UC Riverside, School of Medicine Policies and Procedures Policy Title: Notice of Privacy Practices – Privacy and Security Policy Number: COM 7.0	

Responsible Officer:	Jim Herron
Responsible Office:	School of Medicine Compliance and Privacy
Origination Date:	(03/03/2003)
Date of Revision:	(12/2006) (07/2012) (04/29/2013) (05/8/2013)
Scope:	The Notice of Privacy Practices must be provided to all patients receiving care at UCR Health, as required by the federal Health Insurance Portability and Accountability Act of 1996 (the "Privacy Rule"). The Notice must provide patients with detailed information regarding their privacy rights, and explain how UCR Health will use and disclosure patient information as permitted and required by both federal and State law.

I.   **Policy Summary**
To describe the process by which UCR Health patients or their representatives are informed of the UCR Health privacy practices regarding use and disclosure of patient information, along with a description of the patient's rights with respect to their health information. The Notice of Privacy Practices has been created by the University of California to ensure that the University's Single Healthcare Covered Components have one notice across the University that contains all the required elements of the notice. The Notice may not be altered or modified without the express review and approval by the University of California, Office of General Counsel.

The Notice of Privacy Practices must be provided to all patients receiving care at UCR Health, as required by the federal Health Insurance Portability and Accountability Act of 1996 (the "Privacy Rule"). The Notice must provide patients with detailed information regarding their privacy rights, and explain how UCR Health will use and disclosure patient information as permitted and required by both federal and State law.

II.   **Definitions**
"Protected health information" or "PHI" is any individually identifiable health information regarding a patient's medical or physical condition or treatment in any form created or collected as a consequence of the provision of health care, in any format including verbal communication.

III.   **Policy Text**
   A. *UCR Health must describe, in plain language, its privacy practices including the individual's rights related to his or her PHI. This "Notice of Privacy*

Practices" (NPP) must be made available to patients, and be posted throughout UC Riverside Healthcare facilities and on the UCR Health website at: http://health.ucr.edu/

1. A separate notice addressing the uses and disclosures of mental health information will be provided to inpatient and outpatient psychiatric patients. The mental health notice is posted at: http://health.ucr.edu/

   a. *The Notice of Privacy Practices must be provided at each admission to the hospital, and at the first encounter with any of the UCR Health Ambulatory Practices. The Notice does not need to be given at each practice location, as long as the patient has received it at their first encounter at any UCR Health location. The notice will be provided once a year to all ambulatory patients.*

      1) The patient will be requested to sign an Acknowledgement that they received the Notice of Privacy Practices. If the patient refuses to sign the Acknowledgement form, this should be documented on the Acknowledgement form by UCR Health personnel.

         a) In cases where the individual is unable to receive the notice due to their medical condition, the notice will be provided to the patient's personal representative if available. UCR Health personnel will make a good faith effort to obtain the personal representative's acknowledgment of the Notice.

         b) In limited cases in which the parent is not the personal representative of the unemancipated minor, such as when the minor is authorized under State law to consent to the treatment and does so, the Notice must be given to the minor. UCR Health personnel will make a good faith effort to obtain the minor's acknowledgment of the Notice.

         c) UCR Health is required by law to provide PHI without the individual's Authorization or opportunity to object for the purposes of workplace medical surveillance or to report a work-related illness or injury if UCR Health provides written Notice to the individual that PHI relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer. When occupational health clinics or other clinics provide these functions on the worksite of UC, the employer, the Notice must be provided at time the care is provided or by posting the Notice in a prominent place where the care is provided.

         d) The Privacy Rule requires that the notice must contain:
            - A description, with at least one example, of the types of uses and disclosures of information that UCR Health is permitted to make for each of the following purposes: treatment, payment, and healthcare operations.
            - A description of each of the other purposes (other than treatment, payment, or other healthcare operations) for which UCR Health is permitted or required to use or disclose PHI without the individual's written authorization.
            - A statement that other uses and disclosures will only be made

with the individuals' written authorization, and that the individual may revoke this authorization at any time in writing.
- The Notice must include a separate statement if the patient will be contacted for (a) appointment reminders or to provide information regarding treatment alternatives or other health related benefits or services that may be of interest to the individual; or (b) fundraising.

