

***Old Trail Imaging, LLC***

**HIPAA POLICY**

Revised 2/2010

## Table of Contents

Notice of Privacy Practices.....	3
Acknowledgement of Information Practices.....	7
Patient Authorization for Release of Information .....	8
Information Disclosure Flow Sheet .....	9
Request for Confidential Communication of Health Information .....	10
HIPAA POLICY:	
A. Discipline .....	11
B. Response to Complaints Regarding PHI .....	12
C. Disclosure Accounting .....	13
D. PHI Use and Disclosure .....	14
E. Consent / Notice Acknowledgement .....	15
F. Provide Confidential Communication .....	16
G. Compliance .....	17
H. Minimum Necessary .....	18
I. Request to Restrict Information Disclosure .....	19
J. Verification Authorization Request .....	20
K. Subpoena Issues, Policies and Procedures .....	21
L. Deidentification of PHI .....	25
M. Patient Access and Amendment of Records .....	26
N. Letters: OTI Denial Letter Amendment.doc .....	29
O. Privacy Breach Notification .....	31

Effective Date: 14 April 2003

## NOTICE OF PRIVACY PRACTICES FOR OLD TRAIL IMAGING, LLC

**This notice describes how medical information about you, as a patient of Old Trail Imaging, LLC , may be used and disclosed and how you can get access to this information.**

### PLEASE REVIEW THIS NOTICE CAREFULLY

If you have any questions about this notice please contact the manager of this office.

This notice describes information practices for employees and business contacts of the Family Practice Center, P.C. It also pertains to any students, medical, osteopathic, physician assistant, nursing, medical assistant, or any other student training or shadowing at any of our offices, billing facilities, or laboratory. All of these individuals will be required to follow the terms of this notice. These entities will share medical and other information with each other, and with outside agencies, for treatment, payment or as needed to perform other operations.

We at the Family Practice Center realize that the information that is gathered about you and your family during an encounter with one of our staff is provided in confidence, and we are committed to keeping that confidence. This notice applies to any information that we have about you regardless of how it is stored or from whom it is received. If you see other medical personnel or use hospitals they may have other practices or policies about how your protected information is handled.

This notice will tell you about the ways that the Family Practice Center, P.C. may use and disclose medical information about you. It will tell you about your rights and some requirements that we have regarding the use and disclosure of this information. We are required by law to provide you with this notice of our policies regarding your individually identifiable health information.

You DO NOT have to agree with the practices and may request limitations on the use and disclosure of your medical information.

We are required by law to make sure that any medical information that identifies you is kept private, to provide you with this notice about our privacy practices and to abide by the terms of the agreement that is currently in effect.

### HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU.

There are several ways in which your information is used. This section will tell you what they are and give some examples of each. There will be other ways in which your information is used and these examples are not meant to restrict how your information is used and not all information will be used for every purpose.

**For Treatment:** This is generally the reason you made your appointment with this office. We will use information that we gather to provide you with medical treatment and services. We will gather information regarding the nature of the visit when you call to make your appointment then ask for more information as you are preparing to see our Doctors, Nurse Practitioners, or Physician Assistants. The provider will gather more information during your encounter and may discuss this with a staff member to determine the correct course of treatment for you. For example, if you call with a laceration the operator may ask information regarding the severity and location of the injury. The office staff may ask about your immunization status or other illnesses that can affect your ability to heal or put you at risk for infection. You may have an x-ray to determine if there is any foreign material in the wound. The provider will ask about how the injury occurred and other information about the injury to determine if there may be other damage not immediately visible. If this injury occurred at work we will share information with your employer.

**For Payment:** We may use and disclose medical information about you so that we can receive payment for treatment and services we provide to you. If you ask us to bill your insurance for services we will need to identify you and the services provided to do that. We may need to give your health plan information about you and your medical status to receive preauthorization for services planned.

**For Health Care Operations:** We may use and disclose information about you for practice operations. The use of this information helps us remain efficient and provide quality care. Information regarding your illnesses may be used to assure that our patients are receiving up to date care in line with guidelines from health plans or national organizations. Information may also be used to evaluate our staff's performance.

**Appointment Reminders:** We may use and disclose information to remind you about upcoming appointments for treatment or services at one of our offices.

**Treatment Alternatives:** We may use and disclose information to tell you about alternative treatments available for you.

**Individuals Involved in Your Care:** We may release information about you to family members involved in caring for you or, in the event of a disaster, relief agencies providing services to you.

**As Required by Law:** We will disclose information about you when required to do so by federal, state, or local law.

**To Avoid Serious Threat To Health and Safety:** We may use and disclose information about you when necessary to prevent a serious threat to you or to the health and safety of the public.

**Workers Compensation:** We may release information about you for workers' compensation or similar programs that provide benefits for work related injuries or illnesses.

**Public Health Risks:** We may disclose information about you for public health activities.

- To maintain vital records such as birth or death
- To prevent or control disease, injury, or disability
- To report child abuse or neglect
- To report reactions to medication or problems with products
- To notify people of recalls of products they may be using
- To notify patients who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence as provided for by Pennsylvania law

**Health Oversight Activities:** We may disclose information about you to a health oversight agency for activities such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor programs and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute we may disclose information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other legal process.

**Law Enforcement:** Under certain circumstances we may release information about you if asked to do so by a law enforcement official:

- To identify suspects, witnesses or missing persons
- About the victim of a crime
- About deaths we believe may be the result of criminal activity
- About criminal conduct at any of our offices
- In a emergency to report a crime, crime victim or the individual who committed a crime
- In response to a warrant, summons, court order, subpoena, or similar legal process

**Coroners, Medical Examiners, and Funeral Directors:** We may release information to these individuals, for example, to help with identification, determination of death causes, or to help them perform the duties of their jobs.

