) Copying, including the cost of supplies for and labor of copying the requested protected health information;

 (2) Postage, when the individual has requested the copy, summary, or explanation to be mailed; and

 (3) Preparing an explanation or summary of the protected health information.

17. The Practice will document and retain designated record sets that are subject to access by individuals for a period of at least six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

18. This policy and procedure will be documented and retained for a period of at least six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

19. Knowledge of a violation or potential violation of this policy will be reported directly to the Privacy Officer.

**Denying Access to Inspect and Obtain a Copy of PHI**

Purpose:

Summerfield Family Dentistry recognizes that individual rights are a critical aspect of maintaining quality care and service, and is committed to allowing individuals to exercise their rights under 45 CFR §164.524, and other applicable federal, state, and/or local laws and regulations. To support this commitment, Summerfield Family Dentistry will maintain and update, as appropriate, written policies and procedures to provide guidance on employee and organizational responsibilities with respect to the rights of individuals regarding their protected health information.

However, situations may arise when Practice personnel must make a determination to deny an individual access to their protected health information in accordance with applicable laws and regulations.

The policies and procedures herein have been established to assist Practice personnel in evaluation of the appropriateness of such a determination.

Policy:

1. Summerfield Family Dentistry will take necessary steps to address individual requests to access, inspect, and/or obtain a copy of their protected health information that is maintained in a designated record set in a timely and professional manner.

2. Summerfield Family Dentistry will adhere to the procedures herein when denying access to inspect or obtain a copy of protected health information.

Procedures:

1. Summerfield Family Dentistry will refer individuals who request access, inspection, or a copy of protected health information to the Practice receptionist, who will instruct the individual to complete a Request for Health Information form.

2. The individual will be informed that request for access is required to be in writing.

3. An appropriate request from an individual regarding protected health information using the Request for Health Information form will, within a reasonable time period, be reported, along with the form, to Practice medical records personnel with appropriate access clearance to protected health information.

4. Practice medical records personnel will inform the individual where to direct the request for access if it does not maintain the requested protected health information and knows where the requested information is maintained.

5. Upon receipt of a proper request, Practice medical records personnel with appropriate clearance will act on the request by (1) informing the individual of the acceptance and providing the requested access; or (2) providing the individual with a written denial.

6. Action taken pursuant to Procedure #5 must be taken:

 (a) No later than 30 days after the request is received; or

 (b) If the request is for protected health information that is not maintained or accessible on-site to the Practice, the Practice will obtain the protected health information within 30 days after the request is received unless a written notice including the reason for delay and expected date of completion not to exceed an additional 30 days is provided to the patient.

7. If the Practice cannot take action on a request for access to protected health information within the relevant time periods listed in Procedure #5, the Practice may extend the time required by 30 days.

8. A denial of access will be issued and will not be reviewed in the following circumstances:

 (a) The protected health information is:

 (1) Psychotherapy notes;

 (2) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and

 (3) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 USC §263a, to the extent the provision of access to the individual would be prohibited by law; or exempt from the Clinical Laboratory Improvements Amendments of 1988 pursuant to 42 CFR §493.3(a)(2).

 (b) The Practice is acting under the direction of a correctional institution upon an inmate’s request for a copy of the protected health information and obtaining a copy would jeopardize the health, safety, security, custody, or rehabilitation of the individual or of other inmates, or of any officer, employee, or other person at the correctional institution or responsible for the transporting of the inmate;

 (c) Access to protected health information that was created or obtained by the Practice in the course of research that includes treatment may be temporarily suspended for as long as the research is in progress, provided that the individual has agreed to the denial of access when consenting to participate in the research and has been informed that the right of access will be reinstated upon completion of the research;

 (d) The individual’s access to protected health information that is contained in records that are subject to the Privacy Act, 4 USC §552a, may be denied if the denial of access under the Privacy Act would meet the requirements of that law;

 (e) The individual’s access may be denied if the protected health information was obtained from someone other than a health care provider under a promise of confidentiality, and the access requested would be reasonably likely to reveal the source of the information.

9. The Practice will review a denial for access to protected health information when requested by an individual in the following situations:

 (a) 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;

 (b) The protected health information makes reference to another person (unless such other person is 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 substantial harm to such other person; or

 (c) The request for access is made by the 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.

10. See policy of Reviewing a Denial to Access Protected Health Information for reviewing a denial to access protected health information.

11. In denying access in whole or in part, to the extent possible, the Practice will give the individual access to any other protected health information requested, after excluding the protected health information that was denied.

12. When denying an individual access to protected health information, the denial will:

 (a) Be written in plain language;

 (b) Contain the basis for denial; and

 (c) Contain the following statement, if applicable:

 THE INDIVIDUAL HAS THE RIGHT TO HAVE THE DENIAL REVIEWED

 BY A LICENSED HEALTH CARE PROFESSIONAL, DESIGNATED BY

 SUMMERFIELD FAMILY DENTISTRY TO ACT AS A REVIEWING

 OFFICIAL AND WHO DID NOT PARTICIPATE IN THE ORIGINAL

 DENIAL DECISION.

INDIVIDUALS MAY EXERCISE THEIR REVIEW RIGHTS BY . . .

 (d) Contain a description of how the individual may complain to the Practice pursuant to its complaint procedures or to the DHHS Secretary.

13. The description of how the individual may complain will include the name or title and telephone number of the contact person or office designated to receive such complaints.

14. This policy and procedure will be documented and retained for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is last.

15. Knowledge of a violation or potential violation of this procedure will be reported directly to the Privacy Officer.

**Reviewing a Denial to Access PHI**

Purpose:

Summerfield Family Dentistry recognizes that individual rights are a critical aspect of maintaining quality care and service and is committed to allowing individuals to exercise their rights under 45 CFR §164.524 and other applicable federal, state, and/or local laws and regulations. To support this commitment, Summerfield Family Dentistry will maintain and update, as appropriate, written policies and procedures to provide guidance on employee and organizational responsibilities with respect to the rights of individuals regarding their protected health information. However, situations may arise when Practice personnel must make a determination to deny an individual access to their protected health information, in accordance with applicable laws and regulations. In certain circumstances, individuals may request that the denial be reviewed. The policies and procedures herein have been established to assist personnel in such a review.

Policy:

1. Summerfield Family Dentistry will take necessary steps, in a timely and professional matter, to address individual requests to access, inspect, and/or obtain a copy of their protected health information that is maintained in a designated record set.

2. Summerfield Family Dentistry will adhere to procedures pertaining to access to PHI contained herein when denying access, inspection, or copying of protected health information.

3. Summerfield Family Dentistry will adhere to the following procedures when reviewing a denial to access protected health information.

Procedures:

1. The Practice will review a denial for access to protected health information when requested by the individual, in the following situations:

 (a) 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;

 (b) The protected health information makes reference to another person (unless such other person is 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 substantial harm to such other person; or

 (c) The request for access is made by the 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.

2. All denial reviews will be conducted by a licensed health care professional who is designated by the Practice to act as a reviewing official and who did not participate in the original decision to deny.

3. The designated reviewing official will be determined on a case by case basis by the Privacy Officer.

4. Practice medical records personnel will promptly refer a request for review to the designated reviewing official.

5. The designated reviewing official will determine, within a reasonable period of time, whether or not to deny the access requested based on the applicable standards.

6. Practice medical records personnel will promptly provide written notice to the individual of the determination of the designated reviewing official and take other action as required to carry out the designated reviewing official’s determination.

7. This policy and procedure will be documented and retained for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later.

8. Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer.

**Individual Rights to PHI – Accepting Requests for Amendments to PHI**

Purpose:

Under HIPAA, individuals have the right to request an amendment or correction to their protection health information. Entities have the right to deny the request to amend or correct protected health information. Unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment, this provision applies to protected health information created by the covered entity. For both of those situations, Summerfield Family Dentistry has created policies and procedures to address the issue and to comply with any applicable laws.

Policy:

1. Summerfield Family Dentistry will provide for an individual to request an amendment to their protected health information or a record in a designated record set for as long as the information is maintained in the designated record set.

2. Summerfield Family Dentistry will allow an individual’s request to amend protected health information that was not created by the Summerfield Family Dentistry if provided a reasonable basis to believe that the originator of the information is no longer available to act on the request.

Procedure:

1. Practice medical records personnel will be responsible for receiving, processing, and responding to requests for amendments to protected health information.

2. All individual requests for amendments to protected or other health information will be in writing and directed to “Medical Records”.

3. Practice medical records personnel will inform the individual that it requires individuals to make requests in writing.

4. Individuals must document the reason(s) to support the requested amendment.

5. The request will be referred to a designated health care professional for review. This health care professional will be selected by the Practice on a case-by-case basis.

6. An individual’s request for amendment may be denied if the requested protected health information or record:

 (a) Was not created by the Practice;

 (b) Is not part of the designated record set;

 (c) Would not be available for inspection under the requirements for individual rights to access protected health information; or

 (d) Is accurate and complete.

7. If the requested amendment is denied, the Practice will follow the procedures outlined in the privacy policy entitled “Denying Requests for Amendments to PHI”.

8. Practice medical records personnel will inform the individual no later than 60 days after receipt of such a request if the amendment is accepted.

9. The time period for the action by the Practice will be extended by no more than 30 days.

10. If the time period for action is extended, Practice medical records personnel will, within 30 days after receipt of the request, provide the individual with a written statement of the reasons for the delay and the date by which the Practice will complete action on the request.

