



HIPAA Manual:	Patient Rights
Policy Number:	02.0060
Initial Effective Date:	09/01/2013
Revision Date(s):	

PURPOSE:

To establish the organization's process for assuring that all patients receive the Notice of Privacy Practices as required in the Privacy Rule.

POLICY:

As required under the Privacy Rule, and in accordance with law and regulation, the organization will provide adequate Notice of Privacy Practices to patients. The organization will inform patients of their rights with respect to protected health information (PHI) as well as the organization's legal duties. The patient must acknowledge receipt of the notice.

DEFINITIONS:

Affiliated Covered Entity – Entities under common ownership or control may designate themselves as an Affiliated Covered Entity. Hospitals which are in a shared Clinical Patient Care System market and share patient information for purposes of payment and healthcare operations will automatically be designated as an affiliated covered entity under the rule.

Direct treatment relationship – A relationship between a healthcare provider and patient where the healthcare provider delivers healthcare directly to the individual.

Organized Health Care Arrangement – A clinically integrated care setting in which individuals typically receive healthcare from more than one healthcare provider. The organization and its medical staff are an Organized Health Care Arrangement under the rule.



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RESPONSIBILITIES AND PROCEDURES:

1. The organization will provide a notice that is written in plain language and that includes, at a minimum, the organization’s standard notice language.

2. The patient must be presented the Notice of Privacy Practices on the *first* encounter at the clinic. This presentation can be in either the Conditions of Admission/Consent for Treatment form or in another format as deemed appropriate by the Privacy Officer. Although facilities are encouraged to get the patient’s signature or initials as acknowledgement of the patient’s receipt of the Notice of Privacy Practices, it is also recognized that the provision of healthcare services must come first. There is no need to either obtain an acknowledgement or present the Notice of Privacy Practices for subsequent encounters with the same patient unless there has been a substantive change to the organization’s Notice of Privacy Practices.

The patient may acknowledge receipt of the notice either by signing and dating a copy of the notice which will be maintained in the Medical Records or by signing and dating an Acknowledgement Form.

For emergency treatment situations, acknowledgement of the notice is not required.

3. Required Elements:
 - a. The header statement must state: “This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.”
 - b. A description, including at least one example, of the types of disclosures for the purposes of treatment, payment and healthcare operations.
 - c. A description of each of the other purposes for which the organization is permitted or required to use or disclose the information without an individual’s consent or authorization (*e.g.*, State Reporting).



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- d. A statement that if a use or disclosure is prohibited or materially limited by other applicable law, the description of such use or disclosure must reflect the more stringent law.
- e. A statement that other uses or disclosures will be made only with the individual's written authorization and that the individual may revoke this authorization.
- f. A statement of the patient's rights with respect to protected health information
 - The right to access protected health information
 - The right to amend protected health information
 - The right to receive confidential communications
 - The right to an accounting of disclosures
 - The right to request restrictions on certain uses and disclosures
 - The right to obtain a copy of the notice
 - The right to request that the individual not be contacted for marketing and fundraising activities
- g. A statement of the organization's duties with respect to PHI.
 - The organization is required by law to maintain the privacy of PHI and to provide this notice with respect to PHI;
 - The organization must abide by the terms of the notice;
 - The organization may apply a change to the notice and make the new notice effective for the entire PHI it maintains. The statement will also include how it will provide the revised notice to individuals.
- h. A statement that patients may complain to the Privacy Officer or the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint, and a statement that the individual will not be retaliated against for filing a complaint.
- i. A statement that includes the name **or** title and telephone number of the Privacy Officer
- j. The effective date of the notice.
- k. A statement that the notice may change.