**National Security and Intelligence Activities:** If necessary, we will release information about you to federal officials for intelligence, counter intelligence, or national security activities authorized by law.

**Protective Services for the President and Others:** We will release information about you to authorized federal officials so that they may provide protection to the President of the United States, other authorized individuals, or foreign heads of state. We also may provide information about you to assist in carrying out an investigation.

**Inmates:** If you are an inmate of a correctional facility we will release information about you to the correctional institution or law enforcement official.

**Worker's Compensation:** Our practice may release your individually identifiable health information for worker's compensation or other similar programs.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

**Right to Inspect and Copy:** You have the right to review and copy the information that we have used to make medical decisions about your care. This means that we will give you access to medical and billing information, but does not necessarily include access to any psychotherapy notes that we may possess. We reserve the right to have a staff member with you during your review. To inspect and/or obtain a copy of information in our records you must submit your request in writing to the manager of the office in which your records are maintained 30 (thirty) days in advance. If you request a copy of the record, we will charge you a fee for the costs of copying, mailing and other supplies involved in the request.

In certain circumstances we may deny your request to inspect and copy information from your records. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Family Practice Center will review the denial. This will not be the individual who initially denied your request. The Family Practice Center will abide by the decision of the reviewer.

**Right to Amend:** You may ask to add an amendment to the information we maintain about you if you feel that the record is incorrect or incomplete. To request an amendment, your request must be submitted in writing to the manager of the office in which your records are maintained. You must include a reason that supports your request. The request will be reviewed and a decision made within 30 days and you will be notified of the decision.

We may deny your request for an amendment if it is not in writing or does not include a reason that supports the request. We also may deny your request if you ask us to amend information that was not created by us, if the information is not part of a record that you would usually be permitted to inspect, or if we believe that the record is accurate and complete.

**Right to Accounting of Disclosures:** You have the right to request a list of the disclosures of your medical record that we have made. An "accounting of disclosures" is a list of non-routine disclosures our practice has made of your individually identifiable health information for non-treatment or operations purposes. The routine use and disclosures permitted by the Health Information Portability and Accountability Act is not required to be documented. For example, a provider discussing your case with a nurse or the billing office submitting a claim is not required to be documented. This list will include only disclosures that we have made in writing, and specifically will not include any disclosures made in conversations regarding your treatment, payment, or other health care operations.

To request this accounting you must submit your request, in writing, to the manager of the office in which your records are maintained. Your request must state a time period for accounting that may not be longer than six years, and may not include dates before April 14, 2003. The first list that you request within a 12-month period will be free. There may be a charge for any other requested lists within 12 months.

**Right to Request Restrictions:** You have the right to request restrictions on the information that we disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone involved in your care or the payment for your care. For example, you could request that we not use or disclose information regarding a treatment or surgery that you had.

To request restrictions on use of your information, you must make your request in writing to the manager of the office where you are being treated. In your request you must tell us: A) What information you want to limit; B) Whether you want to limit our use, disclosure, or both; and C) To whom you want the limitations to apply, for example disclosures to your spouse or children. We reserve the right to review the request for up to 30 (thirty) days before making a decision. We may utilize one extension of not more than 30 (thirty) days for the decision process.

**We are not required to agree to your request.** If we do agree however we will comply with your request unless the information is required to treat you in an emergency.

**Your Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the manager of the office where you are being treated. You are not required to tell us the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you want to be contacted.

**Right to Request a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have reviewed a copy of this notice electronically you are entitled to a paper copy.

A copy of this notice is posted at: [www.fpcdoctors.com](http://www.fpcdoctors.com)

To obtain a paper copy of this notice make your request at the front desk of any office or at our billing office and it will be provided to you free of charge.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information that we may gather in the future. We will post a copy of this notice in each practice site and in our billing office. The notice will contain an effective date on the first page.

## **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with this practice or with the Secretary of the Centers for Medicare and Medicaid Services. To file a complaint with the Family Practice Center, P.C. contact: Privacy Officer, Old Trail Imaging, LLC, 3040 North Susquehanna Trail, PO Box 129, Shamokin Dam, PA 17876. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to "take back" any disclosures that we have already made with your permission and that we are required to keep any records of the care that we provided to you.

## ACKNOWLEDGEMENT OF INFORMATION PRACTICES

As part of my health care, Old Trail Imaging, LLC creates and stores information about me. This includes records concerning my health history, symptoms, examinations, test results and plans for future care.

I understand that this information serves as a basis for my continuing care.

I understand that this information is used as a means of communication among Family Practice Center personnel and with medical personnel outside of this practice.

I understand that this information serves as a source of information for applying my diagnoses and surgical information to my bill.

I understand that this information is a way for third party insurance companies to assure that a service we billed for was actually performed.

I understand that this information can be used as a tool to assess the quality of care provided to patients.

I have been provided an opportunity to review the Notice of Information Practices for Old Trail Imaging, LLC that provides a more complete review of information uses and disclosures.

I understand that I have the right to review this Notice of Information Practices before signing this consent.

I understand that the Old Trail Imaging, LLC may change their information at any time and that a current copy will be available for my inspection during regular business hours of each medical office and at the central billing office.

I understand that I have the right to request restrictions as to how my information may be disclosed to carry out treatment, payment or other healthcare operations and that Old Trail Imaging, LLC is not required to agree to the restrictions requested. The procedure to request restriction on information use and disclosure is contained in the Notice of Information Practices.

