

**HIPAA /HITECH COMPLIANCE
COUNTY OF ULSTER**

Procedure: *HIPAA/HITECH Compliance*
Topic: *Privacy Notice and Acknowledgement*

HIPAA Regulation:

- *Notice of Privacy Practices* § 164.520

Purpose:

The purpose of this procedure is to provide guidance with respect to the Notice of Privacy Practices in accordance with the HIPAA requirements.

Procedure Description:

It is the procedure of **County of Ulster** that a Notice of Privacy Practices (the Notice) must be published, that the Notice and any revisions to it must be provided to all individuals at the earliest practical time, and that all uses and disclosures of protected health information (PHI) must be done in accordance with Organization's Notice of Privacy Practices.

It is the policy of the Department that efforts will be made to gain written acknowledgment of the receipt of the Notice from all individuals to whom we provide the Notice of Privacy Practices. If written acknowledgment is not provided, the Department will document attempts to gain such acknowledgment. Attempts will include a letter and one phone call to follow-up if there is no response to the letter.

Responsibilities:

Department's Privacy Officer/Designee

1. Maintains the Notice and updates it when changes occur.
2. Maintains all versions of the Notice in the Organization's HIPAA Compliance file.
3. Posts the Notice in the general program areas, administrative office, and residences. Assures the Notice is posted on Ulster County's website.
4. Makes the Notice available in other languages, if appropriate.
5. When the Notice changes, posts the most current Notice. Also posts a sign that indicates that the Notice has been modified and how individuals may receive a copy of the new notice.
6. Provides notification to all programs of any changes to the Notice.

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Department's Privacy Officer/Designee

1. Assures that the Notice is provided to all individuals who have not previously been given the Notice.
2. Assures individuals and/or personal representatives (involved family, guardian) are advised to read the Notice and sign the acknowledgment. Assures that assistance is provided to individuals as needed in reading and/or understanding the notice.
3. Provides each individual receiving the Notice with Organization's Acknowledgment of Receipt of Notice of Privacy Practices. (Acknowledgment is a separate page from the Notice.)
4. Assures that the individual's signed acknowledgment is filed in the individual's clinical record in the HIPAA section.
5. When the Notice changes, assures a copy of revised Notice is provided to individuals and/or personal representative (involved family, guardian, advocate, etc.) at the next treatment/service plan review or service encounter, whichever comes first.
6. If the individual refuses to sign the acknowledgment, an offer to contact the Department's Privacy Officer will be made (Treatment/services will not be withheld upon refusal to sign the acknowledgment).

Department's Privacy Officer

1. Answers individual's questions or concerns.

Department Staff

1. Documents the efforts to explain the Notice and subsequent failure to obtain a signature on the Acknowledgement Form.
2. Forwards all requests for special privacy protections, alternate confidential communication channels, amendments to PHI, disclosure accounting, or access to or copying of PHI, and complaints to the Department's Privacy Officer. Staff will communicate all requests described above in writing to the Department's Privacy Officer.

Appendix: Acknowledgement of Receipt of Notice Form

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Acknowledgement of Receipt of Notice

County of Ulster

Department Name _____

Address _____

Department Privacy Officer/Designee: (Name) _____

Phone: _____

Ulster County Privacy Officer: (Name) _____ Phone: _____

I hereby acknowledge that I have received a copy of **Department** _____ Notice of Privacy Practices.

Yes No (circle one) I would like to receive a copy of any amended Notice of Privacy Practices at: _____

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the individual, please indicate relationship:

- Parent or guardian of individual
- Health Care Proxy or Agent
- Beneficiary or personal representative of deceased individual
- Other

Name of Individual: _____

For Department Use Only:

Signed form received by: _____

Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

