

Tri-Med Family Care
Notice of Privacy Practices and Staff Violation Policy RM7016C

I. Protocol

To ensure that a *Notice of Privacy Practices* is provided to, and acknowledged by, each patient or his/her personal representative upon admission to **TMFC**.

II. Policy

TMFC's policy is to provide a Notice of Privacy Practices (“Notice”) to each patient upon each admission to **TMFC** and make a good faith effort to obtain a signed Patient Acknowledgement of Understanding form of Notice of Privacy Practices (“Patient Acknowledgement of Understanding”) from the patient.

(See sample HIPPA Privacy Laws Patient Acknowledgement of Understanding Notice and Acknowledgement form following this Policy.)

The Notice shall include all elements and statements that are required by law. The Notice shall inform the patients of:

- Uses and disclosures of Protected Health Information (“PHI”) that may be made by **TMFC**;
- The patient’s rights with respect to their PHI; and
- **TMFC**’s legal duties with respect to such PHI.

III. Procedure

1. The HIPPA Privacy Laws Patient Acknowledgement of Understanding *Notice* and *Acknowledgement* form will be included in the standard New Patient Packet.
2. **TMFC** Staff will provide the *Notice* to the patient at the time of admission.

Note: In the case of an emergency treatment situation, **TMFC** will provide the *Notice* to the patient as soon as reasonably practicable after the emergency treatment situation.

3. The Front Desk Staff will make a good faith effort to obtain the patient’s signature on the *Acknowledgement* at the time the *Notice* is provided. The *Notice* and signed *Acknowledgement* will be kept in the patient’s Medical Record.

If the patient refuses or is otherwise unable to sign the Patient Acknowledgement of Understanding form, the Front Desk Staff will document, on the Patient Acknowledgement of Understanding form, what actions were taken to obtain the patient’s signature on the Patient Acknowledgement of Understanding and the reason(s) why a signed Patient Acknowledgement of Understanding was not obtained. This document will then be placed in the patient’s Medical Record.

Tri-Med Family Care
Notice of Privacy Practices and Staff Violation Policy RM7016C

4. **TMFC** will provide a copy of the written *Notice* to patients and to other persons upon request.
5. **TMFC** will post a copy of the HIPAA Notice of Privacy Practices in a clear and prominent location such as the entrance lobby and/or examination/treatment rooms.
6. A current version of the *Notice* will be maintained on **TMFC's** website, if any.
7. Whenever the *Notice* is revised, **TMFC** Privacy Officer will assure that:
 - a. The revised *Notice* is made available upon request on or after the effective date of the revision;
and
 - b. The revised *Notice* is posted in a clear and prominent location.
8. Material changes shall not be implemented prior to the effective date of the revised *Notice*.
9. A copy of each *Notice* issued by **TMFC** will be maintained for at least six years from the date it was last in effect.
10. Any member of the workforce who has knowledge of a violation or potential violation of this Policy must make a report directly to the Privacy Officer.

It is the policy of TMFC to discipline employees who fail to comply with the organization's policies and procedures regarding HIPAA.

1. When a concern arises regarding a possible violation of HIPAA or the Facility's policies or procedures related to HIPAA, the Facility Privacy Officer shall begin an investigation promptly. (See the "Patient Complaint/Grievance Policy" regarding conducting an investigation.)
2. If, at the conclusion of the investigation, it is found that a violation of the **TMFC's** policy or procedure has occurred, the employee involved shall be disciplined in accordance with the severity of the violation and the organization's disciplinary policy. Violations can be classified according to intent such as:
 - a. Level I Violations are those made accidentally or due to a lack of education.
 - b. Level II Violations are serious violations that are found to show purposeful disregard of **TMFC** policy.
3. The **TMFC** Privacy Officer shall review the circumstances surrounding any substantiated violation and take appropriate action to mitigate, to the extent possible, any harmful effects of the violation.
4. Documentation from the investigation shall be given to the Privacy Officer to be maintained as a part of the organization's HIPAA documentation and retained for six years.
5. The disciplinary action report documenting the employee's violation shall be placed in the employee's HR file as well as a copy provided to the Privacy Officer.

**HIPAA PRIVACY LAWS
PATIENT ACKNOWLEDGMENT OF UNDERSTANDING**

Tri-Med Family Care
Notice of Privacy Practices and Staff Violation Policy RM7016C

Patient's Name: _____ **DOB:** _____

I understand the patient's health information is private and confidential. I understand that **TMFC** works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand **TMFC** may use and disclose the patient's personal information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations. In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission.

TMFC possesses a detailed document called "Notice of Privacy Practices." It contains more information about the policies and practices protecting the patient's privacy. I understand that I have the right to read the "Notice" before signing this Acknowledgment

TMFC may update this Acknowledgment and "Notice of Privacy Practices." I understand that if I ask, **TMFC** will provide me with the most current "Notice of Privacy Practices."

Federally mandated HIPAA "Notice of Privacy Practices" is a complete description of my privacy/confidentiality rights. These rights include, but aren't limited to, access to my medical records; restrictions on certain uses; receiving an accounting of disclosures as required by law and requesting communication be by specified methods of communication or alternative action.

TMFC's established procedures help it meet its obligations to patients. These procedures may include other signature requirements, written acknowledgments, and authorizations; reasonable time frames for requesting information; charges for copies and non-routine information needs; etc. I will assist **TMFC** by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices."

My signature below indicates that I reviewed a current copy of **TMFC's** "Notice of Privacy Practices."

Signature: _____ Date: _____

Relationship to patient if signed by anyone other than the patient,
(Parent, legal guardian, personal representative, etc.)