

HIPAA Policy Handbook

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Sparks Family Medicine, LTD/MediTask, LLC/SLMS, LLC

HIPAA Policy Handbook

Section 100: General Information

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101 Introduction

This document provides an overview of the HIPAA Privacy Rule (HIPAA) information for Colleagues. The information provided includes key terms, types of forms used and the purpose of forms used to protect patient privacy, as well as the HIPAA policies of this office. Colleagues should understand the approach used by the entire office to address HIPAA, to understand the circumstances which may challenge the office protocols and to proactively address privacy concerns. Each new patient is to be provided a copy of this office's "Notice of Privacy Practices" and complete a "Patient Rights and Responsibilities" form. The "Notice of Privacy Practices" is available to any patient upon request. Colleagues are responsible for understanding the use and content of these documents.

This HIPAA Policy Handbook is part of the Practice's policies and procedures. Relevant parts of the Practice's other policies and procedures, including the Colleague Handbook, IT Security Handbook, OSHA Handbook and Health and Safety Handbook apply in conjunction with this HIPAA Policy Guide.

103 Overview

HIPAA prevents the unauthorized use and disclosure of PHI within a covered entity. Three areas of exception are allowed: Treatment, Operations and Payment ("TOP"). Regardless of the presence of an exception, HIPAA mandates that only the minimum necessary information is provided. Any time that PHI is used or disclosed, Colleagues must have obtained permission to use or disclose the PHI or know the exception that allows for the use or disclosure of the PHI. The use or disclosure of PHI without permission or the presence of an exception is a HIPAA violation. The use or disclosure of more than the minimum necessary PHI is a HIPAA violation.

Our policy is to use and disclose PHI only in compliance with the HIPAA Privacy Rule General Policy and other applicable requirements. This means that three things must happen. First, the use or disclosure must fit under an applicable Privacy Rule Permission. Second, the use or disclosure must comply with the conditions of that Permission. Third, the use or disclosure must comply with "Special Requirements" under the Privacy Rule and other laws that may apply.

It is our Practice's policy to disclose PHI as required by the Privacy Rule. The Privacy Required Disclosures Rule requires us to provide a patient, when requested, access to his or her own PHI or an accounting of disclosures of his or her PHI. Our Practice may disclose PHI to an individual who is the subject of such information. We may generally disclose such information to an individual's personal representative, unless exceptions apply (the individual is an unemancipated minor, the Practice believes that the individual has been abused or neglected by the personal representative, or such disclosure may otherwise endanger the individual).

Our Practice may disclose PHI related to a patient's current condition to a patient's family member or other relative, a close personal friend (or any other person identified by the patient) involved in the patient's care, or a disaster relief organization (for purposes Organizations of notifying a patient's family member or personal representative) if the patient:

1. Is given an opportunity to agree to or prohibit the use or disclosure of PHI, or
2. Is incapacitated or not present, but the disclosure is in the patient's best interests

105 Documentation

It is our policy to comply with the documentation requirements contained in the HIPAA Privacy Rule. Where the Privacy Rule requires a communication to be in writing, our Practice must maintain a written or electronic copy as documentation. If an action, activity, or designation is required by the Privacy Rule to be documented, our Practice must maintain a written or electronic record of that action, activity, or designation.

Our Practice must maintain the policies and procedures required under the Privacy Rule in written or electronic form. Our Practice will maintain the required documentation for 6 years from the later of the date the record was created or the date when the record was last in effect. We will keep records and submit compliance reports, in such time and manner containing such information, as the Secretary of HHS may determine to be necessary to enable HHS to determine whether we have complied or are complying with the Privacy Rule.

We will permit access by HHS during normal business hours to our facilities, books, records, accounts, and other sources of information that are pertinent to the Secretary's determining compliance with the Privacy Rule. If the Secretary determines that exigent circumstances exist, such as when documents may be hidden or destroyed, we must permit access by the Secretary at any time and without notice.

107 Key Terms

The following key terms are used in HIPAA compliance and should be understood by Colleagues:

Covered Entity

Includes health plans, health care clearinghouses, and health care providers who conduct electronic transactions for which HIPAA standard transactions have been adopted. If a medical practice conducts electronically any HIPAA transactions, it is a "covered entity" under the Privacy Rule.

Protected Health Information (PHI)

PHI is individually identifiable information created or received by a covered entity and related to the past, present or future diagnosis or treatment of a physical or mental condition or related to a payment claimed or paid for a past, present, or future diagnosis or treatment of a physical or mental condition. Information is individually identifiable if it contains any identifiers such as name, telephone number, fax number, email address, social security number, health plan

numbers, photograph or any other identifying number, characteristic or code. If there is any doubt, information should be treated as PHI.