\_\_\_\_\_  
Signature of patient or legal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Printed name of patient

Effective date April 14, 2003

**PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand this Authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations, and that it may be re-disclosed by the recipient.

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_

**Name/Address of Organization Providing the Information:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name/Address of Organization(s) or Person(s) Receiving the Information:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Specific Description of Information Disclosed** \_\_\_\_\_

**To the extent any of the following information is contained in my records being released, I specifically authorize the release of such information for the purposes indicated below by initialing before each category:**

**Initials:**\_\_\_\_\_ HIV/AIDS testing, test results, treatment and related information including high risk behavior documented;

**Initials:**\_\_\_\_\_ drug and/or alcohol diagnosis, treatment, test results and reports and referral information;

**Initials:**\_\_\_\_\_ mental health treatment information, test results and reports including psychological and psychiatric studies, reports, evaluations and referral information; and/or

**Initials:**\_\_\_\_\_ venereal disease information;

**Initials:**\_\_\_\_\_ genetic testing, test results, counseling, reports, treatment, and referral information.

**Purpose of Disclosure:** \_\_\_\_\_

**You must read and initial the following statements:**

1. I understand this Authorization will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YR) or on the following event: Termination of the Physician/Patient Relationship. **Initials:** \_\_\_\_\_
2. I understand that I may revoke this Authorization at any time by notifying this Practice's Privacy Officer in writing, but if I do, it will not have any effect on any actions this Practice took before they received the revocation. **Initials:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Representative                      Relationship to Patient                      Date

\_\_\_\_\_  
Witness    Date

***You may refuse to sign this Authorization. We cannot condition treatment on your signing this Authorization.***

**N/A. If this Authorization is for marketing purposes, remuneration is/is not involved (Provider circle one).**



**REQUEST FOR CONFIDENTIAL COMMUNICATION OF  
HEALTH INFORMATION**

I, \_\_\_\_\_, request that the following information about me  
be communicated to me in a confidential manner.

The information that I wish to remain confidential is:

---

---

---

---

This is how I wish to be contacted:

---

---

---

---

This request is to remain in effect until: \_\_\_\_\_  
Date

Signed: \_\_\_\_\_  
Patient or Personal Representative

Relationship: \_\_\_\_\_  
If Personal Representative

OTI representative accepting request: \_\_\_\_\_  
Name and Title

## HIPAA POLICY

### DISCIPLINE

**Goal:** To identify penalties for inappropriate access or disclosure of protected health information.

**Policy:** It is the policy of Old Trail Imaging, LLC to protect the privacy of information regarding our patients and clients. As noted elsewhere (see OTI Policies on compliance with HIPAA and Minimum Necessary), Old Trail Imaging, LLC will not knowingly tolerate violation of HIPAA guidelines or our internal policies. Any Old Trail Imaging, LLC personnel that violate these policies will be subject to disciplinary action. Disciplinary action may include employee retraining regarding Privacy Procedures, suspension without salary or pay, summary termination or other responses deemed appropriate by a review committee. Employees, patients or contracts of Old Trail Imaging, LLC reporting suspected violations of policy will not be reprimanded, punished or subject to disciplinary action when the report is made in good faith. To the extent practicable, the identity of the reporting individual will remain confidential. Activities of individuals who are aware of privacy violations and fail to report them will be considered comparable to the violation itself.

**Procedure:** Any employee who believes that patient privacy has been violated is obligated to report the occurrence to the office manager and/or office physician.

If the review by the above suggests that a significant violation of privacy rules has occurred, the Privacy Officer will be notified and the incident will be documented in writing for the file of the Privacy Officer.

If the incident is deemed by the Privacy Officer to require review by the committee, not less than four of the following will be convened to investigate the allegation: Office manager, assistant office manager, office physician, operations manager, human resources manager and Privacy Officer.

A subcommittee may be designated to interview the employee in question.

A report back to the full committee will be made in writing who will then determine:  
1) if an infraction occurred and, 2) if so, the appropriate disciplinary response to be taken.

If no infraction is identified, all records of the investigation will be destroyed.

If an infraction and subsequent discipline is upheld, notation will be made in the employee's permanent record. The human resources manager will retain all supporting documents.

## HIPAA POLICY

### **RESPONSE TO COMPLAINTS REGARDING PROTECTED HEALTH INFORMATION**

**Goal:** To provide a framework for the investigation of complaints regarding use and disclosure of protected health information.

**Policy:** It is the policy of Old Trail Imaging, LLC to investigate all complaints regarding the use and/or disclosure of protected health information, denial of access to protected health information, denial of request for amendment to protected health information and any other issues pertaining to the Health Insurance Portability and Accountability Act of 1996. These complaints may be made from within Old Trail Imaging, LLC or from outside the organization. Further, it is the policy of Old Trail Imaging, LLC that there will be no retaliation against any individual who generates a complaint.

**Procedure:** In all cases, complaints regarding the use or disclosure of protected health information should be presented to the Privacy Officer and an owner physician.

Complaints provided to the Privacy Officer will, to the greatest extent possible, remain confidential unless circumstances prevent confidentiality. Sincere efforts will be made to protect the confidentiality of complainants.

#### **INTERNAL:**

- Questions about privacy of protected health information may be directed to the Privacy Officer at any time either in writing or verbally.
- Complaints regarding potential violations of protected health information must be presented in writing to the Privacy Officer.
- The Privacy Officer and an office manager will perform an initial investigation on the complaint.
- At minimum, the Privacy Officer will meet with the complainant.
- Results of the initial investigation will be discussed with an office physician and significant findings will be presented to a committee composed of the Privacy Officer, an office manager, the operations manager and the human resources manager.
- Subsequent activities will be contingent upon the findings of the internal investigation but may include such actions as employee retraining, employee discipline, policy and procedure review and revision or referral to legal counsel for review.