e) The Notice must contain a statement of the individuals' rights with respect to PHI and how he or she may exercise the right to:
- Inspect and copy PHI
- Amend PHI
- Receive an accounting of disclosures of PHI
- Request restrictions on certain uses and disclosures of information including a statement that UCR Health is not required to agree to a requested restriction
- Receive confidential communication of PHI
- Obtain a paper copy of the notice upon request.
- The Notice must also explain that the patient has the right to file a complaint with the Secretary of DHHS if they believe their privacy rights have been violated. A brief description of how to file a complaint with UCR Health must also be included. The Notice must also include a statement that the individual will not be retaliated against for filing a complaint.

f) UCR Health must promptly revise and distribute its Notice whenever there is a material change to the uses and disclosures, to the individual's rights, UCR Health's legal duties, or other privacy practices stated in the Notice. The revised Notice must be posted in the service delivery areas, and must be provided to patients upon request. The revised Notice will also be posted on the UCR Health website.

g) All versions of the UCR Health's approved "Notice of Privacy Practices" will be archived and maintained by the Compliance & Privacy Office for a period no less than six (6) years.

IV.   Responsibilities: N/A

V.   Procedures

A. *Patient/Patient Representative, AW, SAW, PAW, All Admitting and ED Registration Personnel, All Ambulatory Practice Registration and Front Desk Personnel*

1. Upon every Admission to a hospital, Admissions/ED Registration personnel will provide the HIPAA Notice of Privacy Practice (NPP) to the patient, and make a good faith effort to obtain a signed acknowledgement from the patient.

    a. *If the patient is transferred to the Neuropsychiatric Unit, the Mental Health Notice of Privacy practices will be provided to the patient.*

       1) Upon first registration at any UCR Health Ambulatory Practice

Location, the patient will be provided with the HIPAA Notice of Privacy Practices (NPP) and UCR Health personnel will make a good faith effort to obtain a signed acknowledgement from the patient.

a) If the patient refuses to sign the Acknowledgment, then UCR Health personnel must document the good faith efforts taken and the reason why the Acknowledgment was not obtained.

b) The status of the completion of the provision of the Notice and the acknowledgement will be entered with the appropriate code in the Electronic Health Record system or patient's medical record.

c) If the patient is incapacitated or refuses the NPP and/or to sign the acknowledgement form, staff will enter the appropriate HIPAA Acknowledgement code in the Electronic Health Record system or the patient's medical record.

d) A good faith effort to obtain written acknowledgement is not required: (a) where emergency treatment/stabilization is required; or (b) when the Notice is mailed and the patient does not return the Acknowledgement form, no further effort need be made.

e) The Acknowledgement form will be maintained in the patient's medical record along with other admission documentation such as the Terms and Conditions forms and other consent documents.

f) Once per year, the Ambulatory Front Office registration personnel will provide the HIPAA NPP notice, obtain a signature on the acknowledgement form, and/or enter the appropriate code in the Electronic Health Record system or the patient's medical record.

g) If the patient has a question regarding the Notice of Privacy Practices, or has a question or concern about the uses and disclosure of their information, the patient should be referred to the Compliance and Privacy Officer.

h) If the patient wishes to make a request as described in the Notice, they must make the request in writing which should then be forwarded to the University of California Health Correspondence, Health Information Management Department, 900 University Avenue, Riverside, CA 92521.

VI.   Forms/Instructions
UCR Health Notice of Privacy Practices
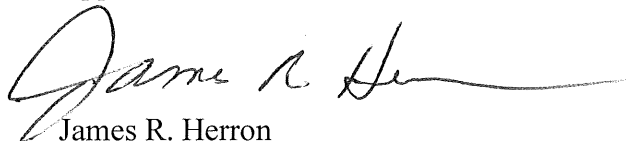UCR Health Notice of Privacy Practices Mental Health

VII.   Contacts

Subject	Contact	Phone	Email
Compliance and Privacy	Compliance Officer	(951) 827-4672	James.herron@ucr.edu
Compliance and Privacy	Privacy Analyst	(951) 827-7672	Elisa.laurel@ucr.edu

VIII. Revision History

Original Adoption: March 03, 2003
Revision Dates: 12/06; May 8, 2013

Approval(s):

James R. Herron
Compliance and Privacy Officer