

NAME OF HOSPITAL

HIPAA REGULATION	INDIVIDUAL RIGHTS	REFERENCE 5.1
SUBJECT:	RIGHT TO PRIVACY NOTICE	EFFECTIVE: 0/0/2003
DEPARTMENT:	HOSPITAL WIDE	
APPROVED BY:		REVISED:

_____ has adopted a policy on a privacy notice to comply with our obligations under the privacy standards and to ensure that all our patients are aware of our privacy practices.

POLICY: PRIVACY NOTICE

Every individual has the right to receive notice stating how _____ uses and discloses PHI, the person's rights with respect to the PHI and the hospitals duties with regard to PHI.

The notice will contain information regarding uses and disclosures. Separate statements for certain uses and disclosures (appointment reminders, treatment alternatives etc.). The notice will also contain a statement of the patient's rights, Description of the covered entity's duties, description of the complaint process, contact information and effective date of the notice.

A good faith effort will be made to obtain a signed "Acknowledgement of Receipt of Notice of Privacy Practices".

Please contact the person listed below with questions on this policy and/or to report violations.

Name:
Phone number:
Address:
Fax:

NAME OF HOSPITAL

HIPAA REGULATION	INDIVIDUAL RIGHTS	REFERENCE 5.1
SUBJECT:	RIGHT TO PRIVACY NOTICE	EFFECTIVE:
DEPARTMENT:	HOSPITAL WIDE	
APPROVED BY:		REVISED:

_____ has adopted a procedure on providing a privacy notice to comply with our obligations under the privacy standards, to make sure our patients are aware of our privacy practices to respond to their requests for a copy of the privacy notice, and to respond to any questions regarding the same.

PROCEDURE FOR PROVIDING A PRIVACY NOTICE

1. Maintain the “Notice of Privacy Practices” and update it when changes occur.
2. Maintain all versions of the notice in this organization’s HIPAA Compliance file.
3. Post the notice in the waiting room.
4. Make the notice available in appropriate languages.
5. When the notice changes post the most current notice and distribute a copy to all established patients within 60 days.
6. Ensure that at least once every three years, all established patients are provided with a copy of the notice.
7. The front desk staff will keep 25 copies of the full notice available at all times.
8. As of the compliance date, April 14, 2003 provide the notice to all patients who have not previously been given the notice after they check in for their office visit.
9. Obtain a signed copy of the “Acknowledgement of Receipt on Notice of Privacy Practices”. If unable to obtain a written acknowledgement document efforts to do so and the reasons one was not obtained.
10. Contact information will be provided by giving the “Notice of Hospital’s Contact Information” when requested.
11. Acknowledgements will be maintained for a period of six years.

Please contact the person listed below with questions on this procedure, for location of forms and/or to report violations.

Name:
Phone number:
Address:
Fax: