



HIPAA Notice of Privacy Practices Policy

Policy #:	HP007.1
Policy Type:	University
Responsible Executive:	VP Academic Affairs
Responsible Office:	Academic Affairs
Originally Issued:	November 8, 2023
Latest Revision:	November 8, 2023
Effective Date:	November 8, 2023

I. Policy Statement

The University of Louisiana at Monroe's HIPAA Notice of Privacy Practices Official Policy establishes the requirements for providing adequate Notice of Privacy Practices to all patients. ULM must also provide patients with information regarding their rights with respect to Protected Health Information and ULM's legal duty to protect patient privacy.

II. Purpose of Policy

To provide guidance to the healthcare facilities and providers affiliated with ULM on a patient's right to adequate notice of privacy practices as required by the Health Insurance Portability and Accountability Act Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations), and any other applicable state or federal laws or regulations.

III. Applicability

This policy is applicable to all faculty and staff.

IV. Definitions

Protected Health Information (PHI) - for purposes of this policy means individually identifiable health information, that relates to the past, present, or future health care services provided to an individual. Examples of PHI include the medical and billing records of a patient.

Direct Treatment Relationship- means a treatment relationship between an individual and a healthcare provider that is not an indirect treatment relationship. Indirect treatment relationships are relationships between an individual and a healthcare provider in which healthcare providers delivers healthcare to the individual based on the orders of another healthcare provider, and the healthcare providers typically provides service products, or reports the diagnosis or results associated with the healthcare, directly to another healthcare provider who provides the services or products or reports the individual.

Privacy Officer- person designated by ULM to be the Privacy Official and who is responsible for the development and implementation of the patient privacy policies and procedures.

V. Policy Procedure

- 1.0 ULM should provide a Notice of Privacy Practices that is written in plain language and includes the required elements or information identified in this policy.
- 1.1 In instances where ULM has a Direct Treatment Relationship with a patient, ULM must:
 - 1.1.1 Provide the Notice of Privacy Practices to the patient no later than the date of the first service delivery.
 - 1.1.2 In an emergency treatment situation, provide the Notice of Privacy Practices as soon as reasonably practicable after the emergency treatment situation; and

- 1.1.3 Except in an emergency treatment situation, make a good faith attempt to obtain a written acknowledgement of receipt of the Notice, and if not obtained, document the good faith efforts by ULM to obtain an acknowledgement and the reason why the acknowledgement was not obtained.
- 1.2 If ULM maintains a physical delivery site, the Facility or Clinic must:
 - 1.2.1 Have the Notice of Privacy Practices available at the service delivery site for individuals to request to take with them;
 - 1.2.2 Post the Notice of Privacy Practices in a clear and prominent location where it is reasonable to expect individuals seeking service from the facility or clinic to read the notice; and
 - 1.2.3 Whenever the Notice of Privacy Practices is revised, make the Notice available upon request on or after the effective date of the revision and promptly post the revised Notice at their physical delivery site.
- 1.3 ULM must make a good faith attempt to obtain a written acknowledgement of receipt of the Notice, and if not obtained, then document the effort to obtain this acknowledgement.
- 2.0 Required Elements of the Notice of Privacy Practices
 - 2.1 The header statement must state: “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”
 - 2.2 A description, including at least one example, of the types of uses and disclosures for the purposes of treatment, payment and healthcare operations. (e.g. contact to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the patient; fundraising; disclosure of PHI to the sponsor of a group health plan or a health insurance or HMO).
 - 2.3 A description of each of the other purposes for which ULM is permitted or required to use or disclose the information without the individual’s written authorization (e.g., state reporting).
 - 2.4 If use of disclosure for any purpose in 2.2 or 2.3 is prohibited or materially limited by other applicable law, the description of such use or disclosure must reflect the more stringent law.
 - 2.5 A description of the types of uses and disclosures that require an authorization under §164.508(a)(2)-(a)(4), a statement that other uses or disclosures will be made only with the individual’s written authorization and that the individual may revoke this authorization.
 - 2.6 Separate statements that ULM may contact its patients to provide:
 - Appointment reminders or
 - Information about treatment alternatives or
 - Other health-related benefits and services, or
 - That ULM may contact individuals to raise funds for ULM and that the patient has a right to opt out of such communications.
 - 2.7 If the facility or clinic intends to engage in these activities, a statement of the patient’s rights with respect to Protected Health Information, including:
 - The right to inspect and copy Protected Health Information;
 - The right to amend Protected Health Information;
 - The right to receive confidential communications;

- The right to an accounting of disclosures;
- The right to request restrictions on certain uses and disclosures including a statement that the covered entity is not required to agree to a requested restriction except in the case of a disclosure restricted under 164.522(a)(1)(vi);
- The right to obtain a paper copy of the notice, upon request even if the patient has agreed to receive notice electronically.

2.8 A statement of ULM’s legal duties with respect to PHI.

2.8.1 ULM is required by law to maintain the privacy of PHI and to provide this notice with respect to PHI;

2.8.2 ULM must abide by the terms of the notice currently in effect;

2.8.3 ULM may apply a change to the notice and make the new notice effective for the PHI it maintains. Any revised notice must be distributed whenever there is a material change to the uses or disclosures, individual's rights, legal duties or other privacy practices state in the notice.

2.9 The statement will also include how it will provide the revised notice to individuals.

2.10 A statement that patients may complain to the Privacy Officer or the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint, and a statement that the individual will not be retaliated against for filing a complaint.

2.11 A statement that includes the name or title and telephone number of person or office to contact.

2.12 The effective date of the notice, which may not be earlier than date on which the notice is printed or otherwise published.

2.13 Any ULM facility or clinic that maintains a website must prominently post its notice on the website and make the notice available electronically through the website.

2.14 ULM may provide the notice by e-mail, if the patient agrees to electronic notice and such agreement has not been withdrawn. A paper copy must be provided at the request of the patient or if the email transmission fails.

2.15 If the first service delivery to a patient is delivered electronically, the facility must provide the notice automatically and immediately, in response to the patient's first request for services. There must be a procedure in place to notate this electronic delivery. The individual may obtain a paper copy at his or her request.

VI. Enforcement

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VII. Policy Management

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VIII. Exclusions

None

IX. Effective Date

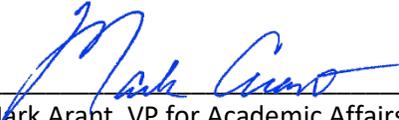
This policy will be effective upon signature by the University President

X. Adoption

This policy is hereby adopted on this 8th day of November 2023.

Recommended for Approval by:

Approved by:



Dr. Mark Arant, VP for Academic Affairs



Dr. Ronald L. Berry, President

XI. Appendices, References and Related Materials

45 C.F.R. § 164.520

XII. Revision History

Original adoption date: November 8, 2023.