#### **EXTERNAL:**

- All complaints regarding the use or disclosure of protected health information must be in writing to the office manager or directly to the Privacy Officer.
- All such complaints should be forwarded to the Privacy Officer.
- The Privacy Officer and an office manager will perform an initial investigation of the complaint.
- If the complaint is regarding access or amendment to protected health information, relevant policies and procedures will be followed. (See "*HIPAA Policy Patient Access and Amendment of Records*")
- Results of the initial investigation will be discussed with an office physician and significant findings will be presented to a committee composed of the Privacy Officer, an office manager, the operations manager and the human resources manager.
- Subsequent activities will be contingent upon the findings of the internal investigation but may include such actions as employee retraining, employee discipline, policy and procedure review and revision or referral to legal counsel for review.
- The complainant will be notified that an investigation will be conducted but not necessarily of the results of the investigation.

## HIPAA POLICY

### **DISCLOSURE ACCOUNTING**

**Goal:** To identify sources to whom protected health information is disclosed for purposes other than treatment, payment or health care operations.

**Policy:** It is the policy of Old Trail Imaging, LLC to release information for purposes other than treatment, payment or health care operations only with the specific authorization of the subject of the information or their authorized personal representative. Furthermore, it is the policy of Old Trail Imaging, LLC to keep accurate records to whom this information is disclosed.

**Procedure:** When a request for patient information is received by Old Trail Imaging, LLC for any purpose other than treatment, payment or health care operations, we must obtain a specific consent for the release of the requested information.

The consent must be in writing and indicate: The INFORMATION to be released; the TIME PERIOD of information to be released; the INDIVIDUAL or ORGANIZATION to whom the release is to be made; the DATE of the request and the EXPIRATION DATE of the request which can be no more than one year from the request date.

When a disclosure is made per valid request, a notation will be made on a flow sheet maintained in the patient chart.

If there are any questions regarding the validity of the request, the subject of the information (or their personal representative) will be contacted to verify the consent.

## HIPAA POLICY

### PROTECTED HEALTH INFORMATION USE AND DISCLOSURE

**Goal:** To allow the free, unimpeded flow of patient information among the necessary staff.

**Scope:** This policy applies to all employees of Old Trail Imaging, LLC

**Policy:** It is the policy of Old Trail Imaging, LLC to comply fully with the regulations contained within the Health Information Portability and Accountability Act. Nothing should be construed to limit the lawful flow of information within the practice or for the appropriate flow of information among health care providers, including providers not affiliated with Old Trail Imaging, LLC, for the safe and effective treatment of patients. After acknowledgment of the Notice of Privacy Practices, patient data and records may be used as needed by necessary Old Trail Imaging, LLC personnel for patient care and treatment, to secure payment and reimbursement and for permitted other uses. Such other uses may include credentialing, quality assurance activities, internal compliance audits, peer review, etc.

**Procedure:** If there is any question regarding the authority to release information in specific circumstances, a signed authorization should be obtained.

## HIPAA POLICY

### CONSENT / NOTICE ACKNOWLEDGEMENT

**Goal:** To assure that all patients are provided with the Notice of Privacy Practices and that Old Trail Imaging, LLC has, prior to the collection of detailed protected health information, a signed acknowledgement of the practices including the uses for treatment, payment and health care operations.

**Scope:** This applies to all employees of Old Trail Imaging, LLC

**Policy:** It is the policy of Old Trail Imaging, LLC to provide all patients with the opportunity to review the Family Practice Center Notice of Privacy Practices and to provide a printed copy upon request.

It is the policy of Old Trail Imaging, LLC to obtain written acknowledgement of the Notice of Privacy Practices and, except in an emergency situation, will attempt to obtain this acknowledgement at the time of the first contact with the patient or their personal representative.

The Notice of Privacy Practices may, from time to time, be changed or updated and current copies will be posted at each practice site and at the billing office. Copies will be provided without charge to patients upon request.

Procedure: Except in an emergency, at first contact each patient will be given the opportunity to sign an acknowledgement that they have been given an opportunity to review the Old Trail Imaging, LLC Notice of Privacy Practices. This acknowledgement will be kept in the patient chart and documentation will be made on the Problem/History list.

Patients may be given a copy of the Notice of Privacy Practices without charge.

## HIPAA POLICY

### PROVIDE CONFIDENTIAL COMMUNICATION

**Goal:** To allow individuals the opportunity to request and define procedures to enable confidential communication of protected health information.

**Policy:** It is the policy of Old Trail Imaging, LLC to allow individuals who are the subject of protected health information, or their personal representative, the opportunity to request confidential communication of information.

**Procedure:** Individual's request for confidential communication of protected health information must be in writing. The request must indicate the information to be communicated confidentially and the means by which we may contact the individual. It is permissible to indicate "all information". (See "*HIPAA Policy Provide Confidential Communication*")

We will not ask the reason for the request.

If an individual requests in writing confidential communication of protected health information we will accommodate all reasonable requests.

If an individual requests confidential communication of protected health information in writing, the request will be placed in a prominent location in the patient record and notification of the billing office personnel will be made (if the request involves mail or billing information).

Occasionally individuals may verbally request that information only be communicated in a specific manner or at a specific location or phone number. These requests may be honored to the extent that we are able to comply; however, **we are not bound by verbal requests.**

## HIPAA POLICY

### COMPLIANCE

**Goal:** It is the policy of Old Trail Imaging, LLC to comply with the requirements of the Health Information Portability and Accountability Act of 1996. These regulations apply to the collection, storage and transmission of personally identifiable data in any form. The HIPAA regulations serve as a minimum level of guidance and statutes promulgated by the Commonwealth of Pennsylvania, that are more stringent than the Federal regulations, still apply.

