

A.C.T. HOME CARE, INC.

PRIVACY PRACTICES POLICY CREATED 9/19/13

APPLICABILITY: The Privacy Officer shall ensure that all employees who have access to patients and their families of Covered Entity comply with all the requirements of this policy.

PURPOSE: The purpose of the Notice of Privacy Practices is to ensure that Covered Entities complies with the requirements set forth in 45 CFR 154.520 and informs all patients of their rights under the HIPPA Privacy laws and regulations.

POLICY: It is the policy of this organization to comply with federal laws governing the protection of patient's privacy and issue to each patient a Notice of this organization Privacy Practices in accordance with applicable regulations.

PROCEDURE:

1. As part of its HIPAA compliance, Covered Entity has adopted the attached Notice of Privacy Practices which has been updated to include the 2013 HIPAA language (Attached as Exhibit A).
2. Covered entity shall issue to every patient and family member, at the time of sign in and/or admission to the program, a copy of the Notice of Privacy Practice.

3. Covered entity shall obtain a patient's or legal guardian's acknowledgment of receipt of Covered Entity's

Notice of Privacy Practices (Attached as Exhibit B).

4. The Privacy Officer shall develop a process to evaluate and ensure that all patients and their families are receiving Covered Entities Notice of Privacy Practices, that they understand their rights to privacy and that they have signed an Acknowledgment that they have received said Notice of Privacy Practices.

5. Note: If Covered Entity already has a process in place to track Notices of Privacy Practices and Acknowledgments, then they just need to explain how such a process works in this policy.

6. Special rules for Electronic Notices. If Covered Entity elects to send its Notices electronically, it must comply with the following requirements: (i) A covered entity that maintains a web site that provides information about the covered entity's customer services or benefits must prominently post its notice on the web site and make the notice available electronically through the web site.

Special Rules for Electronic notices. If covered Entity elects to send its Notices electronically, it must comply with following requirements:

(ii) A covered entity may provide the notice required by this section to an individual by-mail, if the individual agrees to electronic notice and such agreement has not been withdrawn. If the covered entity knows that the e-mail transmission has failed, a paper copy of the notice must be provided to the individual.

(iii) If the first service delivery to an individual is delivered electronically, the covered health care provider must provide electronic notice automatically and contemporaneously in response to the individual's first request for service. The requirements in paragraph (c)(2)(ii) of this section apply to electronic notice.

(iv) The individual who is the recipient of electronic notice retains the right to obtain a paper copy of the notice from a covered entity upon request

7. Special Rules for Health Plans

Definition of Health Plan includes an individual or group plan that provides, or pays the cost of, medical care

(1) Health plan includes the following, singly or in combination:

(i) A group health plan,

(ii) A health insurance issuer,

(iii) An HMO,

(iv) Part A or Part B of the Medicare program under title XVIII of the Act.

(v) The Medicaid program

(vi) An issuer of a Medicare supplemental policy

(vii) An issuer of a long-term care policy, excluding a nursing home fixed-indemnity policy.

(viii) An employee welfare benefit plan or any other arrangement that is established or maintained for the purpose of offering or providing health benefits to the employees of two or more employers.

(ix) The health care program for active military personnel under title 10 of the United States Code.

(x) The veterans' health care program

(xi) The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

(xii) The Indian Health Service program under the Indian Health Care Improvement Act,

(xiii) The Federal Employees Health Benefits Program under 5 U.S.C. 8902, et seq.

(xiv) An approved State child health plan under title XXI of the Act, providing benefits for child health assistance that meet the requirements of section 2103 of the Act

(xv) The Medicare Choice program under Part C of title XVIII of the Act,

(xvi) A high risk pool that is a mechanism established under State law to provide health insurance coverage or comparable coverage to eligible individuals.

(xvii) Any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care.

(vi) The Voluntary Prescription Drug Benefit Program under Part D of title XVIII of the

Act

(vii) An issuer of a Medicare supplemental policy

(viii) An issuer of a long-term care policy, excluding a nursing home fixed indemnity policy.

(ix) An employee welfare benefit plan or any other arrangement that is established or maintained for the purpose of offering or providing health benefits to the employees of two or more employers.

(x) The health care program for uniformed services under title 10 of the United States Code.

(xi) The veterans' health care program under

(xv) The Medicare Advantage program

(2) Health plan excludes:

(i) Any policy, plan, or program to the extent that it provides, or pays for the cost of, excepted benefits that are listed in section 2791(c)(1) of the PHS Act, 42 U.S.C. 300gg-91(c)(1); and

ii) A government-funded program (other than one listed in paragraph (1) (i)-(xvi) of this definition): (A) Whose principal purpose is other than providing, or paying the cost of, health care; or (B) Whose principal activity is:

(1) The direct provision of health care to persons; or

(2) The making of grants to fund the direct provision of health care to persons. d.

Notice of Privacy Right Rules for Health Plans

1.. Health Plan must provide notice:

(A) No later than the compliance date for the health plan, to individuals then covered by the plan;

(B) Thereafter, at the time of enrollment, to individuals who are new enrollees; and

(e) Within 60 days of a material revision to the notice, to individuals then covered by the plan.

2. No less frequently than once every 3 years, the health plan must notify individuals then covered by the plan of the

availability of the notice and how to obtain the notice.

3. The health plan satisfies the requirements of paragraph (c)(1) of this section if notice is provided to the named insured of a policy under which coverage is provided to the named insured and ODe or more dependents.

4. If a health plan has more than one notice, it satisfies the requirements of paragraph (c)(1) of this section by providing the notice that is relevant to the individual or other person requesting the notice.

2013 Additional Requirements for Health Plans 45 CFR 164.520

5. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan; or

6. If a covered entity that is a health plan, excluding an issuer of long-term care policy falling within paragraph (l)(viii) of the definition of health plan, intends to use or disclose protected health information for underwriting purposes, a statement that the covered entity is prohibited from using or disclosing protected health information that is genetic information of an individual for such purposes more than one notice, it satisfies the requirements of paragraph (c)(1) of this section by providing the notice that is relevant to the individual or other person requesting the notice.

New rules for material changes to notice and how to post on health plans website.