Patient rights

HIPAA establishes new patient rights with respect to PHI, including patient rights of access to and amendment of records, and obtaining an accounting of certain disclosures of health information about them.

Personal Representatives

HIPAA establishes that in certain instances, someone representing the patient as a “Personal Representative” should be treated just as the patient would be treated in respect to disclosures of PHI, access to PHI and exercise of patient HIPAA rights, (except as limited otherwise). Three categories involving Personal Representatives are in the case of a deceased individual, an unemancipated minor, and an adult or emancipated minor where a person has the authority under state law to act on behalf of the adult or emancipated minor in making decisions related to health care.

Administrative requirements

Covered entities must adopt, implement, and enforce a number of written policies and procedures to ensure compliance with these requirements. The Practice must appoint a “Privacy Official” or privacy contact who is responsible for developing written policies and procedures and systems, training the Practice’s physicians and staff, and overseeing the required documentation relating to Privacy Rule compliance.

Restrictions on information flow

The Privacy Rule imposes comprehensive regulatory restrictions on uses and disclosures of PHI. These are restrictions on how PHI can flow inside and outside a covered entity. The Privacy Rule prohibits any “use” and/or “disclosure” by a covered entity that does not fit under an applicable permission or requirement under the rule.

“Use” and “disclosure”

“Use” means what happens inside your Practice. “Use” includes looking at PHI. “Disclosure” means sharing PHI outside your Practice. In simplified terms, a Practice cannot look at or analyze PHI within its own office, or divulge or provide access to the information to any outsiders, except as the Privacy Rule permits or requires. In many cases, even where a type of use or disclosure falls within a particular permission under the Privacy Rule, the Privacy Rule imposes additional layers of requirements on how the use or disclosure may be accomplished.

Notice of Privacy Practices

HIPAA requires health care providers to notify patients in their care of how patient’s PHI is going to be protected. Patient rights regarding their ability to have PHI safeguarded and to have access to medical records are explained. In addition, health care providers must identify who in the organization is responsible for addressing privacy concerns. The patient’s acceptance or rejection of this notification should be documented. Typically, this is accomplished by having patients sign an acknowledgement.

Incidental Disclosures

HIPAA acknowledges that in the course of providing health care and operating a health care practice, certain information must be shared. These disclosures are “incidental disclosures.”

Examples of Permitted Incidental Disclosures

1. Health care services may be coordinated orally by staff at nursing stations—if appropriately low voices are used.
2. Nurses or other staff may discuss the patient’s condition by telephone, or may discuss treatment of the patient with another provider by telephone, if such discussions on the telephone are conducted in low voices and away from other potential listeners, if possible.
3. Lab results may be discussed with patients or other professionals in a joint treatment area if reasonable precautions are taken.
4. Messages containing information for patients may be left on answering machines or with family members if the information is reasonably limited to the amount necessary for the purpose.
5. Sign-in sheets may be used, and patient names called, in waiting rooms—if only the information needed for the purpose is used.
6. A public address system may be used to announce (a) patient names and limited information or (b) a request for the patient to contact a specific individual or location for more information.
7. X-ray light boards may be used at nursing stations that are not publicly accessible.
8. Patient charts may be placed outside exam rooms if reasonable precautions are taken, such as facing charts to the wall or providing a cover that conceals the chart when it is in place.

109 Required Disclosures

It is the policy of this practice to use and disclose PHI as required by the Privacy Rule. This practice will provide a patient, when requested, access to his or her own PHI or an accounting of disclosures of his or her PHI. Every patient will receive a Notice of Privacy Practice. Each patient will sign an acknowledgement that they have received a Notice of Privacy Practice or have their refusal to sign noted on such form.

In accordance with HIPAA, this practice will use or disclose PHI for treatment, operations and payment without any consent or authorization from the patient. This use and disclosure will follow the principle of disclosing only the minimum necessary information. Treatments, operations and payment are defined as follows:

Treatment

The provision, coordination or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

Operations

The activities in support of the treatment of care, the management and administration of a health care practice, including quality assessment and improvement, case management and training, and business activities necessary to operate, transfer, merge or consolidate the practice.

Payment

The activities necessary to process payments, coordinate benefits, verify participation with a covered entity, and collect payments.