**Scope:** This policy applies to all employees and business associates of the Old Trail Imaging, LLC and is applicable to any information that can be used to individually identify patients. This includes, but is not limited to, name, address, birth date, social security number, account number, driver's license number, race, gender, telephone, pager and fax numbers, insurance information and email addresses or URLs.

**Procedure:** All employees will be given a copy of the Notice of Privacy Practices and associated policies and procedures at the time of training.

## HIPAA POLICY

### MINIMUM NECESSARY

**Goal:** To assure compliance with the “minimum necessary” rule within the Health Information Portability and Accountability Act.

**Scope:** This policy applies to all employees and business associates of Family Practice Center, PC.

**Policy:** It is the policy of Old Trail Imaging, LLC that employees and business associates have access to the minimum amount of protected health information necessary for job performance. During the course of treatment, payment and health care operations, large amounts of patient data are collected and transmitted. Strong efforts will be made to limit access to this information except by those for whom it is necessary.

It is the policy of Old Trail Imaging, LLC that a “self-policing” responsibility exists as well. Employees and business associates are not to access patient information and data not directly necessary for their jobs.

**Procedure:** See Job Descriptions.

Also, at initial hiring, each employee will be required to sign an agreement of confidentiality that they will access only required information for job duties.

## HIPAA POLICY

### REQUEST TO RESTRICT INFORMATION DISCLOSURE

**Goal:** To clarify the option and procedures to request and grant restrictions to whom patient information may be disclosed.

**Policy:** Patients have the right to request that Old Trail Imaging, LLC personnel do not disclose protected health information about themselves or individuals for whom they are personal representatives. This request may not limit disclosure for treatment or payment after services has been provided and may not conflict with federal or state laws. Old Trail Imaging, LLC may take up to 30 (thirty) days to review the request and may decline the request after review. If Old Trail Imaging, LLC agrees to the request, we are obligated to honor the terms to which we have agreed.

**Procedure:** When a patient requests limitations on disclosure of information:

1. The request must be made in writing to the office manager.
2. The request must include, at a minimum, WHAT information is to be limited; WHETHER the limitation is for use, disclosure or both, and TO WHOM the limitations apply.
3. The requestor will be notified that Old Trail Imaging, LLC has up to 30 (thirty) days plus one 30 (thirty) day extension to review the request and to make a decision.
4. The office manager will review all requests with an office physician.
5. Requests may be reviewed by the Privacy Officer to assure compliance with internal policies or potential conflicts with federal or state laws at the request of an office physician.
6. The office manager will communicate any declined requests to the requestor in writing.
7. The Privacy Officer will be available upon request of an office physician or the office manager to discuss decisions to decline any limitation request.
8. If Old Trail Imaging, LLC agrees to a requested limitation, it is the responsibility of the office manager / billing manager to assure that Old Trail Imaging, LLC procedures are followed to prevent unauthorized disclosures.
9. If a disclosure is made to a specifically limited entity, an office physician will be notified of the disclosure as soon as is practicable and a written account of the disclosure will be provided. A copy of the written account will be provided to the Privacy Officer.

## HIPAA POLICY

### VERIFICATION OF REQUEST AUTHORIZATION

**Goal:** To assure that requests for protected health information are valid.

**Policy:** It is the policy of Old Trail Imaging, LLC to disclose protected health information in response to valid authorizations provided by or on behalf of the subject of the information or their personal representatives. When the request is provided by the subject of the information or their personal representative, there will be no question regarding the authenticity of the request. Occasionally, however, a request will be presented and the validity will be questioned. In these instances, it is the policy of Old Trail Imaging, LLC to verify the request for information with the subject.

**Procedure:** When an authorization for disclosure of information is received from the subject of the information or their personal representative, the office manager or their designated representative will verify the request and release the requested information.

No authorization is required for treatment purposes, billing purposes or for health care operations.

All information released will be subject to the Minimum Necessary rule.

If there is a question regarding the validity of the authorization, the office manager or their designated representative will contact the individual or their personal representative and verify the authenticity of the authorization.

## HIPAA POLICY

### SUBPOENA ISSUES, POLICIES AND PROCEDURES

**Goal:** To summarize the applicable legal rules and regulations, discuss circumstances under which protected health information may be disclosed, identify prohibitions against disclosure and create logical policies and procedures.

#### Rules of Law

The legal principles concerning this subject are very complex. Key points to consider:

1. You may use and disclose protected health information (“PHI”) contained in medical records for Treatment, Payment and Healthcare Operations (“TPO”) **without authorization.**
2. “Treatment” includes services rendered by your own providers and other health care facilities and physicians who will be involved in providing treatment. “Payment” includes all efforts to try to get reimbursed for the service and any post-payment audits.
3. A request for medical records containing PHI and a subpoena is not TPO.
4. If state law is more stringent than the HIPAA Privacy rules, state law controls. If state law is more stringent in a particular subject area and controls, **it does not matter what HIPAA Privacy rules permit, since disclosure in violation of a more stringent state law violates state law and no HIPAA Privacy protection exists.**
5. Licensure Board (Medical Board, Osteopathic Medical Board, etc.) regulations only allow disclosure based upon a **Court Order or patient consent.**
6. State Board v. Rost – Licensure discipline was imposed against a provider for disclosing PHI in response to a subpoena without Court Order.
7. Haddad v. Gopal – Breach of confidentiality claim for damages exists where physician disclosed PHI to patient’s spouse; physician ultimately won at trial on implied consent; legal point – breach of confidentiality private right of action exists in state court for damages.
8. Burger v. Blair Medical Associates – Supreme Court upheld \$60,000 in damages against medical group practice for disclosing PHI without proper level of consent to employer regarding patient’s drug use without specific consent and despite general authorization to release “any and all” medical records.
9. Kim v. St. Elizabeth’s Hospital – New Court of Appeals decision allows tort claim for damages against provider based upon disclosure of mental health records without specific authorization.
10. HIPAA compliant authorization, without additional specific consents, permits disclosure of only general PHI not covered by specific consent rules.

