

## Policies and Procedures: Privacy Protection

### General Policy

It is the policy of this organization and all clinicians who practice herein to work diligently to protect the privacy of all patients. Clinicians shall always release the **minimum necessary** information when sharing **protected health information**, as defined by the Health Insurance Portability and Accountability Act (HIPAA). Information disclosed shall be categorized according to its sensitivity level. Only the lowest level of information required by requesting parties to meet their legitimate needs shall be released. Reasonable safeguards shall also be in place to prevent the incidental disclosure of protected information.

### Protected Health Information

Protected Health Information is defined herein as personally identifiable medical and psychological records maintained on patients of this clinic as required by state and federal laws. Psychological records shall have a higher level of privacy protection than medical records, shall be kept in a special section of the medical chart, and shall never be released without an authorization form signed by the involved patient.

### Who May Request Protected Health Information

Medical and Psychological Clinicians, Office Staff, and Business Associates shall act in compliance with HIPAA regarding the release of Protected Health Information to all requesting parties, including the following:

#### The Patient

Under HIPAA, patients may now request copies of their medical records. Upon review, patients may also place an addendum in their files if they believe their records contain significant errors or omissions. Although patients have the right to request copies of their record, clinicians have the right to charge patients a reasonable fee to cover photocopying expenses. Finally patients have the right to request a list of all parties who have to date requested a copy of their medical records.

#### The Patient's Family

Under HIPAA clinicians shall communicate with the patient's family only the minimum necessary information.

#### Managed Care and Insurance Companies

Managed Care and Insurance Companies may request protected information in order to authorize medically necessary treatment or to verify benefits. Clinicians shall attempt to release the minimum necessary information to enable the successful completion of these tasks. However should a dispute emerge between clinicians and these companies about what constitutes the minimum necessary information, clinicians shall inform patients about the dispute and shall give patients the right to refuse to release a higher level of protected information. In such a case patients shall be informed that their refusal may result in non-payment of services by their insurance company, and that they shall be responsible to pay for treatment themselves.

#### Other Medical and Psychological Professionals

Medical and mental health professionals requesting protected information shall be asked to specify the minimum necessary information they require, and shall be given the same.

#### Attorneys

Legal professionals requesting protected information shall be asked to specify the minimum necessary information they require, and shall be given the same.

#### Business Associates

Clinicians' business associates requesting protected information shall be asked to specify the minimum necessary information they require, and shall be given the same.

### Levels of Intentional Disclosure

- Level 1: Dates of Service, Billing Information, and Name of Treating Clinician. No Authorization or Consent needed.
- Level 2: Level 1 Information, plus Diagnosis and Treatment Method(s). Patient Authorization needed, but Consent not needed.
- Level 3: Level 1 and Level 2 Information, plus Intake Evaluation and Medical Notes. Patient Authorization needed but Consent not needed.
- Level 4: Levels 1, 2 & 3 Information, plus Psychotherapy Notes. Patient Authorization plus Consent needed.

### Limitation of Incidental Disclosures

Incidental disclosures are defined herein as unintentional disclosures that may naturally occur in the everyday practice of Medicine and Psychotherapy. Clinicians and office staff shall employ **reasonable safeguards**, as defined by HIPAA and as described below.

#### Waiting Room Procedures

Patients may sign in on the form provided by the clinic in order to inform office staff of their arrival time. However to reasonably safeguard against confidentiality breaches, patients may choose to write only their first name on the form. Clinicians and office staff shall refrain from discussing protected information with patients and/or their families in the Waiting Room where other patients or persons may inadvertently overhear this information.

#### Front Office Procedures

Patient Charts shall be kept either in cabinets locked in the administrative office area, or in locked cabinets in clinician offices. Individual patient charts of patients waiting to be seen or that require immediate action by clinicians may be temporarily left on the front office side counter so clinicians can retrieve them. Reasonable Safeguards to protect patient privacy shall be employed. Filing Cabinets holding patient charts shall be monitored by office staff during regular business hours, and locked when the office is closed. Patient Charts left on the counter for clinicians will be placed face down, with the patients' names concealed from view. All charts shall be refilled in locked cabinets by the end of regular business hours. Clinicians and office staff shall also follow special front office procedures as listed below:

#### Telephone Procedures

Clinicians and office staff may leave messages for patients on answering machines and voice mails at phone numbers provided by the patients. Clinicians and office staff may also leave messages with persons other than the patient. Reasonable safeguards to protect patient privacy when leaving messages shall be employed. Persons leaving messages shall leave the minimum necessary information such as name, preferred return call phone number and information authorized by patient at intake to release when leaving phone messages.

#### Fax Procedures

All faxes containing Protected Health Information shall be sent with a disclaimer notice regarding the confidentiality of the information being sent, in accordance with HIPAA regulations.

#### Marketing Procedures

No Protected Health Information shall be used for marketing procedures by clinicians, office staff, or business associates, in compliance with HIPAA.