109 Minimum Necessary Disclosure

Our Practice's policy is to make reasonable efforts and implement reasonable Safeguards to limit uses, disclosures, and requests for disclosure of PHI to the minimum necessary amount of information to achieve the purpose of the use, disclosure, or request. These efforts will include:

1. Limiting each staff member's access to the minimum amount of PHI necessary to carry out his or her duties; and
2. Taking reasonable steps to avoid incidental uses or disclosures that result from otherwise required uses or disclosures.

There are exceptions to the Minimum Necessary requirements. The Minimum Necessary standard does not apply to:

1. Disclosures to or requests by a health care provider for treatment purposes;
2. Disclosures to the patient of his or her own PHI;
3. Uses or disclosures made according to a patient Authorization;
4. Uses or disclosures to comply with HIPAA;
5. Disclosures to HHS for Privacy Rule enforcement purposes; and
6. Uses or disclosures required by other law.

113 General Process

When information that could be PHI is used or disclosed, Colleagues will follow this process and observe Confirming Privacy Compliance of PHI Use or Disclosure:

1. Determine if information to be used or disclosed is PHI. If not, HIPAA does not apply.
2. If information is PHI, determine if use or disclosure is for treatment, operations or payment of the practice. If so, no authorization or special permission is necessary.
3. If PHI is not for treatment, operations or payment, obtain authorization or special permission from patient or authorized agent before using or disclosing PHI. An authorized agent is:
 - a. Any person identified by the patient on an office PHI release form;
 - b. Any person that the parent, guardian or legal representative of the patient, as documented by patient registration or supporting documents;
 - c. A public health official providing appropriate identification for notification of special situations;
 - d. An employer in the case of worker's compensation;
 - e. Any person authorized by judicial or law enforcement proceedings;
 - f. Any person necessary to avoid serious threat to health or safety.

115 Limited Data Set

Our Practice is permitted to disclose a “Limited Data Set” to recipients who will use the information only for the purposes of research, public health, or health care operations. The Privacy Official will document compliance with “Limited Data Set” requirements. A “Limited Data Set” is PHI that excludes certain direct identifiers of the patient or of relatives, Colleagues, or household members of the patient. We may use or disclose a “Limited Data Set” only if we obtain a signed data use agreement that meets certain requirements, including assuring that the Limited Data Set recipient will only use or disclose the PHI for limited purposes.

If our Practice knows of a pattern of activity or practice of the Limited Data Set recipient that constitutes a material breach or violation of the data use agreement, we are required to take steps to cure the breach or end the violation. If such steps are unsuccessful, we are required to discontinue disclosure of PHI to the recipient and report the problem to the Secretary of HHS.

117 Access

It is our Practice’s policy to comply with the Privacy Rule regarding a patient’s right to request to have access to and obtain copies of PHI about the patient maintained by or for the Practice in a Designated Record Set. Designated Record Sets include billing records, medical records, and other records used to make decisions regarding a patient.

The HIPAA right to access does not apply to (1) Psychotherapy Notes; (2) PHI compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action; and (3) any laboratory reports or other related information that are exempt from the Clinical Laboratory Improvement Amendments (CLIA).

A request to inspect or obtain a copy of PHI must be made in writing. The Practice has 30 days to respond to such a request. The Practice may deny a request for access for several different reasons. The types of permitted denials are divided into two categories: those for which our Practice must provide a review process and those for which a review is not required.

If a denial is reviewable, the patient has the right to have the denial reviewed by a licensed health care professional who did not participate in the original decision to deny access. If the Practice denies a request for access it must:

1. Send a timely written denial to the individual,
2. Provide other PHI after excluding the information to which there is a ground to deny access, and;
3. Be helpful in informing the patient where else to direct a request for access.

If the Practice grants a request for access, it must:

1. Provide the patient with access to the PHI in the form or format requested by the patient, if it is readably producible in such format. If it is not, the PHI must be provided in a readable, hard copy form or another format agreed to by the patient. If the patient agrees, the Practice can provide a summary of the PHI requested in lieu of providing access;

2. Arrange with the patient a convenient time and place to inspect or obtain a copy of the PHI. The PHI can also be mailed to the patient. The Practice may recoup the reasonable cost of copies it makes in response to a request for access.

While this Practice does not generate Psychotherapy Notes, our Practice's policy is to abide by the Privacy Rule and not use or disclose Psychotherapy Notes without an Authorization from the patient. The only exceptions under the Privacy Rule to this requirement for a patient Authorization before releasing Psychotherapy Notes are:

1. Uses by the originator of the Psychotherapy Notes for treatment purposes;
2. Uses or disclosures by our Practice for our training programs;
3. Uses or disclosures by our Practice to defend ourselves in legal actions or other proceedings brought by the individual;
5. Disclosures to the individual as required by HIPAA;
6. Disclosures to the Secretary of HHS as required by HIPAA;
7. Uses or disclosures that are required by law;
8. Disclosures to health oversight agencies with respect to oversight of the originator of the Psychotherapy Notes;
9. Uses and disclosures that are by or to a coroner or medical examiner for certain purposes; and
11. Uses and disclosures that are necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and
12. To a person reasonably able to prevent or lessen the threat.