11. Specific consent rules exist for drug and alcohol treatment; HIV; psychiatric and mental health treatment; and genetic testing information.
12. In order to disclose PHI relating to the four key categories in the preceding number, the authorization must contain a specific consent to disclose those particular records

## **RESPONSE TO SUBPOENAS**

### **Policy:**

#### **When To Disclose PHI**

PHI may be disclosed in response to:

1. A subpoena in a workers compensation case where the subpoena is actually signed by a WC Judge. Most WC subpoenas are signed by WC Judges.
2. Any official Order of Court signed by a County Court Judge or Federal Court Judge.
3. Authorization executed by patient.

#### **Do Not Disclose PHI**

Do not disclose PHI in response to:

1. A subpoena in civil litigation that is not accompanied by an actual Court Order. NOTE: A subpoena is not an Order of Court unless it is an order directing disclosure of medical records signed by a Judge.
2. A subpoena to produce documents or things for discovery pursuant to Pennsylvania Rule of Civil Procedure 4009.22 without patient authorization, even if the requesting party states that the patient has not objected under the HIPAA Privacy rules.
3. Letters from organizations requesting medical records which are not health care providers.
4. A notice of subpoena for production of documents in federal court litigation under the caption of U.S. District Court for the Middle District Court of Pennsylvania, without an accompanying patient authorization.

### **Procedures:**

1. Determine if the disclosure of PHI has anything to do with TPO.
2. Determine whether the patient's existing file has an authorization to permit disclosure to the requesting entity.

3. Look carefully at the document that accompanies the record request and determine whether it is a valid Court Order, a workers compensation subpoena containing a WC Judge's order or a regular subpoena.
4. If it is a workers compensation case containing a subpoena and the subpoena is signed by a WC Judge, go to step 10 before disclosing the PHI.
5. If there is a Court Order signed by a Judge, go to Step 10 before disclosing the PHI.
6. If the request in the form of a subpoena *without a Court Order* and *without an authorization* signed by the patient permitting disclosure of PHI to the requesting party, do the following:
  - Call the patient
  - Tell the patient you have received a request for the patient's medical record and PHI
  - Tell the patient the name of the attorney, law firm or organization requesting the PHI
  - Ask the patient if the patient is willing to have his/her PHI disclosed
  - If yes, ask the patient to sign the authorization that you will fax or forward to the patient. Make sure you insert the specific name of the party in the standard authorization form.
  - If the patient signs the authorization, go to Step 10 before disclosing the PHI.
7. If the patient says no, ask the patient if the patient will send you a short fax or email confirming the patient's refusal to sign the authorization.
  - If the patient will not send you an email or fax, document in the medical record the patient's refusal to sign an authorization.
  - **This documentation and process can prevent a breach of confidentiality lawsuit because it is clear the patient does not agree with the disclosure of PHI and if you nevertheless disclose the PHI in response to a subpoena without authorization, exposure to a breach of confidentiality claim increases exponentially.**
8. If the patient refuses to sign the authorization and the attorney follows up with a call or letter, advise the attorney of the following:
  - The subpoena lacks a Court Order or Patient Authorization
  - The patient has specifically directed you not to disclose the PHI.
  - The patient has refused to execute an authorization.
  - State law is more stringent than the HIPAA Privacy rules.
  - Regardless of the procedures that may have been followed under HIPAA Privacy rules, you are exposed to breach of confidentiality litigation and will not disclose the PHI.
  - Tell the attorney to contact the patient's attorney and either get the patient to sign the authorization or work out some type of stipulation approved by the Court.
  - Tell the patient's attorney to go to Court and obtain a Court Order, at which point you will produce the records if the Court directs you to do so,

and you will not object to the attorney's motion to compel the production of documents.

- Tell the attorney to make sure he includes in the motion the fact that the patient refused to sign the authorization.
  - Do not tell the attorney that this is a HIPAA Privacy issue. This is not a HIPAA Privacy issue. IF you are going to say anything else, tell him it's a Pennsylvania common law breach of confidentiality concern and that Pennsylvania law is more stringent than the HIPAA Privacy procedures and controls in these circumstances, and you will not be exposed to breach of confidentiality litigation no matter what the attorney says.
9. If companies such as Center City Legal Reproductions, MCS or similar organizations send letters and make followup inquiries, follow the same procedure you did in #8 above with respect to responding to attorneys.
10. If a Court Order is issued, or the patient signs an authorization, do all of the following:
- Compare the authorization to the information contained in the medical records.
  - If the request says "any and all records" and does not have specific consent for the four major categories, do not disclose any PHI containing drug/alcohol, HIV, psychiatric/mental health or genetic testing information ("The Big 4 Categories").
    - If it is a general authorization with no specific consents and the request is for "any and all records" and there are none of the Big 4 Categories, disclose all of the PHI.
    - If it is a broad "any and all records" request and the records do contain any element of the Big 4 Categories, do not disclose any part of the medical record containing any aspect of the Big 4 Categories unless there is a specific consent for each and every one of the Big 4 Categories.
11. Any doubts should be resolved in favor of not producing PHI until the Privacy Officer, Compliance Team or Legal Counsel makes the proper determination. Any questions about unique circumstances should be directed initially to the Privacy Officer.