11. The time period for action will not be extended more than once.

12. If the requested amendment is accepted, Practice medical records personnel will:

 (a) Make the appropriate amendment; or

 (b) Arrange to have the necessary health care professional make the amendment.

13. Upon accepting and completing a requested amendment, Practice medical records personnel will perform the following tasks:

 (a) Inform the individual, in a timely manner, and obtain the individual’s identification of and agreement to have the Practice notify the relevant persons with which the amendment needs to be shared;

 (b) Make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by the individual as needing the amendment;

 (c) Make reasonable efforts to inform and provide the amendment within a reasonable time to persons, including business associates that the Practice knows have the affected protected health information and that may have relied, or could foreseeably rely, on such information to the detriment of the individual.

14. In completing the amendment, Practice medical records personnel will, at a minimum, identify the affected information in the designated record set and append or otherwise provide a link to the location of the amendment.

15. In the event that another covered entity notifies the Practice of an amendment to an individual’s protected health information, Practice medical records personnel will amend the respective information by, at minimum, identifying the affected information in the designated record set and appending or otherwise providing a link to the location of the amendment.

16. This policy and procedure will be retained for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later.

**Denying Requests for Amendments to PHI**

Purpose:

Under HIPAA, individuals have the right to request an amendment or correction to their protected health information, or a record about the individual for as long as that information is contained in a designated record set. Entities have the right to deny the request to amend or correct protected health information. Unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment, this provision applies to protected health information created by the covered entity. Summerfield Family Dentistry has created policies and procedures to address this issue and to comply with any applicable laws.

Policy:

1. Summerfield Family Dentistry permits an individual to request an amendment or correction to their protected health information or a record in a designated record set for as long as the information is maintained in the designated record set.

2. Summerfield Family Dentistry may deny an individual’s request for amendment if it determines that the requested protected health information or record:

 (a) Was not created by the Practice, unless the individual provides a reasonable basis to believe that the originator or protected health information is no longer available to act on the requested amendment;

 (b) Is not part of the designated record set;

 (c) Would not be available for inspection under the requirements for individual rights to access protected health information; or

 (d) Is accurate and complete.

Procedure:

1. Practice medical records personnel will be responsible for receiving, processing, and responding to requests for amendments to protected health information.

2. All individual requests for amendments to protected or other health information will be in writing, and directed to Practice medical records personnel.

3. Practice medical records personnel will inform the individual that it requires individuals to make requests for amendments in writing.

4. Individuals must document the reason(s) to support the requested amendment.

5. The request will be referred to a designated health care professional for review, who will be selected by the Practice on a case-by-case basis.

6. Practice medical records personnel will inform the individual no later than 60 days after the individual’s request if the amendment is denied.

7. On occasions where the Practice needs more than 60 days to make a decision, the time period for the action will be extended by no more than 30 days provided that:

 (a) The Practice will provide the individual with a written statement of the reasons for the delay and the date by which the Practice will complete the action on the request; and

 (b) The Practice will not extend the time period for action more than once.

8. Upon denying an amendment in whole or in part, the Practice will provide the individual with a written denial in accordance with the time frames outlined in Procedures #6 and #7.

9. The denial will be written in plain language and will contain the following:

 (a) The basis for denial;

 (b) The individual’s right to submit a written statement disagreeing with the denial;

 (c) A description of how the individual may file such a statement;

 (d) A description of how the individual may file a complaint to the Practice pursuant to its complaint procedures including the name or title and telephone number of the contact person or office designated to receive such complaints.

 (e) A description of how the individual may file a complaint with the Department of Health and Human Services;

 (f) The following statement:

 IF INDIVIDUAL DOES NOT SUBMIT A STATEMENT OF

DISAGREEMENT, THEN INDIVIDUAL MAY REQUET THE PRACTICE

TO PROVIDE THE INDIVIDUAL’S REQUEST FOR AMENDMENT

AND THE DENIAL WITH ANY FUTURE DISCLOSURES OF

THE PROTECTED HEALTH INFORMATION THAT IS THE SUBJECT

OF THE AMENDMENT.

10. If the individual provides a statement of disagreement, the Practice will prepare a written rebuttal to the individual’s statement of disagreement.

11. The Practice will provide the individual with a copy of the above rebuttal.

12. The Practice will append or otherwise link the following to the designated record set or protected health information that is the subject of the disputed amendment:

 (a) The individual’s request for an amendment;

 (b) The denial of the request;

 (c) The individual’s statement of disagreement, if any; and

 (d) The Practice’s rebuttal, if any.

13. Any subsequent disclosures of the protected health information to which an individual’s written disagreement relates will include the following:

 (a) The material appended as described above; or

 (b) An accurate summary of any such information.

14. Subsequent disclosures will be transmitted separately from a standard transaction if the standard transaction does not allow the information in Procedure #13 to be transmitted.

15. If the individual has not submitted a written statement of disagreement, the Practice will include the individual’s request for amendment and the Practice’s denial, or an accurate summary of such information, with any subsequent disclosure of the protected health information only if the individual has requested such action.

16. This policy and procedure will be retained for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later.

**Identifying when Routine Health Information Becomes PHI**

Purpose:

Summerfield Family Dentistry is committed to ensuring the privacy and security of patient health information. To support this commitment, Summerfield Family Dentistry will ensure that the appropriate steps are taken to properly identify and secure individuals’ protected health information as required under 45 CFR Part 164 and other applicable federal, state, and/or local laws and regulations.

Policy:

1. The following information will be designated as protected health information: Any health information, including demographic information collected from an individual, transmitted or maintained in any form or medium, that:

 (a) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and

 (b) 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.

2. Routine health information meeting the above definition will be automatically designated as protected health information immediately upon its creation or receipt by the Practice.

3. The Practice will adhere to all applicable laws, regulations, policies, and procedures when maintaining, using, and disclosing protected health information.

Procedures:

1. In the event of a discrepancy, the following persons, respectively, will be responsible for designating routine health information as protected health information:

 (a) Practice clinical operations personnel

 (b) Privacy Officer

**Creating De-Identified Information**

Purpose:

Summerfield Family Dentistry is committed to ensuring the privacy and security of patient health information. Federal law allows certain health care organizations to use or disclose protected health information for the purpose of creating de-identified information – that is, information that has been stripped of any elements that may identify the patient, such as name, birth date, or social security number. Summerfield Family Dentistry will, from time to time, use de-identified data for various purposes such as utilization research. In doing so, we will ensure that the appropriate administrative and technical processes are in place to properly de-identify protected health information, as well as to secure any methods of re-identification, as required under 45 CFR §164.514(a) and other applicable federal, state, and/or local laws and regulations.

Policy:

1. Summerfield Family Dentistry will created de-identified information for the following purposes:

 (a) Utilization review

 (b) Research

2. De-identification of information will be performed only under the close supervision of the Privacy Officer, who shall have appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable.

3. De-identified information will not be disclosed if those Practice employees creating or disclosing the information, or any other employees of the Practice, have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

Procedures:

1. The Practice will make decisions as to whether protected health information should be de-identified.

2. The reason for de-identification will be documented and maintained.

3. The following individually identifying elements will be removed or otherwise concealed from protected health information in order to create de-identified information:

 (a) Names;

(b) All elements of dates (except year) for dates directly related to an individual, including:

 \*Birth date

 \*Admission date

 \*Discharge date

 \*Date of death

 \*All ages over 89

 \*All elements of dates (including year) indicative of age 89, except that such ages and elements may be aggregated into a single category of age 90 or older;

 (c) Telephone numbers;

 (d) Fax numbers;

 (e) Electronic mail addresses;

 (f) Social security numbers;

 (g) Medical record numbers:

 (h) Health plan beneficiary numbers;

 (i) Account numbers;

 (j) Certificate/license numbers;

 (k) Vehicle identifiers and serial numbers, including license plate numbers;

 (l) Device identifiers and serial numbers;

 (m) Web Universal Resource Locators (URLs);

 (n) Internet Protocol (IP) address numbers;

 (o) Biometric identifiers, including finger and voice prints;

 (p) Full face photographic images and any comparable images;

 (q) All geographic subdivisions smaller than a state, including:

 \*Street address

 \*City

 \*County

 \*Precinct

 \*Zip codes, and their equivalent geocodes

 (r) Any other unique identifying number, characteristic, or code;

 (s) The initial 3 digits of a zip code may be used if, according to the current publicly available data from the Bureau of the Census: (1) the geographic unit formed by combining all zip codes with the same 3 initial digits contains more than 20,000 people; and (2) the initial 3 digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

4. If any of the listed identifiers are not removed, then the information will only be disclosed when Practice personnel:

 (a) Determine that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information, and

 (b) Document the methods and results of the analysis that justify such determination.

5. The code or other means of record identification used to re-identify information will not be derived from or related to information about the individual and should not otherwise be capable of being translated so as to identify the individual.

6. Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer.

**Disclosing and Requesting only the Minimum Amount of PHI Necessary**

Purpose:

Summerfield Family Dentistry is committed to ensuring the privacy and security of patient health information. While patient information must be available to health care professionals in the process of ensuring proper care, we should avoid disclosing more patient information than needed to perform our respective duties. To support the Practice’s commitment to patient confidentiality, Summerfield Family Dentistry will ensure that the appropriate steps are taken to disclose only the minimum amount of protected health information necessary to accomplish the particular use or disclosure, as required under 45 CFR §164.502(b), and other applicable federal, state, and/or local laws and regulations.

Policy:

1. Summerfield Family Dentistry employees will follow proper procedures to ensure that only the minimum amount of patient health information necessary to accomplish the specific purpose of a use or disclosure is actually used or disclosed.

