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SECTION: HIPAA

AREA: HIPAA PRIVACY/SECURITY POLICIES

SUBJECT: NOTICE OF PRIVACY PRACTICES

PURPOSE

To inform the UAMS Workforce about the required procedures regarding the UAMS Notice of Privacy Practices.

SCOPE

UAMS Workforce

DEFINITIONS

Indirect Treatment Relationship: A relationship between a patient and healthcare provider in which:

1. The healthcare provider delivers healthcare directly to the patient based on the orders of another healthcare provider; and
2. The healthcare provider typically provides services or product, or reports the diagnosis or results associated with the healthcare, directly to another healthcare provider, who provides the services or product or reports to the patient.

Protected Health Information (PHI) means information that is part of an individual's health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act and health information about UAMS employees maintained by UAMS in its role as an employer and health information regarding a person who has been deceased for more than 50 years.

UAMS Workforce means for purposes of this Policy, physicians, employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UAMS, is under the direct control of UAMS, whether or not they are paid by UAMS.

To access any other terms or definitions referenced in this policy:
<http://hipaa.uams.edu/DEFINITIONS%20-%20HIPAA.pdf>

POLICY

UAMS patients will be provided the UAMS *Notice of Privacy Practices (Notice)* that describes how UAMS uses and discloses Protected Health Information. It will also include the individual's rights and UAMS' legal duties with respect to Protected Health Information. All UAMS HIPAA covered components shall use the UAMS *Notice of Privacy Practices*. Any modifications to the Notice must be approved by the UAMS HIPAA Office.

PROCEDURE

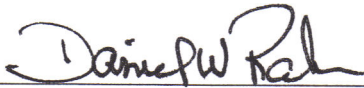
- A. **Content of the Notice** - The UAMS *Notice of Privacy Practices* conforms to §164.520 of the Health Insurance Portability and Accountability Act.
- B. **Distribution and publication of the Notice** - Each UAMS HIPAA covered component will be responsible for making the UAMS *Notice of Privacy Practices* available to its patients in accordance with the HIPAA regulations.
 1. For patients with whom UAMS has a **direct treatment relationship**, UAMS will:
 - a. Provide the *Notice* to the patient no later than the date of the first service delivery. Make a good faith effort to obtain the individual's written Acknowledgment that they received the *Notice* by asking the patient or patient's Legal Representative to sign the *Acknowledgment of Receipt of Privacy Notice*. Document the reason if the written Acknowledgment was not obtained.
 - b. Post the *Notice* in a clear and prominent location; and
 - c. Make the *Notice* available at all service delivery sites.
 2. The *Notice* will be provided to patients who have an **indirect treatment relationship** and **are** physically present at UAMS. The *Notice* will be available upon request to patients **not** physically present and who have an **indirect treatment relationship** at UAMS. An example of this is: mail-in specimens to the UAMS Clinical Laboratory.
 3. In emergency situations, the provision of the *Notice* and its written Acknowledgment may be given as soon as reasonably practicable after the emergency treatment situation.
 4. The Notice will be prominently posted on all UAMS public websites.
 5. The *Notice* will be made available in English and Spanish. Other interpretive accommodations will be provided upon request. Refer to University Hospital *Interpreters Policy P.S.2.07*.
 6. An audio version, in Spanish and English, of the *Notice of Privacy Practices* and Acknowledgment may be accessed by dialing (501) 526-7270 or 866-273-3554 (toll free number).

C. Revisions to the Notice: UAMS will revise its *Notice* whenever there is a material change to its privacy practices stated in the *Notice*. Such changes will not be implemented before the effective date of the new *Notice*. The revised *Notice* will be distributed pursuant to this Policy to patients who did not receive the prior *Notice*. The revised *Notice* will be made available upon request, posted on the UAMS public websites, and in prominent locations within the facilities.

D. Documentation Requirements: A copy of the *Notice* and each subsequent revision will be retained for six years by the UAMS HIPAA Office.

SANCTIONS

UAMS workforce who engages in activity in violation of this Policy may be subject to disciplinary action, up to and including termination of employment or relationship with UAMS.

Signature: 

Date: July 10, 2013

Place Patient Label Here **or**

Print Patient Name

Account Number



Acknowledgment of Receipt of Privacy Notice

By signing this form, you are only agreeing that you have received a copy of the UAMS Notice of Privacy Practices.

Patient Signature

Date

Print Legal Representative's Name (if applicable) Legal Representative Signature

If Legal Representative, authority of Legal Representative _____
(such as parent of a minor, court-appointed guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or healthcare proxy)

STAFF USE ONLY

We provided the Notice of Privacy Practices and attempted to obtain written

Acknowledgment but acknowledgment could not be obtained because:

Patient or Legal Representative declined to sign the Acknowledgment of Receipt.

Other (please specify) _____

Printed Name of Employee Completing Form

Date

Signature of Employee Completing Form

UAMS Location

EPF Barcode

HIPAA