## HIPAA POLICY

### DEIDENTIFICATION OF PROTECTED HEALTH INFORMATION

**Policy:** It is the policy of Old Trail Imaging, LLC to remove identifying information from data sets generated for nontreatment, payment or covered health care operations whenever such activities are practicable unless the release is subject to a valid authorization.

**Procedure:** Upon request for information regarding patients, the 18 identifiers enumerated in the Health Information Portability and Accountability Act will be removed from all data. The office manager or their designated representative may accomplish this removal. A reidentification code may be generated as long as the key is not divulged. Questions regarding the deidentification process should be referred to the Privacy Officer.

The identifiers enumerated in HIPAA are:

1. Name and address including zip code
2. Social security number
3. Birth date
4. Date of death
5. Age if 90 or older
6. Admission and discharge dates
7. Dates of service
8. Telephone and fax numbers
9. Email addresses
10. Health plan beneficiary numbers
11. Medical record numbers
12. Account numbers
13. Certificate / License numbers
14. Vehicle ID and license plate numbers
15. Medical device identifiers and serial numbers
16. Biometric identifiers
17. Web Universal Resource Locators (URLs) and Internet Protocol (IP) address numbers
18. Photographic and comparable images
19. Any other unique identifying number, characteristic or code

## HIPAA POLICY

### **PATIENT ACCESS AND AMENDMENT OF RECORDS**

**Goal:** To allow for patients to review and amend records.

**Policy:** It is the policy of Old Trail Imaging, LLC to allow the subject of protected health information, or their personal representative, access to and the opportunity to have copies of the information maintained by Old Trail Imaging, LLC consistent with the Health Information Portability and Accountability Act of 1996. It is also the policy of Old Trail Imaging, LLC to allow requests for or amendments to the data maintained by the Old Trail Imaging, LLC by the subject of protected health information or their personal representative as defined in the same Act.

Consistent with HIPAA regulations, we will not provide access to:

1. Any psychotherapy notes in our possession
2. Any information compiled in anticipation or for use in civil, criminal or administrative actions or proceedings
3. Information subject to/exempt from provisions of Clinical Laboratory Improvement Amendment (CLIA) of 1988
4. Information obtained from someone other than a health care provider under a promise of confidentiality if access would likely breach that confidentiality.

**Procedure:** For review of records

All requests for access to review or copies of records must be in writing and identify what records are to be reviewed (i.e., medical notes, laboratory reports, correspondence, actual x-ray images, billing records).

Old Trail Imaging, LLC may have up to 30 (thirty) days to review and act upon all requests.

When a request is received, the office manager will notify the requestor that a review of the request will be made and acted upon within 30 (thirty) days and that one extension of 30 (thirty) days may be utilized. If Old Trail Imaging, LLC elects to utilize the 30-day extension, the requestor must be notified within the initial 30-day period.

When a request is received, the office manager will notify an office physician and the Privacy Officer.

An office physician and the Privacy Officer will review the request and the record, at a minimum.

If the request is accepted, the requestor will be notified and the details of the review will be finalized by the office manager in consultation with the Privacy Officer as needed.

Any request may include the form in which the data is to be provided to the requestor and we must comply with reasonable requests.

A member of Old Trail Imaging, LLC staff will be present at all times during the review.

No copies will be made except by Old Trail Imaging, LLC personnel. Individuals requesting copies will be notified of copying fees and will be expected to remit fees prior to obtaining the

copies. Fees will be as indicated by the current schedule for copying but will not include a “handling” or “retrieval” charge.

If the request for review is denied: Any denials of access will be immediately forwarded to the Review Officer.

The office manager will notify the individual in plain language via letter and notify them:

1. Of the basis of the denial
2. That the denial will be automatically reviewed, and that they may complain about the denial to the Privacy Officer at Old Trail Imaging, LLC, 21 Susquehanna Valley Mall Drive, Selinsgrove, PA 17870 or that they may file a complaint with the Secretary of Health and Human Services in Washington, DC.

**Procedure:** For Requests for Amendment of Records.

Requests for amendment of records must be in writing and must indicate the amendment requested.

Requestors must provide a reason to support the amendment.

We will act on the request within 60 days or, within the 60-day limit, notify the requestor that we intend to utilize one 30-day extension.

We may accept or reject the amendment in whole or in part.

When there is a request for amendment that conforms to the above requirements, it will immediately be forwarded to the office manager who will notify an office physician and the Privacy Officer.

The office manager and an office physician will review the request and determine if it is to be accepted or denied.

**IF ACCEPTED:**

- The office manager will notify the requestor in writing of the acceptance.
- The proposed amendment must be made as requested.
- The affected records must be identified and a link to the amendment must be identified.
- We will not erase, black out, or expunge any records.
- If the requestor agrees and authorizes in writing, anyone to whom we have disclosed the information amended must be provided with a copy of the amendment.