2. Summerfield Family Dentistry employees will request only the minimum amount of patient health information necessary to accomplish the specific purpose of the request.

3. This policy does not apply to the following uses or disclosures:

 (a) Disclosure to or requests by a provider for treatment;

 (b) Uses or disclosure made to the individual who is the subject of the information;

 (c) Uses or disclosure pursuant to an authorization;

 (d) Disclosure made to the Department of Health and Human Services;

 (e) Uses or disclosures required by law; and

 (f) Uses or disclosure required for compliance with applicable laws and regulations.

Procedures:

1. All proposed uses or disclosures of patient health information will be reviewed by persons having an understanding of the Practice’s privacy policies and practices, and sufficient expertise to understand and weigh the necessary factors.

2. The Practice will only use, disclose, or request an entire medical record when the entire medical record is specifically justified as being reasonably necessary to accomplish the purpose of the use, disclosure, or request.

3. Within the Practice, the following classes of personnel require and will maintain the indicated levels of access to protected health information on a routine basis to appropriately accomplish their duties and responsibilities:

 (a) Medical records personnel

 (1) Complete access to clinical operation record set; condition =

 (2) Partial access to patient account record set; condition =

 (b) Reimbursement personnel

 (1) Complete access to clinical operation record set; condition =

 (2) Partial access to patient account record set; condition =

4. Access to protected health information will be reasonably limited to that described in Procedures #3 by utilizing access control systems.

5. The following criteria will be used in limiting the amount of protected health information requested, used, or disclosed by Practice personnel:

 (a) Does the requesting individual have complete understanding of the purpose for the request, use, or disclosure of the protected health information?

 (b) Are all of the individuals identified for whom the use or disclosure of the protected health information is required?

6. Requests for disclosures of protected health information will be reviewed on an individual basis in accordance with criteria listed in the policy.

7. Practice personnel may reasonably rely on requests by:

 (a) Public health and law enforcement agencies in determining the minimum necessary information for certain disclosures;

 (b) Other covered entities in determining the minimum necessary information for certain disclosures; or

 (c) By a professional who is a member of its workforce or is a business associate of the Practice for the purpose of providing professional services to the Practice, if the professional represents that the information requested is the minimum necessary for the stated purpose.

8. In the event of disclosures for research purposes, the Practice will review the documentation of required Institutional Review Board or other approval in determining the minimum amount of protected health information necessary.

9. Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer.

**Authorization to Use or Disclose PHI**

Purpose:

HIPAA requires a covered entity to obtain authorization to use or disclose protected health information for all purposes not explicitly permitted under the regulations. 45 CFR §164.508(b)(4); §164.508(c); §164.508(d). As such, Summerfield Family Dentistry has created the following policies and procedure to comply with all applicable laws and regulations.

Policy:

1. Summerfield Family Dentistry will comply with the requirements set forth in 45 CFR §164.508(d) to request authorization to use or disclose protected health information.

2. Except as stated in these privacy policies and procedures, Summerfield Family Dentistry will not condition services on the provision of an authorization.

Procedure:

1. The authorization will be written in plain language.

2. Any authorization initiated by the Practice for the disclosure of protected health information will contain the following:

 (a) a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;

 (b) a description of each purpose of the requested use or disclosure;

 (c) the name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;

 (d) the name of other specific identification of the person(s), or class of persons, to whom the Practice may make the requested use or disclosure;

 (e) an expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;

 (f) statement of the individual’s right to revoke the authorization in writing and the exceptions to the right to revoke;

 (g) a description of how the individual may revoke the authorization;

 (h) a statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected by 45 CFR §164;

 (i) the signature of the individual; or signature of personal representative with a description of the personal representative’s authority to act for the individual and documentation of verification of that identity with date;

 (j) a statement that the individual may refuse to sign the authorization;

 (k) for marketing uses or disclosures, if applicable, a statement that the use or disclosure of the requested information will result in direct or indirect remuneration to the Practice form a third party;

 (l) a statement that the Practice will not condition treatment, payment, enrollment in the health plan, or eligibility for benefits on the individual’s providing authorization for the requested use or disclosure, except as provided in these privacy policies and procedures.

3. In addition, as part of the authorization process, the Practice will provide individuals with any facts they need to make an informed decision as to whether to allow release of the information.

4. The Practice will document and retain the signed authorization for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later.

5. The Practice will provide the individual with a copy of the signed authorization.

6. The authorization will not be combined with another document to create a compound authorization, unless:

 (a) the other document is a similar such authorization;

 (b) the authorization is for the use or disclosure of protected health information created for research that includes treatment of the individual.

**Conditioning Services or Eligibility on the Provision of an Authorization to Disclose PHI – Health Plans**

Purpose:

Generally, Summerfield Family Dentistry may not condition the provision of treatment, payment, enrollment, or eligibility for benefits on the provision of an authorization to use or disclose an individual’s protected health information. However, certain exceptions apply. Summerfield Family Dentistry is committed to ensuring that all patients receive the highest quality of care and services, and therefore will take necessary steps to comply with applicable laws and regulations regarding the conditioning of services on an authorization.

Policy:

1. Summerfield Family Dentistry may condition the following on the provision of an authorization requested by the Practice:

 (a) enrollment in health plan or eligibility for benefits if the authorization is requested by Summerfield Family Dentistry prior to an individual’s enrollment, and if the authorization is sought for the health plan’s eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations;

 (b) payment of a claim for specified benefits if the disclosure is necessary to determine payment of such claim;

 (c) the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party for the disclosure of the protected health information to such third party.

2. Summerfield Family Dentistry will not condition enrollment, eligibility, or payment of a claim on the provision of an authorization for the use or disclosure of psychotherapy notes.

Procedures:

1. All requests for disclosures of protected health information that require authorization will be directed to Practice medical records personnel.

2. Practice patient accounts personnel, in close consultation with the requesting party, will determine the nature of the request and whether it is necessary to condition payment or services on obtaining the authorization. The policies stated herein will be the deciding factors.

3. If such conditions are determined necessary, the Practice patient accounts personnel will inform the enrollee, potential enrollee, or applicable provider, including the reason for the conditioning of services.

**Individual Revocation of an Authorization to Disclose PHI**

Purpose:

As organizations request authorization from individuals to use their protected health information, there will be cases where individuals will initially grant authorization only to later change their minds. In these instances, Summerfield Family Dentistry has created policies and procedures to accommodate individuals who may wish to revoke their authorization.

Policy:

1. Summerfield Family Dentistry will allow an individual to revoke an authorization to use or disclose their protected health information, except in situations where:

 (a) Summerfield Family Dentistry has taken action in reliance thereon;

 (b) the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

2. Summerfield Family Dentistry will take all necessary steps to honor and comply with an individual revocation of an authorization to use or disclose protected health information, unless stated otherwise in this policy.

Procedure:

1. Summerfield Family Dentistry will not impose a time restriction on when an individual may revoke authorization to use or disclose their protected health information.

2. Summerfield Family Dentistry will require individuals to request the revocation of authorization to use or disclose protected health information in writing.

**Prohibiting the Use of an Invalid Authorization to Disclose PHI**

Purpose:

When obtaining an authorization for the use or disclosure of protected health information, it is important that the document contain all necessary information. If not, the authorization is defective and therefore invalid. Summerfield Family Dentistry has created policies and procedures addressing how an authorization could be defective to assist in preventing invalid authorizations.

Policy:

1. Summerfield Family Dentistry prohibits the use of an invalid authorization to use or disclose protected health information.

2. An authorization will become invalid in the event that Summerfield Family Dentistry knows that the authorization has been revoked.

Procedures:

1. Summerfield Family Dentistry will invalidate an authorization upon the following events:

 (a) the expiration date has passed or the expiration event is known by the Practice to have occurred;

 (b) all of the required elements of the authorization have not been completely filled out, as applicable;

 (c) the authorization lacks any of the required elements specified in these policies and procedures as required for the purpose of applicable use or disclosure;

 (d) the authorization is inappropriately combined with any other document to create a compound authorization

 (e) if any material information in the authorization is known by the Practice to be false.

**Authorization for the Use or Disclosure of Psychotherapy Notes**

Purpose:

In most cases HIPAA requires that covered entities obtain individual authorization before using or disclosing psychotherapy notes. Summerfield Family Dentistry is committed to ensuring that it obtains valid authorization for its use or disclosure of protected health information, specifically psychotherapy notes. Psychotherapy notes mean any notes recorded (in any medium) by a health care provider who is a mental health professional. These notes could be 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 do not include 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.

Policy:

1. Summerfield Family Dentistry will obtain an individual’s authorization prior to use or disclosure of psychotherapy notes.

2. Summerfield Family Dentistry will use or disclose psychotherapy notes in the following instances without obtaining authorization:

 (a) to carry out treatment, payment, or healthcare operations, as long as those functions are consistent with the consent requirements:

 \*for use by the originator of the psychotherapy notes for treatment;

 \*use or disclosure by the Practice in training programs in which students,

trainees, or practitioners in mental health learn under supervision to practice

or improve their skills in group, joint, family, or individual counseling;

\*use or disclosure by the Practice to defend a legal action or other proceeding brought by the individual.

 (b) use or disclosure that is required by 45 CFR §164.502(a)(2)(ii) compliance investigations;

 (c) use or disclosure permitted by 45 CFR §164.512(a) as required by law;

 (d) use or disclosure permitted by 45 CFR §164.512(d), health oversight with respect to the oversight of the originator of the psychotherapy notes;

 (e) use or disclosure permitted by 45 CFR §512(g)(1), decedents;

 (f) use or disclosure permitted by 45 CFR §512(j)(1)(i), threat to public safety.

