

Mind Springs, Inc.	
Policy and Procedure	
Policy name:	HIPAA: Privacy Notice Policy
Policy number:	180-00-05
Proponent:	Director of Quality and Compliance
Company:	<input checked="" type="checkbox"/> Mind Springs, Inc. <input checked="" type="checkbox"/> Mind Springs Asset Management, LLC <input checked="" type="checkbox"/> West Springs Hospital, Inc. <input checked="" type="checkbox"/> Health Services Program, Inc. <input checked="" type="checkbox"/> Mind Springs Health, Inc.
Statutes/Standards:	<input type="checkbox"/> CARF: <input type="checkbox"/> OBH ADAD: <input type="checkbox"/> CDPHE: <input type="checkbox"/> JC: <input type="checkbox"/> CMS: <input checked="" type="checkbox"/> HIPAA: <input checked="" type="checkbox"/> CRS: <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> OBH MH:

Purpose

Minds Spring, Inc. (MS) in an effort to be compliant with the Privacy Rules of HIPAA’s Administrative Simplification provisions, sets out, in this policy, the conditions for providing notice to clients of our privacy practices.

SCOPE

All employees of Minds Springs, Inc.

DEFINITIONS

Authorization – A signed written document by the client authorizing use or disclosure of their PHI.

PHI-Protected Health Information

Use- The use of PHI within the organization; continuity of care, treatment team staffing, etc.

Disclosure-Releasing, transferring, allowing access to PHI outside of the organization.

RESPONSIBILITIES

All employees are responsible to know and abide by all MS HIPAA Privacy Policies.

Policy

MS, INC. will post a copy of our Privacy Notice, in English and Spanish, in a prominent position at each service location. We will give each client a copy of the Notice no later than his or her first treatment service or upon hospital admission. Additional copies of the Notice will be made available to clients upon their request. Any client who is unable to read the Privacy Notice can request that the Notice be read to them.

We will obtain a written acknowledgment of receipt of the Privacy Notice from each client or client representative no later than his or her first service or hospital admission. Should we fail to obtain the

written acknowledgment, we will document the good faith effort we made to obtain the acknowledgement and the reason we were unable to obtain it.

The Privacy Notice reflects the privacy practices in place at this time in our agency. We will make changes to the privacy practices when there have been changes in the Privacy Rule or our internal practices.

MS, INC.'s Privacy Notice will conform to the content specified in the Privacy Rule. At the present time, this content is as follows:

1. Header:

“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.”
2. A description, including sufficient detail to place the client on notice, and at least one example of the types of uses and disclosures for each of the following purposes – treatment, payment, and health care operations.
3. A description, including sufficient detail to place the client on notice, of each of the other purposes a covered entity is either required or permitted to use or disclose PHI without the individual’s written consent or authorization.
4. A description of any prohibitions or material limitations required by more stringent law (substance abuse information and HIV status).
5. A statement that other uses and disclosures will be made only with the client’s written authorization and that such authorization may be revoked.
6. A statement that MS, INC. will contact the client to provide appointment reminders or information about treatment alternatives, or other health-related benefits and services that may be of interest;
7. A statement of the client’s rights with respect to uses and disclosures of PHI and a description of how they may be exercised including:
 - a. The right to request restrictions – including a statement that MSH, INC is not required to agree to such a restriction;
 - b. The right to receive confidential communications of PHI;
 - c. The right to inspect and copy PHI;
 - d. The right to amend PHI
 - e. The right to receive an accounting of any disclosures of PHI made without authorization; and
 - f. The right to obtain a paper copy of the Privacy Notice upon request.
8. A statement about MS, INC.’s duty to:
 - a. Maintain the privacy of PHI and to provide clients with notice of its legal duties and privacy practices relative to PHI;
 - b. Abide by the terms of the privacy notice currently in effect; and
 - c. When retroactively applying a change in the notice, to provide a statement that it reserves the right to change the terms of its notice and to make the new notice effective for all PHI it maintains; and how it intends to provide clients with a revised notice.

9. A statement that clients may complain to either MSH, INC or DHHS if they believe their rights have been violated; a brief description of how to file a complaint; and a statement that there will be no retaliation against the client if a complaint is made.
10. The name, title, and telephone number of the person or office designated as responsible for receiving complaints and providing additional information.
11. The date on which the notice is first in effect, which may not be earlier than the date on which the privacy notice is printed or otherwise published.

Revision of our privacy practices may only occur after deliberation by the Privacy Officer and the Quality Improvement Committee. Any changes arising from the revision process will be incorporated into the Privacy Notice and distributed to clients before those practices are effective.