**IF DENIED:**

- The office manager will provide a notice of the denial in writing to the requestor. This notice must be in plain English and will include the basis for the denial. (See FPC Denial Letter Amendment.doc)
- We will inform the requestor that they may file a written statement to the office manager who authored the denial.
- We will inform the requestor that they may make a complaint by written statement to: Old Trail Imaging, LLC, 21 Susquehanna Valley Mall Drive, Selinsgrove, PA 17870

- We must include in the written denial that, if the individual chooses not to file a statement of disagreement, they may request that we include their request for amendment and our denial of the request with any future disclosures that pertain to the information disputed.
- We must permit the individual to submit a written statement disagreeing with the denial and the basis of such disagreement that can be no longer than one typewritten page, 10-point font with one-inch margins.
- We may prepare a written rebuttal to the individual's statement of disagreement and, if we do so, we must provide a copy to the individual. We must identify the record that is the subject of the disputed amendment and append or otherwise link the following information to the designated record set:
  1. The individual's request for the amendment
  2. Our denial
  3. The individual's statement of disagreement (if any)
  4. Our rebuttal
- If the individual submits a written statement of disagreement, all of the appended or linked information or an accurate summary of it must be included under any subsequent disclosure of protected health information to which the disagreement relates.
- If the individual does not submit a written statement of disagreement, we must include the appended or linked information only if the individual requests that we do so.

**Procedure:** Receipt of Amendment

IF WE RECEIVE AN AMENDMENT FROM ANOTHER ENTITY, WE MUST MAKE THE AMENDMENT TO THE INFORMATION IN OUR POSSESSION.

Effective 4/2003

Office Manager  
Old Trail Imaging, LLC  
21 Susquehanna Valley Mall Drive  
Selinsgrove, PA 17870

Date

Dear \_\_\_\_\_

I am writing to inform you that your request to amend records in our possession has been denied. The reason for the denial is \_\_\_\_\_.

You have the right to file a written statement of disagreement with the denial that can be no longer than one typewritten page, 10-point font, with one-inch margins. We have the right to provide a rebuttal to your statement of disagreement. Any time that there is a request for the information that you dispute, the following documents will be provided:

1. Your original request for an amendment of our records
2. Our denial of your request
3. Your statement of disagreement with our denial (if any); and
4. Our rebuttal (if any)

If you wish to file a complaint regarding your request, you may do so by writing to the Privacy Officer, Old Trail Imaging, LLC, 21 Susquehanna Valley Mall Drive, Selinsgrove, PA 17870 or you may file a complaint with the Director of Health and Human Services in Washington, DC.

Sincerely,

\_\_\_\_\_  
Office Manager

Date

Patient's Name  
Address  
City, State, Zip

Dear \_\_\_\_\_

In accordance with the Final Rule for the Standards for Privacy of Individually Identifiable Health Information issued by the US Department of Health and Human Services Pursuant to the Health Information Portability and Accountability Act of 1996, Old Trail Imaging, LLC is unable to honor your request to inspect or obtain your protected health information for the following reasons:

- \_\_\_\_\_ Old Trail Imaging, LLC does not possess the information requested
- \_\_\_\_\_ You have requested psychotherapy notes, as defined in the privacy rule, and we are not required to allow you to inspect and copy your psychotherapy notes.
- \_\_\_\_\_ We are not required to permit you to inspect and copy the requested information because it has been compiled in anticipation of, or for use in, civil, criminal or administrative action or proceeding.
- \_\_\_\_\_ A licensed healthcare professional has determined that in his/her professional judgment, that access to requested information is reasonably likely to endanger your life or physical safety or the life or physical safety of another person.
- \_\_\_\_\_ The requested information makes reference to another person and a licensed healthcare professional has determined, in the exercise of reasonable judgment, that the requested access is reasonably likely to cause substantial harm to such other person.
- \_\_\_\_\_ You are the personal representative of the subject of the requested information and a licensed healthcare professional has determined, in the exercise of professional judgment, that the requested should not be provided to you.

If your denial was for any of the last three reasons and you wish to have this denial reviewed, please contact me in writing at the above address. I will immediately send your original request and the request for review along with your medical record to our Privacy Officer. The Privacy Officer will submit the information and your appeal to a review officer who was not involved in the original decision to deny your request. The review officer will independently make a decision. The reviewer is a licensed healthcare professional and will make a decision within a reasonable time. When a decision has been made, you will promptly be notified of the reviewing officer's decision.

You may file a complaint with the Privacy Officer at Old Trail Imaging, LLC, 21 Susquehanna Valley Mall Drive, Selinsgrove, PA 17870 or with the Secretary of the United States Department of Health and Human Services. Complaints to the Secretary must be in writing, name the practice, describe the acts/omissions believed to violate the privacy rule, and must be filed within 180 days of the alleged violation.

Sincerely,

\_\_\_\_\_  
Office Manager

## HIPAA POLICY

### PRIVACY BREACH NOTIFICATION

**Policy:** Old Trail Imaging, LLC will comply with Federal amendments to the HIPAA Privacy and Security Rules which require health care providers to give written notice to any individual if there is a material breach of unsecured protected health information (“PHI”).

#### **Procedure:**

1. In the event of any breach of PHI, gather all relevant facts and contact OTI Privacy Officer.
2. Facts to be gathered include the following:
  - Did a breach of PHI occur?
  - If yes, does the exception apply (unintentional/within scope of employment/good faith mistake/no further use or disclosure)?
  - Was the PHI secured or unsecured?
3. Gather the following information:
  - A brief description of what occurred, including the date of the breach and the date of discovery.
  - Identify all persons involved, what occurred and why it happened and corrective actions to prevent it from recurring.
4. If OTI Corporate Compliance Director determines that a material breach of unsecured PHI occurred, OTI will implement the notification requirements emanating from corporate headquarters to include the following:
  - A brief description of what occurred, including the date of the breach and the date of discovery;
  - The steps the individual should take to protect himself from potential harm resulting from the breach;
  - A brief description of actions taken by OTI to investigate the breach, to mitigate losses and to protect against further breaches;
  - If required by law, OTI shall also provide a notice to US Department of Health and Human Services.