Procedure:

1. The Practice will not condition treatment of an individual on a requirement that the individual provide a specific authorization for the disclosure of psychotherapy notes.

2. The authorization will be written in plain language.

3. The authorization may only be combined with another authorization for a use or disclosure of psychotherapy notes.

4. Any authorization for the use or disclosure of psychotherapy notes will contain the following:

 (a) a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;

 (b) the name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;

 (c) the name of other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure;

 (d) the signature of the individual and date;

 (e) an expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;

 (f) a statement of the individual’s right to revoke the authorization in writing and the exceptions to the right to revoke;

 (g) a description of how the individual may revoke the authorization;

 (h) a statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by 45 CFR §164.

5. In the event that the authorization is signed by a personal representative of the individual, the authorization will contain a description of the representative’s authority to act for the individual.

6. The Practice will invalidate the authorization if:

 (a) the expiration date has passed or the expiration event is known by the Practice to have occurred;

 (b) any material information in the authorization is known by the covered entity to be false;

 (c) the requirements of the authorization have not been completely filled out.

7. The Practice will document and retain the signed authorization for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later.

**Using PHI for Involvement in and Notification of the Individual’s Care**

Purpose:

For the benefit of patient care and public health, Summerfield Family Dentistry sometimes needs to use or disclose protected health information to a patient’s family member or others involved in the patient’s care in order to ensure quality care, or to notify family members or others of the patient’s condition or location. In these situations, when the patient is present and capacitated, the Practice must provide the patient with an opportunity to agree or disagree to the use or disclosure of such information, and if agreement is obtained, is not required to obtain the written consent or authorization of the patient. Employees may orally inform the individual of and obtain the individual’s oral agreement or objection to such uses or disclosures.

Policy:

1. Summerfield Family Dentistry may disclose to a family member, other relative, close personal friend, or any other person identified by the patient, protected health information that is directly relevant to such person’s involvement with or payment related to the patient’s care.

2. Summerfield Family Dentistry may use or disclose a patient’s protected health information to notify, or assist in the notification (including identifying or locating), a family member, a personal representative of the patient, or another person responsible for the care of the patient of the patient’s location, general condition, or death.

3. Summerfield Family Dentistry will follow all applicable laws and regulations when disclosing protected health information relevant to a patient’s care or for notification to the patient’s family member, friend, or any other person identified by the individual.

Procedures:

1. The Practice will seek agreement from all individuals upon admission to disclose their protected health information relevant to the patient’s care to the patient’s identified family member, friend, or any other person identified by the patient.

2. If necessary given the condition of the patient or critical circumstances involved, the Practice may reasonably infer from the circumstances, based on the exercise of professional judgment, that the individual does not object to the disclosure of health information relevant to the patient’s care to the patient’s family member, friend, or any other person identified by the individual.

3. The Practice may reasonably infer from the circumstances, based on the exercise of professional judgment, that protected health information relevant to the patient’s care may be disclosed to notify, or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual’s death.

4. The Practice may use or disclose protected health information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with the entity to notify, or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual’s location, general condition, or death.

5. In the event that the individual is not present for, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual’s incapacity or an emergency circumstance, the Practice may in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is directly relevant to the person’s involvement with the individual’s health care.

6. Appropriate Practice personnel may use professional judgment and their experience with common practice to make reasonable inferences of a patient’s best interest in allowing a person to act on behalf of the patient to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information.

7. Appropriate Practice personnel will exercise professional judgment in determining that disclosing protected health information pursuant to the applicable policies and procedures herein, when the patient is present or when the patient is not present, will interfere with the ability to respond to the emergency circumstances.

8. Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer.

**Disclosing PHI as Required by Law**

Purpose:

A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. This policy is designed to give guidance and ensure compliance with all relevant laws and regulations when using or disclosing protected health information as required by law.

Policy:

1. If federal, state, and/or local law require a use or disclosure of protected health information, Summerfield Family Dentistry may use or disclose protected health information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law.

2. Summerfield Family Dentistry will refer to specific policies and procedures to determine whether or not Summerfield Family Dentistry must obtain consent, authorization, or give the individual the opportunity to agree or object to use or disclose protected health information.

Procedures:

1. Summerfield Family Dentistry may use or disclose protected health information to the extent that such use or disclosure is required by law including, but not limited to:

 (a) for public health activities required by law;

 (b) for disclosures about victims of abuse, neglect, or domestic violence;

 (c) in order to comply with judicial release;

 (d) to comply with law enforcement;

 (e) for health release;

 (f) to avert serious threat;

 (g) to comply with special government functions or requests.

2. When disclosing protected health information in accordance with procedure #1, the Practice will follow the policies and procedures relating to the applicable policy.

3. Personnel receiving a request form an individual or entity for use or disclosure of protected health information will utilize Practice file systems to determine whether the requesting individual is a person with whom the Practice has a knowing relationship.

4. Practice personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information.

5. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

6. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

7. Practice medical records personnel will appropriately document the request and delivery of the protected health information.

8. In the event that the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, Practice personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

9. Knowledge of a violation or potential violation of this policy will be reported directly to the Privacy Officer.

**Disclosing PHI for Public Health Release**

Purpose:

According to 45 CFR §164.512(b), covered entities are permitted to disclose protected health information to public health authorities for a full range of public health activities carried out by federal, state, and local public health authorities. The actual authorities and terminology used for public health activities will vary under different jurisdictions. This policy is designed to provide guidance and to ensure full compliance with all applicable laws related to the use and disclosure of protected health information for public health release purposes.

Policy:

Summerfield Family Dentistry may disclose protected health information for public health activities and purposes to public health authorities, entities, and persons authorized by law to receive such information.

Procedures:

1. The Practice may disclose protected health information to a public health authority that is authorized by law to collect or receive such information (or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority) for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to the reporting of:

 (a) disease;

 (b) injury;

 (c) vital events such as birth or death; and

 (d) the conduct of public health surveillance, public health investigations, and

public health interventions.

2. The Practice may disclose protected health information to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.

3. The Practice may disclose protected health information to a person subject to the jurisdiction of and required or directed to report such information to the Food and Drug Administration in order to:

 (a) report adverse events (or similar reports with respect to food or dietary supplements); product defects or problems (including problems with the use or labeling of a product); biological product deviations;

 (b) track products;

 (c) enable product recalls, repairs, or replacement (including locating and notifying individuals who have received products of product recalls, withdrawals, or other problems);

 (d) conduct post-marketing surveillance to comply with requirements or at the direction of the Food and Drug Administration.

4. The Practice may disclose protected health information to a person who may have been exposed to a communicable disease; or may otherwise be at risk of contracting or spreading a disease, if the Practice or a public health authority is authorized by law to notify such person in the conduct of a public health intervention or investigation.

5. The Practice may disclose protected health information to an employer about an individual who is a member of the employer’s workforce if the Practice either provides health care to the individual at the request of the employer; or is a member of the employer’s workforce:

 (a) to conduct an evaluation relating to medical surveillance of the workplace;

 (b) to evaluate whether the individual has a work-related illness or injury;

 (c) if the protected health information that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance;

 (d) if the employer needs such findings in order to comply with its obligations under 29 CFR §§1904-1928, 30 CFR §§50-90, or under state law having a similar purpose, to record such illness or injury or to carry out responsibilities for workplace medical surveillance.

 (e) The Practice provides written notice to the individual that protected health information relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer:

 \*by giving a copy of the notice to the individual at the time the health care is provided; or

 \*if the health care is provided on the work site of the employer, by posting the notice in a prominent place at the location where the health care is provided.

6. If the Practice is a public health entity, it will use protected health information in all cases in which it is permitted to disclose such information for public health activities.

7. Practice personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize Practice files and/or systems to determine whether the requesting individual is a person with whom the Practice has a knowing relationship.

8. Practice personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information.

9. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

10. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

11. Practice medical records personnel will appropriately document the request and delivery of the protected health information.

12. In the event that the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

13. Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer.

**Disclosing PHI about Victims of Abuse, Neglect, or Domestic Violence**

Purpose:

Covered entities are required to exercise professional judgment in conjunction with applicable statutes and regulations when disclosing protected health information regarding an individual who is a possible victim of abuse, neglect, or domestic violence. Summerfield Family Dentistry has developed this policy to ensure any use or disclosure of protected health information related to victims of abuse, neglect, or domestic violence is in compliance with all applicable laws and regulations.

Policy:

Summerfield Family Dentistry may disclose protected health information about an individual whom it reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive such reports.

Procedures:

1. The Practice may disclose protected health information about an individual whom the Practice reasonably believes to be a victim of abuse, neglect, or domestic violence:

 (a) to the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law; or

 (b) if the individual agrees to the disclosure (communication between the Practice and the individual, including agreement, may be oral); or

 (c) to the extent the disclosure is expressly authorized by statute or regulation and:

 (i) The Practice, in the exercise of professional judgment, believes the disclosure to be necessary to prevent serious harm to the individual or other potential victims; or

 (ii) if the individual is incapacitated and unable to agree to disclosing their protected health information, a law enforcement or public official authorized to receive the report must represent that the protected health information for which disclosure is sought is not intended to be sued against the individual. The official must also represent that immediate enforcement activity is dependent upon the disclosure and would be adversely affected by waiting until the individual is able to agree to the disclosure.

