



ADVANCED *therapy* SOLUTIONS

Section:	Patient Rights Related to the Privacy Rule
Policy Number:	02.0070
Initial Effective Date:	09/01/2013
Revision Date(s):	

PURPOSE:

To provide an overview of general patient rights related to the Privacy Rule.

POLICY:

Patients have the following rights related to Protected Health Information that is maintained in the Designated Record Set as defined in the organization's policies.

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.



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Accounting for Disclosures of Your Protected Health Information

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 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

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



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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 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.

RESPONSIBILITIES AND PROCEDURES:

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

REFERENCES:

TJC	
HFAP	
CARF	
CFR	45 CFR 164.520 45 CF§ 164.524 45 CFR 164.528
SURVEY TAG REFERENCES	
STATE REGS	
OTHER	See also: Notice of Privacy Practices