

Advanced Practice Nursing Specialists

HIPAA and You

Congress passed the HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996 (“HIPAA”). The Act covers the use and disclosure of individuals’ health information -called “protected health information” (PHI) by organizations that are subject to the Act’s Privacy Rule - called “covered entities.” It includes standards for individuals' privacy rights to help you to understand and control how your health information is used. PHI is individually identifiable health information that is received, transmitted or maintained in any form or medium, including: electronic, paper, and oral, but excludes certain educational records (see “FERPA”) and employment records.

The following is a brief description of **The Health Insurance Portability and Accountability Act**:

The act contains two main rules: The **Privacy Rule** and the **Security Rule**, as well as two rules that aid in the goal of administrative simplification.

The **Privacy Rule** establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (DHHS) issued the Privacy Rule to implement the requirements of HIPAA. The rule gives patients more control over their health information by setting boundaries on the use and release of health records and by establishing appropriate safeguards that the majority of health - care providers and others must achieve to protect the privacy of health information.

The U.S. DHHS also recognized the importance of sharing PHI to accomplish essential public health objectives and to meet certain other societal needs, such as administration of justice and law enforcement. Therefore, the Privacy Rule expressly permits PHI to be shared for specified public health purposes.

The **Security Rule** establishes national standards for electronic health care transactions. All covered entities must address the confidentiality, integrity, and availability of patients' protected health information in electronic form (ePHI). All health information that is received, stored on a computer, or transmitted across computer networks, including the Internet must be adequately protected against unauthorized access.

The rule mandates certain administrative, physical, and technical safeguards that outline which technologies, policies, and procedures should be put in place to ensure adequate ongoing protection of ePHI. The safeguards that comprise HIPAA - mandated security focus on protecting data, confidentiality, integrity and availability of individually identifiable health information.

Additionally, to improve the efficiency and effectiveness of the health care system, HIPAA included a series of “administrative simplification” provisions, including the Electronic Transactions and Code Sets Standards Rule, and lastly, setting up a unique National Provider Identification Number (NPI) to be assigned to all health care entities.

The Advanced Practice Nursing Specialists is committed to protecting your health information. The following is our “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.**

Advanced Practice
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The Advanced Practice Nursing Specialists NOTICE OF PRIVACY PRACTICES

If you have any questions or requests, please contact
The administrative staff by emailing info@apnshealth.com.

WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU

We are required to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures, which occur as a byproduct of the permitted uses and disclosures described in this Notice. We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Posting the revised notice on our website.

WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

1. We may use and disclose PHI about you to provide health care treatment to you.

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

2. We may use and disclose PHI about you to obtain payment for services.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following:

- Billing departments;
- Collection departments or agencies;
- Insurance companies, health plans and their agents which provide you coverage;
- Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
- Consumer reporting agencies (e.g., credit bureaus)

3. We may use and disclose PHI without your authorization.

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We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency, which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and/or disclosure relates to cadaveric organ, eye or tissue donation purposes.
- When the use and/or disclosure relates to medical research. Under certain circumstances, we may disclose PHI about you for medical research.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

4. You can object to certain uses and disclosures.

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances. If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call our contact person listed on the cover page of this Notice.

5. We may contact you to provide appointment reminders.

We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

6. We may contact you with information about treatment, services, products,

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and other health care providers.

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value.

ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU

1. You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by mail or in person on the appropriate Health Division Form.

2. You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by mail or in person on the appropriate Health Division Form.

3. You have the right to see and copy PHI about you.

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by mail or in person on the appropriate Health Division Form.

4. You have the right to request amendment of PHI about you.

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:

- 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record);
- 2) the information is not part of the records used to make decisions about you;
- 3) we believe the information is correct and complete; or
- 4) you would not have the right to see and copy the record as described in paragraph 3 above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement

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disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of your PHI by mail or in person on the appropriate Health Division Form.

5. You have the right to a listing of PHI disclosures we have made.

You have the right to receive a written list of certain of our PHI disclosures about you. The request must be in writing to our contact person. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection B.5 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.4 above) and
- As part of a limited set of information which does not contain certain information which would identify you. The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by mail or in person on the appropriate Health Division Form.

6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time.

For more information regarding HIPAA, visit <http://www.hhs.gov/hipaa/index.html>

If you have any concerns about patient care or safety, please ask to speak with the practice manager. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

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situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by mail or in person on the appropriate Health Division Form.

2. You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by mail or in person on the appropriate Health Division Form.

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You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by mail or in person on the appropriate Health Division Form.

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- 2) the information is not part of the records used to make decisions about you;
- 3) we believe the information is correct and complete; or
- 4) you would not have the right to see and copy the record as described in paragraph 3 above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of your PHI by mail or in person on the appropriate Health Division Form.

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- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection B.5 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.4 above) and

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- As part of a limited set of information which does not contain certain information which would identify you The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by mail or in person on the appropriate Health Division Form.

6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time.

OFFICE OF QUALITY MONITORING

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Phone: (800) 994-6610
E-mail: complaint@jointcommission.org
<https://www.jointcommission.org/>

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICE

The Secretary of Health and Human Services, Office of Civil Rights (OCR)
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (877) 696-6775
E-Mail: <https://www.hhs.gov/>

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The Advanced Practice Nursing Specialists

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS

By signing below, I am stating that I have received a copy of the Advanced Practice Nursing Specialists Division's Notice of Privacy Practice:

Signature

Print Name

Date

FOR OFFICIAL USE ONLY

An attempt to obtain written acknowledgement of Receipt of Advanced Practice Nursing Specialists' Notice of Privacy Practices was attempted, however acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other _____

Office Representative

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