2. If the Practice discloses protected health information about an individual in accordance with Procedure #1, the Practice will promptly inform the individual that such a disclosure has been or will be made except when the Practice:

 (a) in the exercise of professional judgment, believes informing the individual would place him/her at risk of serious harm; or

 (b) would be informing a personal representative, and the Practice reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interest of the individual as determined the Practice in the exercise of professional judgment.

3. The Practice will report child abuse or neglect without restriction to the public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.

4. Practice personnel receiving a request from an individual or entity for use or disclosure of protected health information will utilize Practice files and systems to determine whether the requesting individual is a person with whom the Practice has a knowing relationship.

5. Practice personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting protected health information.

6. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

7. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

8. Practice medical records personnel will appropriately document the request and delivery of the protected health information.

9. In the event that the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, Practice personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

10. Knowledge of a violation or potential violation of this policy will be reported directly to the Privacy Officer.

**Disclosing PHI for Health Oversight Release**

Purpose:

A covered entity may use or disclose Protected Health Information without individual authorization for health oversight activities pursuant to 45 CFR §164.512. Summerfield Family Dentistry is committed to ensuring the privacy of patient health information. To support this commitment, Summerfield Family Dentistry will ensure any use or disclosure of Protected Health Information for health oversight release is in compliance with all applicable laws and regulations. This policy is designed to provide guidance when using or disclosing Protected Health Information for health oversight activities, while protecting patient health information in our possession.

Policy:

1. Summerfield Family Dentistry may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings; except as other stated in this policy and procedure.

2. If a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits unrelated to health, Summerfield Family Dentistry considers the joint activity or investigation to be a health oversight activity.

3. Summerfield Family Dentistry will not disclose protected health information without authorization in cases where an individual is the subject of the investigation or other activity if such investigation or other activity does not arise out of and is not directly related to:

 (a) the receipt of health care;

 (b) a claim for public benefits related to health;

 (c) qualification for or receipt of public benefits or services when a patient’s

health is integral to the claim for public benefits or services.

Procedures:

1. The Practice will disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigation; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the following:

 (a) the health care system;

 (b) government benefits programs for which health information is relevant to beneficiary eligibility;

 (c) entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards;

 (d) entities subject to civil rights laws for which health information is necessary for determining compliance.

2. The Practice will disclose protected health information without authorization to a health oversight agency if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health.

3. Practiced personnel receiving a request form an individual or entity for use or disclosure of protected health information will utilize Practice files and systems to determine whether the requesting individual is a person with whom the Practice has a knowing relationship.

4. Practice personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting protected health information.

5. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

6. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

7. Practice medical records personnel will appropriately document the request and delivery of the protected health information.

8. In the event that the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Office in a timely manner.

9. Knowledge of a violation or potential violation of this policy will be reported directly to the Privacy Officer.

**Disclosing PHI for Judicial and Administrative Release**

Purpose:

Summerfield Family Dentistry is committed to ensuring the privacy and security of patient health information. For most disclosures other than the usual course of treatment, payment, or health care operations, we must obtain individual authorization before using or disclosing the individual’s protected health information. However, protected health information may be disclosed pursuant to a judicial or administrative process without the written consent or authorization of the individual, or the opportunity for the individual to agree or object, in the situations and subject to the applicable requirements of 45 CFR §164.152. To support our commitment to patient confidentiality, Summerfield Family Dentistry will ensure any use or disclosure of protected health information for judicial and/or administrative release is in compliance with all applicable laws and regulations. From time to time an order from a court or administrative tribunal may request protected health information. This policy has been developed to provide guidance and to ensure full compliance with such requests, while protecting patient health information in our possession.

Policy:

1. Summerfield Family Dentistry will comply with all lawful and appropriate requests from regulatory and judicial authorities and may disclose protected health information necessary to respond to:

 (a) a subpoena, grand jury subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal;

 (b) a subpoena, discovery request, or other lawful process that is accompanied by an order of a court of administrative tribunal.

2. Disclosures will be made of only that protected health information that is expressly authorized in an appropriate request, such as in response to a subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal.

Procedures:

1. The Practice will disclose protected health information only after obtaining satisfactory assurance form the requesting party that they have made reasonable efforts to provide notice to the individual who is the subject of the requested protected health information or to secure a qualified protective order.

2. The Practice will obtain a written statement and accompanying documentation demonstrating that a notice has been given to the individual that contained 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.

3. Where reasonable efforts have been made to ensure that the individual has been given notice of the request, the Practice will obtain from the requesting party a written statement and accompanying documentation demonstrating that:

 (a) Time for raising objections to the court or administrative tribunal has elapsed; and

 (b) No objections were filed; or

 (c) The court has resolved all objections filed by the individual or the administrative tribunal, and the disclosures being sought are consistent with such resolution.

4. Where reasonable efforts have been made to secure a qualified protective order, the Practice will obtain from the requesting party a written statement and accompanying documentation demonstrating that:

 (a) 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

 (b) Party seeking the protected health information has requested a qualified protective order from such court or administrative tribunal.

5. Practice personnel receiving a request from an individual or entity for use or disclosure of protected health information will utilize Practice files and systems to determine whether the Practice has a knowing relationship with the requesting individual.

6. Practice personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting protected health information.

7. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

8. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

9. Practice medical records personnel will appropriately document the request and delivery of the protected health information.

10. In the event that the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

11. Knowledge of a violation or potential violation of this policy will be reported directly to the Privacy Officer.

**Disclosing PHI for Law Enforcement Release**

Purpose:

Summerfield Family Dentistry is committed to ensuring the privacy and security of patient health information. For most disclosures other than for treatment, payment, or health care operations, Summerfield Family Dentistry must obtain individual authorization before using or disclosing the individual’s protected health information. However, pursuant to a law enforcement process, and subject to the applicable requirements of 45 CFR §164.512, protected health information may be disclosed without the written consent or authorization of the individual, or the opportunity for the individual to agree or object. To support the Practice’s commitment to patient confidentiality, Summerfield Family Dentistry will ensure any use or disclosure or protected health information for law enforcement release is in compliance with all applicable laws and regulations. From time to time a law enforcement agency or court may request protected health information. This policy has been developed to provide guidance and to ensure full compliance with such requests, while protecting patient health information in Summerfield Family Dentistry’s possession.

Policy:

1. Summerfield Family Dentistry will disclose protected health information for law enforcement purposes to a law enforcement official if all applicable conditions have been met.

2. If a medical emergency is based off of a belief of abuse, neglect, or domestic violence, or for reports relating to child abuse or neglect, or instances where disclosure is limited by law, refer to Policy Disclosing Protected Health Information for Public Health Release.

Procedures:

1. The Practice will disclose protected health information without individual authorization in compliance with and as limited by the relevant requirements of a court order, court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena.

2. The Practice will disclose requested protected health information pursuant to an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, under the following conditions:

 (a) The Practice determines, in conjunction with the requesting party, that the information sought is relevant and material to a legitimate law enforcement inquiry.

 (b) The Practice determines, in conjunction with the requesting party, that the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

 (c) The Practice determines, in conjunction with the requesting party, that de-identified information could not reasonably be used.

3. Other than stated within this policy, the Practice will not disclose any protected health information related to an individual’s DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue 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.

4. The Practice will disclose the following protected health information 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 the Practice only disclose the following:

 (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.

5. The Practice will disclose to a law enforcement official protected health information that the Practice believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the Practice.

6. The Practice will, in providing emergency health care in response to a medical emergency, other than emergency care provided on the premises of the Practice, disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to:

 (a) the commission and nature of a crime;

 (b) the location of such crime or of the victim(s) of such crime; and

 (c) the identity, description, and location of the perpetrator of such crime.

7. The Practice will disclose protected health information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if the Practice has a suspicion that such death may have resulted from criminal conduct.

8. The Practice will disclose protected health information in response to a law enforcement official’s request for such information about an individual who is or is suspected to be a victim of a crime if the individual agrees to the disclosure.

9. In cases where the individual is suspected to be a victim of a crime and where the Practice is unable to obtain the individual’s agreement because of incapacity or other emergency circumstances, the Practice will:

 (a) obtain representation from the official that such information is needed to determine whether a violation of law by a person other than the victim occurred, and such information is not intended to be used against the victim;

 (b) obtain representation from the law enforcement official that immediate law enforcement activity which depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and

 (c) in the exercise of professional judgment, make a determination that the disclosure is in the best interest of the individual before disclosing protected health information.

10. Practice personnel receiving a request from an individual or entity for use or disclosure of protected health information will utilize the Practice files and systems to determine whether the requesting individual is a person with whom the Practice has a knowing relationship.

11. Practice personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting protected health information.

12. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

13. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

14. Practice medical records personnel will appropriately document the request and delivery of the protected health information.

15. In the event that the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, Practice personnel will refrain from disclosing the requested information and report the case to the Privacy Officer.

16. Knowledge of a violation or potential violation of this policy will be reported directly to the Privacy Officer.

**Disclosing PHI about Decedents**

Purpose:

Covered entities are permitted to disclose protected health information to coroners and medical examiners and to funeral directors, as necessary and consistent with applicable law. This policy is designed to give guidance an ensure compliance with applicable laws and regulations when disclosing protected health information to coroners, medical examiners, and funeral directors.

Policy:

Summerfield Family Dentistry will disclose protected health information to coroners, medical examiners, and funeral directors pursuant to applicable law.

