**Notice of Privacy Practices Policy**

**Purpose**:

To maintain and provide individuals with a document that describes [Insert Covered Entity]’s privacy practices.

**Policy**:

[Insert Covered Entity] will make available a Notice of Privacy Practices describing how they use and disclose protected health information (PHI). This Notice additionally describes the individual’s rights related to his/her protected health information. The Notice may be provided in person or electronically (if the individual agrees to electronic notice). If the Notice is provided electronically, the individual may still request and obtain a paper copy of the Notice.

**Procedure**:

1. [Insert Covered Entity] will post a copy of the Notice in a clear and prominent location at the service delivery site and will have available a copy of the Notice at the service delivery site. Patients will be asked if they would like to have a copy of the Notice. See Notice of Privacy Practices form.
2. Upon provision of the Notice, [Insert Covered Entity] will obtain a written acknowledgement that the individual has received the Notice. If the patient is unwilling or not able to acknowledge receipt of the Notice, [Insert Covered Entity] will document its good faith efforts to obtain the acknowledgement. See Acknowledgment form.
3. The Notice may be revised at any time to reflect statutory or regulatory changes, or to reflect changes in [Insert Covered Entity]’s policies and procedures, provided the Notice indicates it may be revised. If the Notice is changed, the revised Notice must be posted and made available to all individuals prior to treatment and upon request by the effective date of the changes made in the Notice.
4. The Privacy Officer will maintain copies of the Notice of Privacy Practices for a period of at least six years from the date a revised Notice supersedes a prior Notice.
5. The Notice will contain the following information:

* The statement: “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.” This statement will be prominently displayed at the head of the notice.
* A description, including at least one example of the uses and disclosures for treatment, payment, and health care operations.
* A description of each of the other uses and disclosures, which may be made without the individual’s written authorization.
* A statement that the individual must specifically authorize other uses and disclosures by written authorization and that the individual may revoke his/her authorization at any time, except to disclosures made prior to the date of revocation.
* A statement describing fundraising, treatment alternatives, appointment reminders, health-related benefits and services that may be of interest to the individual. This should also include any opt-out options that are available to the individual.
* A statement of any marketing activities that the individual may be contacted about that [Insert Covered Entity] may receive remunerations.
* Statements describing individual rights include:
  + The right to request restrictions on the uses and disclosures of PHI (including a statement that not all restrictions – except when an individual pays out of pocket for services because he/she may then restrict disclosures to a third party payer unless the law requires the disclosure – must be agreed to by [Insert Covered Entity] and the criteria for the restriction of self-pay disclosures to a third party).
  + The right to be provided access (including the right to a copy) to the individual’s PHI, including the right to receive an electronic copy of the individual’s PHI
  + The right to request an amendment to the individual’s PHI
  + The right to receive an accounting of disclosures of the individual’s PHI
  + The right to receive electronically, or in paper format, a copy of the Notice
  + The right to request communication accommodation
  + The right to file a complaint with the Privacy Officer or Office for Civil Rights
* Statements about breach notification and the right of the individual to be notified following a breach of his/her protected health information.
* Additional required statements include:
* [Insert Covered Entity] is required by law to maintain the privacy of PHI and to provide the individual with the Notice of Privacy Practices
* Required to abide by the terms of the Notice
* Must revise the Notice when there is a change in privacy practices and a description of how the revised Notice will be made available
* Reserves the right to change the Notice and to make the new Notice available
* The individual’s right to complain and a description of how he/she can file a complaint with [Insert Covered Entity] and with the Secretary of HHS if he/she believes his/her privacy rights have been violated.
* [Insert Covered Entity] will not retaliate against the individual for filing a complaint
* The contact information for further information.
* A statement regarding the receipt of financial and non-financial remuneration for the use or disclosure of protected health information.
* A description of uses and disclosures of PHI that require authorization, including psychotherapy notes, subsidized marketing, and sale of protected health information.
* A statement stating that other uses and disclosures not described in the Notice will only be made with an authorization, and a statement that the authorization may be revoked.
* The effective date of the Notice.

**Violations:**

Any user found to have violated this policy may be subject to disciplinary action, up to and including termination of employment or assignment, depending on the severity of the infraction. In addition, [Insert Covered Entity or Business Associate name] may report the matter to civil and criminal authorities as may be required by law.