

# CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

## SECTION II: ORGANIZATION-FOCUSED FUNCTIONS POLICY 10: Management of Information PROCEDURE 10.14: Provision of Notice of Privacy Practices for Protected Health Information

### Purpose:

To inform staff of the patient's/personal representative's right to adequate notice of the uses and disclosures of Protected Health Information (PHI), the patient's rights, and Connecticut Valley Hospital's (CVH) legal duties with respect to PHI.

### Definitions:

1. *Individually Identifiable Health Information*: Information that is a subset of health information, including demographic information collected from an individual, and that: (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and (3) which identifies the individual, or (4) with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. *Note*: Individually identifiable health information is to be treated as protected health information.
2. *Notice of Privacy Practices*: The notice of privacy practices relating to the agency's use and disclosure of PHI that is mandated under Health Insurance Portability and Accountability Act (HIPAA) regulations for distribution to all individuals whose information will be collected by or on behalf of the agency.
3. *Personal Representative*: A person who has authority under applicable law to make decisions related to health care on behalf of a patient.
4. *Protected Health Information (PHI)*: Individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

### Procedure:

1. The staff admitting the patient provides the patient/personal representative with a copy of the Notice of Privacy Practices upon admission.
  - a. The Notice of Privacy Practices for Mental Health Programs (CVH-530a) is provided to patients in the General Psychiatry Division and the Whiting Forensic Division.

- b. The Notice of Privacy Practices for Substance Abuse Programs (CVH-534a) is provided to patients in the Addiction Services Division.
2. The admission staff member reviews the content with the patient/personal representative and obtains his/her signature on the Receipt for the Notice of Privacy Practices (CVH-530 or CVH-534). The patient's/personal representative's signature acknowledges receipt of the notice.
3. If the patient refuses to sign the Receipt for the Notice of Privacy Practices, the staff member who reviewed the content, documents an explanation of the refusal and signs and dates the receipt.
4. The admission staff member copies the Receipt for the Notice of Privacy Practices, gives a copy to the patient/personal representative, and files the original in the Legal and Fiscal section of the patient's medical record.
5. If the patient presents with symptoms of an acute nature which preclude the patient from being able to understand the explanation of the Notice of Privacy Practices on admission and/or the personal representative is not available, the assigned Social Worker follows-up with the patient, reviews the notice as soon as is reasonably possible, and obtains the patient's signature.
6. The Social Worker copies the Receipt for the Notice of Privacy Practices (CVH-530 or CVH-534), gives a copy to the patient/personal representative, and files the original in the Legal and Fiscal section of the patient's medical record.
7. The Unit Director is responsible for posting the relevant Notice of Privacy Practices in a clear and prominent location which is easily accessible to all patients on each unit.
8. The CVH Privacy Officer revises and distributes the Notices of Privacy Practices (CVH-530a and CVH-534a), incorporating any material changes made to the notice by the Office of Healthcare Information.
9. The Unit Director posts the revised Notice of Privacy Practices and makes a copy available to anyone upon request.

*Example 1:* A new client at your facility/statewide program is presented with the **Notice of Privacy Practices** during the admission process and asked to sign at the bottom, acknowledging receipt. If the client refuses to sign, the staff person who asked for the signature documents on the form that the **Notice of Privacy Practices** was offered, that the client refused to sign, and the reason for the client's refusal to sign.

*Example 2:* A new client is admitted to your facility/statewide program who is in crisis, or presenting with symptoms of an acute nature which preclude the client from being able to understand the explanation of the **Notice of Privacy Practices** make it inappropriate to review under the circumstances. A specific staff person should be assigned to follow-up with the client and review the **Notice of Privacy Practices** as soon as it is reasonably possible (for example, in a hospital unit, a Social Worker could be assigned to review the **Notice of Privacy Practices** with all new admissions who come in and are unable to have the notice reviewed with them).