Procedures:

1. The Practice will disclose protected health information about a deceased person, without individual authorization, to coroners, medical examiners, or funeral directors for the following purposes:

 (a) Identifying a deceased person, determining a cause of death, or other duties as authorized by law.

 (b) To assist funeral directors in carrying out their duties with respect to the decedent, including, if necessary, disclosing protected health information prior to, and in reasonable anticipation of, the individual’s death.

2. If the Practice performs the duties of a coroner or medical examiner, the Practice will use protected health information for the above purposes.

3. Practice personnel receiving a request from an individual or entity for use or disclosure of protected health information will utilize Practice files and systems to determine whether the requesting individual is a person with whom the Practice has a knowing relationship.

4. Practice personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting protected health information.

5. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

6. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

7. Practice medical records personnel will appropriately document the request and delivery of the protected health information.

8. In the event that the identity and legal authority of an individual or entity requesting protected health information cannot be verified, Practice personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner.

9. Knowledge of a violation or potential violation of this policy will be reported directly to the Privacy Officer.

**Disclosing PHI for Research Release**

Purpose:

A covered entity may use or disclose protected health information for research as provided under 45 CFR §164.512(I). Summerfield Family Dentistry is committed to ensuring the privacy and security of protected patient health information. To support this commitment, Summerfield Family Dentistry will ensure any use or disclosure of Protected Health Information for research purposes is in compliance with all applicable laws and regulations.

Policy:

1. Summerfield Family Dentistry will use or disclose protected health information for research, regardless of the source of funding for the research, except as otherwise stated in this policy.

2. Documentation shall be obtained indicating that an alteration to or waiver of the individual authorization required by 45 CFR §164.508 for use or disclosure of protected health information has been approved by the Summerfield Family Dentistry Institutional Review Board (IRB), established in accordance with 7 CFR 1c.107, 10 CFR 745.107, 14 CFR 1230.107, 15 CFR 27.107, 16 CFR 1028.107, 21 CFR 56.107, 22 CFR 225.107, 24 CFR 60.107, 28 CFR 46.107, 32 CFR 219.107, 34 CFR 97.107, 38 CFR 16.107, 40 CFR 26.107, 45 CFR 46.107, or 49 CFR 11.107 or by the Practice.

3. Summerfield Family Dentistry will obtain from the researcher representations required by law as described in the following procedures. 45 CFR §164.512(i)(1)(ii)(iii).

Procedure:

1. Documentation will be obtained indicating that an alteration to or waiver, in whole or in part, of the individual authorization required by 45 CFR §164.508 for use or disclosure of protected health information has been approved by the Practice.

2. Documentation of approval of an alteration or waiver must include the following information:

 (a) A statement identifying the Practice and the date on which the alteration of waiver of authorization was approved;

 (b) A brief description of the protected health information for which use or access has been determined to be necessary by the Practice;

 (c) A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures following the requirements of the Common Rule, including the normal review procedures.

 (d) A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures by a privacy board which reviews the proposed research at convened meetings at which a majority of the privacy board members are present, including at least one member who is not affiliated with the covered entity, not affiliated with any entity conducting or sponsoring the research, and not related to any person who is affiliated with any of such entities, and the alteration or waiver of authorization is approved by the majority of the privacy board members present at the meeting, unless the privacy board elects to use an expedited review procedure.

 (e) A statement that the Practice has determined that the alteration or waiver, in whole or in part, of authorization indicating:

 (1) The use or disclosure of protected health information involves no more than minimal risk to the individuals;

 (2) The alteration or waiver will not adversely affect the privacy rights and the welfare of the individuals;

 (3) The research could not practicably be conducted without the alteration or waiver;

 (4) The research could not practicably be conducted without access to and use of the protected health information;

 (5) The privacy risks to individuals whose protected health information is to be used or disclosed are reasonable in relation to the anticipated benefits if any to the individuals, and the importance of the knowledge that may reasonably be expected to result from the research;

 (6) There is an adequate plan to protect the identifiers from improper use and disclosure;

 (7) There is an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers, or such retention is otherwise required by law; and

 (8) There are adequate written assurances that the protected health information will not be re-used or disclosed to any other person or entity, except as required by law, for authorized oversight of the research project, or for other research for which the use or disclosure of protected health information would be permitted by this subpart.

3. Documentation of the alteration or waiver of authorization will be signed by the Practice as applicable.

4. The Practice will obtain from the researcher representations that:

 (a) Use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research;

 (b) No protected health information is to be removed from the Practice by the researcher in the course of the review;

 (c) The protected health information for which use or access is sought is necessary for the research purposes;

 (d) The use or disclosure is sought is solely for research on the protected health information of decedents;

 (e) Documentation, at the request of the Practice, of the death of such individuals; and

 (f) Representation that the protected health information for which use or disclosure is sought in necessary for research purposes.

5. Practice personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize Practice files and systems to determine whether the requesting individual is a person with whom the Practice has a knowing relationship.

6. Practice personnel will follow appropriate Practice policies and procedures for verifying the identity and authority of individuals requesting protected health information.

7. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

8. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by Practice employees or other persons who do not have appropriate access clearance to that information.

9. Practice medical records personnel will appropriately document the request and delivery of the protected health information.

10. In the event that the identity and legal authority of an individual or entity requesting protected health information cannot be verified, Practice personnel will refrain from disclosing the requested information and report the case to the privacy officer.

11. Knowledge of a violation or potential violation of this policy will be reported directly to the privacy officer.

**Disclosing PHI to Avert Serious Threat to Health and Safety**

Purpose:

Covered entities are permitted, consistent with applicable law and standards of ethical conduct, to disclose protected health information based on a reasonable belief that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. This policy provides guidance to ensure full compliance with all laws when using or disclosing protected health information to prevent or lessen a threat to the health or safety of a person or the public.

Policy:

1. Summerfield Family Dentistry, consistent with all applicable laws, will use or disclose protected health information, if Summerfield Family Dentistry, in good faith, believes 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. This policy provides guidance to ensure full compliance with all laws when using or disclosing protected health information to prevent or lessen a threat to the health or safety of a person or the public.

2. Summerfield Family Dentistry will make disclosures to persons or entities that are reasonably able to prevent or lessen the threat, including to the target of the threat. Further, Summerfield Family Dentistry will make such disclosures only when the belief is based upon Summerfield Family Dentistry’s actual knowledge, or in reliance on a credible representation by a person with apparent knowledge or authority.

Procedure:

1. Consistent with applicable law, standards of ethical conduct, and this policy, Summerfield Family Dentistry will use or disclose protected health information under the following circumstances:

 (a) To prevent or lessen a serious and imminent threat to the health and safety of a person or the public;

 (b) For law enforcement authorities to identify or apprehend an individual because of a statement by an individual admitting participation in a violent crime that the Practice reasonably believes may have caused serious physical harm to the victim;

 (c) For law enforcement authorities to identify or apprehend an individual where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody;

 (d) To identify or apprehend an individual pursuant to a statement made by the individual admitting participation in a violent crime that Summerfield Family Dentistry reasonably believes may have caused serious physical harm to the victim. The disclosure shall contain only that specific statement, and shall contain only the following protected health information:

* Name and address;
* Date and place of birth;
* Social Security number;
* ABO blood type and Rh factor;
* Type of injury;
* Date and time of treatment;
* Date and time of death, if applicable; and
* 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.

2. Summerfield Family Dentistry will not use or disclose protected health information for law enforcement authorities to identify or apprehend an individual because the individual makes a statement admitting participation in a violent crime that the Practice reasonably believes may have caused serious physical harm to the victim:

 (a) If such admission in participation is learned by the Practice in the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure, or counseling or therapy; or

 (b) If such admission in participation is learned by the Practice through request by the individual to initiate or to be referred for the treatment, counseling, or therapy to affect the propensity to commit the criminal conduct that is the basis for the disclosure.

3. Practice personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize Practice files and systems to determine whether the requesting individual is a person with whom the Practice has a knowing relationship.

4. Practice personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information.

5. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorized procedures.

6. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by Practice employees or other persons who do not have appropriate access clearance to that information.

7. Practice medical records personnel will appropriately document the request and delivery of protected health information.

8. In the event that the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, Practice personnel will refrain from disclosing the requested information and report the case to the Privacy Officer.

**Disclosing PHI for Worker’s Compensation**

Purpose:

A covered entity may disclose protected health information as authorized by and to comply with laws relating to workers’ compensation or other similar programs established by laws that provide benefits for work-related injuries or illness without regard to fault. This policy was developed to provide guidance and ensure compliance with applicable laws when disclosing protected health information related to workers’ compensation and other similar programs.

Policy

Summerfield Family Dentistry will disclose protected health information as authorized by and to comply with laws relating to workers’ compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Procedure:

1. Practice personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize Practice files and systems to determine whether the requesting individual is a person with whom Summerfield Family Dentistry has a knowing relationship.

2. Practice personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information.

3. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

4. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by Practice employees or other persons who do not have appropriate access clearance to that information.

5. Practice medical records personnel will appropriately document the request and delivery of the protected health information.

6. In the event that the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, Practice personnel will refrain from disclosing the requested information and report the case to the privacy officer.

7. Knowledge of a violation or potential violation of this policy will be reported directly to the privacy officer.

**Verification of Individuals or Entities Requesting Use or Disclosure of PHI**

Purpose:

Summerfield Family Dentistry is committed to ensuring the privacy and security of patient health information. In the normal course of business and operations, the Practice will receive many requests to disclose patient health information for various purposes. To support its commitment to patient confidentiality, Summerfield Family Dentistry will ensure that appropriate steps are taken to verify the identity and authority of individuals and entities requesting protected health information, as required under 45 CFR §164.514(h) and other applicable federal, state, and/or local laws and regulations.