Procedures

1. The Privacy Officer, in consultation with the Quality Improvement Committee and/or agency counsel, will develop the Privacy Notice. The Privacy Officer will present the Privacy Notice to the Quality Improvement Committee.
2. The Quality Improvement Committee must approve the Privacy Notice.
3. The Privacy Notice in effect at any time will be the notice attached to this policy.
4. On at least an annual basis, the Privacy Officer will review the current version of the Privacy Notice with respect to changes in the Privacy Rule or internal practices and recommend modifications to the Quality Improvement Committee.
5. All staff members of the agency are responsible for reading and understanding the Privacy Notice and the practices and procedures staff must follow to comply with the federal Privacy Rule and our Privacy Notice.
6. Any employee who believes that MS, INC., an employee, a contractor, or a business associate is not complying with the Privacy Rule or our Privacy Notice must report those concerns to the Privacy Officer.
7. All employees will be trained on the privacy practices of the agency, including all practices outlined in the Privacy Notice.
8. New employees will have training on the privacy practices of the agency in the orientation program.
9. Current employees will receive training in conjunction with the agency's training on the Privacy Regulations. If and when the Privacy Notice is modified, all employees will receive notice of any changes, a description of any operational changes that must be implemented in order to comply with the changes to the Privacy Notice, and information on how their day-to-day work will change as a result.
10. The Privacy Notice will be clearly and prominently displayed in the waiting room at every MSH, INC location.
 - a. Paper copies of the Privacy Notice will be available to any person who requests one. A person may request a copy be sent to them by mail or by email.

- b. Each new client must receive a copy of the Privacy Notice prior to receiving any services from us.
11. New clients enrolling for services will be given a copy of the Notice at the first non-emergency contact along with all other enrollment materials. We will attempt to obtain written acknowledgement from the client or their representative of their receipt of the Notice.
 12. If the first contact with a client is a face-to-face emergency service, the client will be offered a copy of the Privacy Notice, and we will attempt to obtain written acknowledgement from the client or their representative of their receipt of the Notice. If the client declines to provide written acknowledgement of receipt of the Privacy Notice, we will document the lack of acknowledgement in the client's record.
 13. If a client does not sign the written acknowledgement of their receipt of the Privacy Notice, the responsible staff person should discuss their reasons for not signing and should document both the effort to get the written acknowledgment and the reason for not obtaining it on the Acknowledgement of Receipt of Privacy Notice. This note should be dated and signed.
 14. For minor clients under the age of 18 whose parents or other persons legally authorized to act on their behalf consented to their treatment, the Privacy Notice must be given to the parent or legal custodian.
 15. Clients aged 15 to 18 who obtain treatment without the consent of parents or others authorized to act on their behalf will be given a Privacy Notice.
 16. The Privacy Notice is written in plain language in order to make sure that clients understand our privacy practices. A different method for informing the client about our privacy practices may be needed for some clients. If so, MS, INC. will offer clients the following alternatives:
 - a. Clients who cannot read and comprehend the Privacy Notice as written should be offered the opportunity to have the Notice read to them by a staff person or by a relative or friend.
 - b. The Privacy Notice will be available in Spanish.
 17. Client questions about the Privacy Notice should be answered promptly and completely. If a staff person is unable to answer a question, the client should be directed to the Privacy Officer for additional information.
 18. The Privacy Notice allows the agency to modify or change its privacy practices, but we must give all clients appropriate notice of the changes we plan to make.
 - a. Each version of the Privacy Notice will have an effective date prominently displayed on the first page.
 - b. The Privacy Notice will be posted on the MS, INC. Intranet and Internet websites.
 - c. Upon revision, copies of the revised Notice will be sent to the Quality Improvement Representative for each service location at least 30 days prior to its effective date.
 - d. The Quality Improvement Representative for each site is responsible for ensuring that all old copies of the Notice are destroyed prior to the effective date of the new Notice, and that copies of the new Notice are in place the day of the effective date of the new Notice.
 - e. The Quality Improvement Representative will issue an Official Notice to all program staff informing them of the revised Notice and the instructions for replacing all prior versions of the Notice contained in their office inventories.

- f. The new version of the Notice will be provided to the MS, INC. website manager to post on the Internet website and the Intranet website, in order to be included in our electronic forms database.
- g. Copies of the new version of the Privacy Notice will be made available to clients upon request at least 10 days before the effective date.

REFERENCES:

CFR 45 Part 160-General Administrative Requirements

CFR 45 Part 162-Administrative Requirements

CFR 45 Part 164-Security and Privacy

C.R.S 25-4-1405

C.R.S. 27-65

Federal Confidentiality Law 42 CFR Part 2

Freedom of Information Act

5 U.S.C. 552a The Privacy Act of 1974

42 USC 290dd-3

42 USC 290ee-3

STANDARDS FROM CFR 45 164 Subpart E

§ 164.502 Uses and Disclosures of protected health information

§ 164.506 Uses and Disclosures to carry out treatment, payment and operations

§ 164.508 Uses and Disclosures for which an authorization is required

§ 164.510 Uses and Disclosures requiring an opportunity for the individual to agree or object

§ 164.512 Uses and Disclosures for which an authorization or opportunity to agree or object is not required

§ 164.514 Other requirements relating to uses and disclosures of PHI

§ 164.520 Notice of Privacy Practices for PHI

§ 164.522 Rights to request privacy protection for protected health information

§ 164.524 Access of individuals to protected health information

§164.526 Amendment of protected health information

§ 164.528 Accounting of disclosures of protected health information

§ 164.530 Administrative requirements

§ 164.532 Transition provisions

§ 164.534 Compliance Dates for initial implementation of the privacy standards