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4. Provision of notice:
 - The notice will be provided to all patients no later than the date of the first treatment service delivery subsequent to the effective date of the Privacy Standards, April 14, 2003; except in an emergency situation, in which case the organization must deliver the notice as soon as practicable after the emergency situation.
 - The notice will be posted clearly and prominently in our lobby waiting area; and
 - Copies of the notice will be available in English and in Spanish for individuals to take with them.
5. The organization's Notice of Privacy Practices is available for review on our website at: www.advancedtherapysolutions.com.
6. The organization may choose to provide the notice by email; however, a paper copy must be provided at the request of the patient or if the email transmission fails.
7. If the first treatment service delivery to a patient is delivered electronically, the organization will provide the notice automatically and immediately. The individual may obtain a paper copy at his or her request.
8. For recurring patients the notice may be provided at the initial interaction and does not need to be provided again unless a change has been made.
9. The organization must document compliance by retaining copies of the notices issued.
10. The organization may review and update the notice but shall distribute its notice whenever there is a material change to the uses or disclosures, individual's rights, legal duties or other privacy practices stated in the notice. A material change to any term of the notice may not be implemented prior to the effective date of notice in which a material change is reflected.



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The Privacy Officer is responsible for assuring compliance with this policy.



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REFERENCES:

TJC	
HFAP	
CARF	
CFR	45 CFR 164.520 45 CFR 164.514
SURVEY TAG REFERENCES	
STATE REGS	
OTHER	



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NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

The terms of this Notice of Privacy Practices apply to the organization, the physicians who refer to our practice and other licensed professionals involved in your care. All members of this clinically integrated health care team work with the organization to assure high quality care. All of the entities and persons listed will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. Only the minimum amount of information required will be shared.

We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. You may receive a copy of any revised notices from the organization's administration office or a copy may be obtained by mailing a request to the organization. A copy of the Notice is also available electronically on our Web Site at: www.advancedtherapysolutions.com

If a use or disclosure of your protected health information under the HIPAA Privacy Ruling is prohibited or otherwise limited by another State or Federal law applying to the information, we are required to follow the more stringent law.

We are required by law to notify you if there is breach of your protected health information by us or by our Business Associates.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization and Consent



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Unless we have listed it below, we will not use or disclose your protected health information for any purpose unless you have signed a form consenting to or authorizing the use or disclosure. You have the right to revoke that consent or authorization in writing unless we have taken any action in reliance on the consent or authorization.

Uses and Disclosures for Treatment

We may make uses and disclosures of your protected health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, and other treatments.

Uses and Disclosures for Payment

We may make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures for Health Care Operations

We may use and disclose your protected health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving the clinical treatment and care of our patients.

Directories

We do NOT maintain an organization directory listing your information. No information that you provide us as part of your care and treatment will be included in a directory.



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Family and Friends Involved In Your Care.

With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates

Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Appointments and Services

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the Privacy Officer.

Research



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In limited circumstances, we may use and disclose your protected health information for research purposes. For example, a researcher may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

Other Uses and Disclosures

We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization.

- We may release your protected health information for any purpose required by law;
- We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your protected health information as required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your protected health information to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your protected health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your protected health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your protected health information to coroners and/or funeral directors consistent with law;



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- We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your protected health information if you are a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities; and
- We may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

RIGHTS THAT YOU HAVE

Access to Your Protected health information

You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We will charge you \$1.00 per page if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain an access request form from the Medical Records or Business Office staff.

Amendments to Your Protected health information

You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the Medical Records or Business Office staff.

Accounting for Disclosures of Your Protected health information



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You have the right to receive an accounting of certain disclosures made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the Medical Records department. The first accounting in any 12-month period is free; you will be charged a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Protected health information

You have the right to request restrictions on certain of our uses and disclosures of your protected health information for treatment, payment, or health care operations on the consent form you sign when you become a patient. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction to sending such termination notice to the Medical Records department and/or Privacy Officer.

Marketing and Fundraising

We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for special fundraising projects and you will have the right to opt out of receiving such communications with each solicitation. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services. You have the right to request that we not send you any future marketing or fundraising materials, and we will use our best efforts to honor such request. You may make the request by sending your name and address to the Privacy Officer with your request to be removed from our marketing and fundraising mailing lists.

Complaints

If you believe your privacy rights have been violated, you can file a complaint in writing with the organization's Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human



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Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer at the following appropriate location:

Advanced Therapy Solutions, Inc.
8811 Warren H. Abernathy Hwy. Spartanburg, SC 29301
Spartanburg, SC 29301
864-574-7282

As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE

This Notice of Privacy Practices is effective September 23, 2013.