Policy:

Summerfield Family Dentistry will take necessary steps to verify the identity and legal authority of persons requesting disclosure of protected health information.

Procedures:

1. In verifying the identity and legal authority of a public official or a person acting on behalf of the public official requesting disclosure of protected health information, Practice personnel will rely on the following, if such reliance is reasonable under the circumstances, when disclosing protected health information:

 (a) Documentation, statements, or representations that, on their face, meet the applicable requirements for a disclosure of protected health information;

 (b) Presentation of an agency identification badge, other official credentials, or other proof of government status if the request is made in person;

 (c) A written statement on appropriate government letterhead that the person is acting under the government’s authority;

 (d) Other evidence or documentation from an agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official;

 (e) A written statement of the legal authority under which the information is requested;

 (f) If a written statement would be impracticable, an oral statement of such legal authority;

 (g) A request that is made pursuant to a warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal that is presumed to constitute legal authority.

2. Practice personnel will rely on the exercise of professional judgment in making the following uses or disclosures of protected health information:

 (a) A use or disclosure for facility directories;

 (b) A use or disclosure to others in the involvement in the individual’s care, or acting on a good faith belief in making a disclosure to avert a serious threat to health and safety.

3. Practice personnel receiving a request from an individual or entity for use or disclosure of protected health information will utilize Practice files and systems to determine whether the Practice has a knowing relationship with the requesting individual.

4. Practice personnel will report any discrepancies in the verification of the identity and/or legal authority of an individual or entity requesting Protected Health Information to the privacy officer.

5. Once it is determined that use or disclosure is appropriate, Practice medical records personnel with appropriate access clearance will access the individual’s protected health information using proper access and authorization procedures.

6. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by Practice employees or other persons who do not have appropriate access clearance to that information.

7. Practice medical records personnel will appropriately document the request and delivery of the protected health information.

8. In the event that the identity and legal authority of an individual or entity requesting protected health information cannot be verified, Practice personnel will refrain from disclosing the requested information and report the case to the privacy officer.

9. Knowledge of a violation or potential violation of this policy will be reported directly to the privacy officer.

**Employee Training Regarding the Use and Disclosure of Protected Health Information**

Purpose:

Summerfield Family Dentistry is committed to ensuring the privacy and security of patient health information. Federal, state and/or local laws and regulations have established standards with which health care organizations must comply when using or disclosing an individual’s protected health information. To support its commitment to patient confidentiality, all employees of Summerfield Family Dentistry will receive appropriate training regarding the policies and procedures for using and/or disclosing protected health information, as required under 45 CFR § 164.530(b) and other applicable federal, state, and/or local laws and regulations.

Policy:

Summerfield Family Dentistry will train all employees, as applicable, regarding the proper use and disclosure of protected health information.

Training will occur upon initial employment, and thereafter at least annually.

Procedure:

Practice employee training regarding the use and disclosure of protected health information will include the following:

* The process by which an individual may request the use or disclosure of his or her protected health information;
* The process by which the Practice may request the use or disclosure of an individual’s protected health information;
* The documents to be used for individuals to request that their protected health information be used or disclosed for specific purpose;
* The process by which the Practice may solicit a request from an individual to use or disclose his or her protected health information for the Practice’s own use;
* The documents to be used for the Practice to solicit a request for an individual’s protected health information to be used or disclosed by others;
* The right of the individual to revoke authorization;
* The identification of defective authorizations;
* The recognition of when the Practice may condition the provision to an individual of treatment, payment, enrollment, or eligibility for benefits on the provision of obtaining an authorization.

Training will be conducted by the Privacy Officer or the Privacy Officer’s designee.

**Use of PHI for Marketing and Fundraising**

Purpose:

To establish guidelines for the use of Protected Health Information in marketing and fundraising activities.

Marketing is defined as “a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.”

1. Marketing does not include communications that are made by a covered entity:

(a) For the purpose of describing 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;

(b) To an individual as part of the treatment of the individual, and for the purpose of furthering the treatment of that individual;

(c) To an individual in the course of managing or coordinating the treatment of that individual, or for the purpose of directing or recommending to that individual alternative treatment, therapies, health care providers, or settings of care.

2. Marketing includes an arrangement between a covered entity and any other entity whereby the health care provider or health plan 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.

Fundraising is not defined by statue, but generally means “the organized activity of raising funds for an institutional cause.”

Policy:

1. Marketing. Summerfield Family Dentistry will obtain the patient’s authorization for use or disclosure of protected health information for marketing unless the marketing communication:

(a) Occurs in a face-to-face meeting with the individual; or
(b) Concerns promotional gifts of nominal value.

If Summerfield Family Dentistry is to receive direct or indirect remuneration in connection with the marketing communication, this fact will be stated on the authorization obtained from the patient.

Procedure:

Adherence to this policy is primarily the responsibility of Practice marketing personnel; therefore, the Practice Director of Marketing will determine the appropriate procedures necessary for the Practice to be in full compliance with this policy.

**Maintaining Appropriate Documentation Regarding Compliance with HIPAA Privacy Requirements**

Purpose:

This policy is designed to give guidance and ensure compliance with provisions of HIPAA requiring covered entities to maintain documentation of policies, procedures, and other administrative documents.

Policy:

1. Summerfield Family Dentistry will implement policies and procedures with respect to protected health information that are designed to comply with the standards, implantation specifications, or other requirements of the HIPAA Privacy regulations.

2. Summerfield Family Dentistry will maintain documentation, in written or electronic from, of policies, procedures, communications, and other administrative documents as required by 45 CFR § 164.530(i) and (j) for a period of at least six (6) years form the date of creation or the date when last in effect, whichever is later.

3. Summerfield Family Dentistry will incorporate into its policies, procedures and other administrative documents any changes in law.

4. Summerfield Family Dentistry will properly document and implement any changes to policies and procedures as necessary by changes in law.

Procedures:

1. Summerfield Family Dentistry’s policies are designed to take into account the size and type of activities undertaken by Summerfield Family Dentistry with respect to protected health information.

2. In implementing a change in the Notice of Privacy Practices, Summerfield Family Dentistry will:

(a) Ensure that the policy or procedure, as revised to reflect a change in Summerfield Family Dentistry’s privacy practice, complies with the standards, requirements, and implementation specifications of the Privacy regulations;

(b) Document the policy or procedure as revised;

(c) Revise the notice to state the changes in practice and make the revised notice available; and

(d) Summerfield Family Dentistry will not implement a change in policy or procedure prior to the effective date of the revised notice.

3. Summerfield Family Dentistry may change policies or procedures that do not affect the content of the notice of Privacy Practices, provided that the policy or procedure complies with the Privacy regulations and is documented as required in this policy.

4. The following documentation will be maintained in an organized manner:

(a) Policies and procedures related to the use or disclosure of protected health information;

(b) Forms for the consent to use or disclose protected health information;

(c) Forms for authorization to use or disclose protected health information;

(d) Requests for the use or disclosure of protected health information;

(e) Agreements with business associates referring to the use or disclosure of protected health information; and

(f) Notice of Privacy Practices and any changes made thereto.

Documentation will be maintained in a manner that allows necessary availability, while also ensuring the security of information.

**Designation of a Privacy Official**

Purpose:

Summerfield Family Dentistry is committed to ensuring the privacy and security of patient health information. In order to manage the facilitation and implementation of activities related to the privacy and security of protected health information, Summerfield Family Dentistry, will appoint and maintain an internal Privacy Officer position. The Privacy Officer will be trained on all policies and procedures necessary to fulfill his or her responsibilities in ensuring the security and privacy of protected health information.

Policy:

Summerfield Family Dentistry will designate a Privacy Officer responsible for oversight of the policies and procedures regarding the privacy of health information.

Procedures:

1. The Privacy Officer (“PO”) will be trained regarding policies and procedures for the secure transmission and storage of individual health information, including:

(a) Secure transmission and storage of individual health information in any form;

(b) Control of access to individual health information;

(c) Secure management of protected health information;

(d) Proper use and disclosure of protected health information at the request of the individual;

(e) Proper use and disclosure of protected health information without the authorization of the individual;

(f) Ensuring that any individual authorize the use or disclosure of protected health information;

(g) Individual rights regarding protected health information;

(h) Developing and maintaining contracts with business associates regarding the use and disclosure of protected health information;

(i) Proper use of the notice of privacy practices;

(j) Incident and contingency plan procedures;

(k) Auditing access to individual health information;

(l) Maintenance of records regarding access to individual health information.

2. Training will be conducted as early as possible within the first year of the Privacy Officer’s employment with the Practice.

3. Training will incorporate the specifications and implications of the Practice’s routine business activities.

**Sanctioning of Employees, Agents, and Contractors**

Purpose:

Summerfield Family Dentistry has established and will apply appropriate sanctions against members of its workforce, as well as other agents and contractors, who fail to comply with its policies and procedures. This policy is designed to give guidance and ensure compliance with all applicable laws and regulations related to sanctioning for violating Summerfield Family Dentistry’s policies and procedures. Under the Health Insurance Portability and Accountability Act, penalties for misuse or misappropriation of health information include both civil monetary penalties and criminal penalties. Civil penalties range from $100 for each violation to a maximum of $25,000 per year for the same violations. Criminal penalties vary from $50,000 and/or 1 year imprisonment to $250,000 and/or 10 years imprisonment (42 USC § 1320d).

Policy:

1. Summerfield Family Dentistry will apply appropriate sanctions against members of its workforce who fail to comply with the Summerfield Family Dentistry policies and procedures.

2. The type of sanction applied shall vary depending on the severity of the violation, whether the violation was intentional or unintentional, whether the violation indicates a pattern or practice of improper access, use or disclosure of health information, and similar factors.

3. Practice Employees, agents, and other contractors should be aware that violations of a severe nature may result in notification to law enforcement officials as well as regulatory, accreditation, and/or licensure organizations.

4. The policy and procedures contained herein do not apply specifically when members of Summerfield Family Dentistry’s workforce exercise their right to:

(a) File a complaint with HHS;

(b) Testify, assist, or participate in an investigation, compliance review, proceeding, or hearing under Part C of Title XI;

(c) Oppose any act made unlawful by the HIPAA privacy rule, provided that individual or person has a good faith belief that the act opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of the HIPAA privacy rule;

(d) Disclose protected health information as a whistleblower and the disclosure is to a health oversight agency, public health authority, or an attorney retained by the individual for purposes of determining the individual’s legal options with regard to the whistleblower activity; or

(e) An employee who is a victim of a crime and discloses protected health information to a law enforcement official, provided that the protected health information is about a suspected perpetrator of the criminal act and is limited to the information listed in the policy entitled “Disclosing Protected Health Information for Law Enforcement Release.”

Procedure:

1. The following sanctions apply for failure to comply with the Practice’s policies and procedures or with the requirements of HIPAA regulations:

(a) First offense of noncompliance sanction will be **Written Warning**.

(b) Second offense of noncompliance sanction will be **Dismissal**

2. The Privacy Officer is responsible for determining the severity of necessary sanctions.

3. All Practice employee sanctions will be documented and retained for a period of at least 6 years from the date of its creation or the date when it was last in effect, whichever is later.

**Individual Rights to PHI -- Filing Complaints**

Purpose:

HIPAA requires covered plans and providers to have a mechanism for receiving complaints from individuals regarding the covered entity’s compliance with the requirement of the Privacy standards. The covered entity is required to accept complaints about any aspect of its practices regarding protected health information. For example, individuals would be able to file a complaint when they believe that protected health information relating to them has been improperly used or disclosed; that an employee of the entity has improperly handled the information; that they have wrongfully been denied access to or opportunity to amend the information; or, that the entity’s notice does not accurately reflect its information practices.

Policy:

1. As specified in 45 CFR §164.530(d), Summerfield Family Dentistry will provide a process for individuals to make complaints concerning the Practice’s policies and procedures regarding the use or disclosure of protected health information, or its compliance with such policies and procedures.

2. The Privacy Officer will be Summerfield Family Dentistry’s designated contact for individuals to file complaints pursuant to this policy.

3. Summerfield Family Dentistry will not require individuals to waive their rights to file a complaint with the Department of Health and Human Services as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

Procedure:

1. Summerfield Family Dentistry will document all complaints received and their disposition, if any, for a period of at least 6 years from the date of the complaint’s creation or the date when it was last in effect, whichever is later.

2. The Practice Privacy Officer should be contacted in order to file a complaint concerning Summerfield Family Dentistry’s policies and procedures required by the HIPAA privacy rule, or its compliance with such policies and procedures.

3. The name, or title, and telephone number of the Practice Privacy Officer designated to receive complaints concerning Summerfield Family Dentistry’s policies and procedures required by the HIPAA privacy rule, or its compliance with such policies and procedures will be documented.

**Individual Rights to PHI- Accounting**

Purpose:

HIPAA requires that individuals have a right to receive an accounting of various instances when protected health information about them is disclosed by a covered entity, subject to certain time-limited exceptions for disclosures to law enforcement and oversight agencies. Summerfield Family Dentistry has developed policies and procedures to address the accounting of instances when protected health information has been used or disclosed for purposes other than treatment, payment, or health care operations.

Policy:

1. Summerfield Family Dentistry will allow individuals to receive an accounting of all instances where protected health information about them is used or disclosed.

2. Summerfield Family Dentistry will allow individuals to receive an accounting of instances where protected health information about them is used or disclosed, except for the following purpose:

(a) To carry out treatment, payment and health care operations;

(b) To the individuals of protected health information about them;

(c) For the facility’s directory;

(d) To persons involved in the individual’s care or other notification purposes;

(e) For national security or intelligence purposes;

(f) To correctional institutions or law enforcement custodial situations.

3. Summerfield Family Dentistry will not allow individuals to receive an accounting of instances where protected health information about them is used or disclosed prior to April 14, 2003.

4. Summerfield Family Dentistry will utilize Practice files and systems for documenting and maintaining an accounting of when patients’ protected health information has been disclosed for purposes other than treatment, payment or health care operations.

Procedure:

1. Summerfield Family Dentistry will allow an individual to obtain an accounting of instances when their protected health information has been disclosed.

2. Summerfield Family Dentistry will allow an individual to receive an accounting of disclosures of protected health information made by the Practice. in the six (6) years prior to the date on which the accounting is requested.

3. The accounting will be in writing and will include disclosures made to or by business associates of the Practice.

4. Each accounting of a disclosure will include the following:

(a) The date of the disclosure;

(b) The name of the entity or person who received the protected health information and, if known, the address of such entity or person;

(c) A brief description of the protected health information disclosed;

(d) A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure; or in lieu of such statement:

(i) A copy of the individual’s written authorization to use or disclose the protected health information, or

(ii) A copy of a written request for a disclosure required by the HHS Secretary to investigate or determine the covered entity’s compliance with applicable laws and regulations.

5. Summerfield Family Dentistry will act on the individual’s request for an accounting not later than 60 days after receipt of the request by:

(a) Providing the individual with the accounting requested, or

(b) Extending the time to provide the accounting by no more than 30 days.

6. In the event that Summerfield Family Dentistry extends the time to provide the accounting, within 60 days after receipt of the request, it will provide the individual with a written statement of the reasons for the delay and the date by which the covered entity will provide the accounting.

7. Summerfield Family Dentistry will not extend the time to provide the accounting more than once.

8. The first accounting to an individual in any 12-month period will be without charge.

9. Any fee imposed by the Practice for each subsequent request for an accounting by the same individual within the 12-month period will be cost-based.

10. Upon imposing a fee, the Practice will inform the individual in advance of the fee and provide the individual with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

11. Summerfield Family Dentistry will document and retain the following for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later:

(a) The information required to be included in an accounting;

(b) The written accounting that is provided to the individual;

(c) The title of the persons or officer responsible for receiving and processing requests for an accounting by individual.

12. The Privacy Officer is responsible for responding to a request from an individual for an audit trail of instances when their protected health information has been disclosed for purposes other than treatment, payment, or health care operations.

**Incident Reporting and Breach Notification**

As required by the Breach Notification Rule, Practice will notify individuals of any Breach of Unsecured PHI.

Discovery of Breach

A Breach shall be treated as discovered by the Practice as of the first day on which such Breach is known to Practice or, by exercising reasonable diligence, would have known to Practice. Practice shall be deemed to have knowledge of a Breach if the Breach is known, or if by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of Company.

Incident Reporting

Workforce members shall immediately notify the Privacy Officer **by telephone** of any unauthorized access, use, or disclosure of PHI. The Privacy Officer, in consultation with Practice management and legal counsel, shall conduct a risk assessment to determine whether the unauthorized access, use, or disclosure of PHI constituted a Breach of Unsecured PHI. The Privacy Officer will document the risk assessment in writing and maintain such documentation in accordance with these Policies and Procedures.

Breach Notification

Following the risk assessment by the Privacy Officer, if it is determined that a Breach of Unsecured PHI has occurred, Practice will provide notification to applicable individuals in accordance with the HITECH Act. In all cases, notification will occur without unreasonable delay and in no event later than sixty (60) calendar days following discovery of a Breach.

Contents of Notice

The notification shall include, to the extent possible, the identification of each individual whose Unsecured PHI has been, or is reasonably believed by Practice to have been accessed, acquired, used, or disclosed during the Breach. Practice will provide individuals with any other available information that the Practice is required to include in the notification to the individual under the Breach Notification Rule at the time of the notification or promptly thereafter as information becomes available, including:

* A brief description of what happened, including the date of the Breach and the date of discovery of the breach, if known;
* A description of the types of Unsecured PHI that were involved in the Breach (such as whether full name, Social Security Number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
* Any steps individuals should take to protect themselves from potential harm resulting from the Breach;
* A brief description of what the Practice is doing to investigate the Breach, to mitigate harm to individuals, and to protect against any further Breach; and
* Contact procedures for individuals to ask questions or learn additional information, which will include a toll-free number, an e-mail address, or postal address.

Delays for Criminal Investigations

If a law enforcement official states to Practice that a notification required hereunder would impede a criminal investigation of cause damage to national security; Practice will:

* If the statement is in writing and specifies the time for which a delay is required, Delay such notification for the time period specified by the official; or
* If the statement is made orally, document the statement, including the identity of the official making the statement, and delay the notification temporarily and no longer than thirty (30) days from the date of the oral statement, unless a written statement as described above is submitted during that time.

Burden of Demonstrating Breach Notification

In the event of a use of disclosure in violation of the HIPAA Privacy Rule, Practice will have the burden of demonstrating that all notifications were made as required by the Breach Notification Rule or that the use or disclosure did not constitute a Breach.