119 Amendment

It is our Practice's policy to comply with the Privacy Rule and applicable state laws regarding a patient's request that our Practice amend PHI about the patient in a Designated Record Set. Designated Record Sets include billing records, medical records, and other records used to make decisions regarding a patient.

There are four separate grounds for permitted denials of an Amendment Request.

1. We may deny a patient's Amendment Request if we determine that the PHI was not created by our Practice, unless the patient provides to us a reasonable basis to believe that the originator of the PHI is no longer able to act on the requested amendment.
2. We may deny a patient's Amendment Request if we determine that the PHI is not part of a Designated Record Set.
3. We may deny a patient's Amendment Request if we determine that the PHI is accurate and complete.
4. We may deny a patient's Amendment Request if we determine that the PHI would not be available for inspection under the patient's HIPAA right to inspect and copy PHI.

An Amendment Request must be made in writing and must provide a reason to support the requested amendment. The Practice has 60 days to respond to such a request, but may seek an additional 30-day extension.

If the Practice grants an Amendment Request it must make the appropriate amendment to the PHI that is the subject of the request for amendment. The Practice must also inform the patient that the requested amendment has been accepted. The Practice, with the consent of the patient, must also inform others about the accepted amendment, including persons whom the patient identifies as having received the PHI subject to the amendment and persons the Practice knows have such PHI and may have relied or could foreseeably rely on it to the detriment of the patient.

If the Practice denies an Amendment Request it must:

1. Send a timely written denial to the patient, and
2. Explain the basis for the denial and explain that the patient may submit a statement of disagreement or complain to the Practice or Secretary of HHS about the denial.

If the patient submits a statement of disagreement, the Practice may prepare its own written rebuttal. If a statement of disagreement is submitted, the Practice must include all materials related to the Amendment Request and its denial with any subsequent disclosure of PHI to which the disagreement relates. If no statement of disagreement is submitted, the patient may still request the Practice to include the Amendment Request and the Practice's denial with subsequent disclosures.

If the Practice is informed by another covered entity about an amendment to an individual's PHI, the Practice must amend the affected PHI in its own Designated Record Sets and notify the individual about the amendment.

121 Accounting

It is our Practice's policy to comply with the Privacy Rule regarding a patient's right to receive an accounting of disclosures of PHI made by our Practice in the 6-year period preceding the date on which the accounting is requested. Such an accounting does not include disclosures:

1. To carry out treatment, payment, or health care operations;
2. To the patient who is the subject of the disclosed PHI;
3. Pursuant to a HIPAA-compliant authorization;
4. For a facility directory or to persons involved in the patient's care, or for other notification purposes;
5. Of "Limited Data Set" data in compliance with our Limited Data Set Policies and Procedures;
6. As "Incidental Disclosures" in compliance with our policies and procedures for incidental disclosures;
7. For national security or intelligence purposes;
8. To correctional institutions or law enforcement officials having lawful custody of a patient; or
9. Made prior to April 14, 2003.

A request for an accounting must be made in writing. The Practice has 60 days to respond to such a request, unless it seeks a 30-day extension. An accounting must include the following information:

1. The date of the disclosure;

2. The name of the entity or person receiving the information and, if known, the address of the entity or person;
3. A brief description of the PHI disclosed; and
4. A brief statement of the purpose of the disclosure.

Special rules apply for summarizing multiple disclosures to the same person or entity for the same purpose and for providing summary information about high-volume disclosures made for research purposes that do not require an authorization.

The Practice must provide the first accounting to a patient in any 12-month period without charge. Thereafter, the Practice may impose a reasonable cost-based fee for each subsequent request within the same 12-month period, so long as it informs the patient in advance of the fee.

Our Practice may temporarily suspend a patient's right to receive an accounting of disclosures that were made to a health oversight agency or a law enforcement official. The length of such a temporary suspension will depend on whether the request for the suspension by the agency or official was made in writing or orally, as specified in the Privacy Rule.

123 Business Associate Agreements

It is our Practice's policy to enter into a Business Associate Agreement with all Business Associates (as defined in and required by the Privacy Rule) before disclosing PHI to a Business Associate or allowing a Business Associate to create or receive PHI on behalf of the Practice. If the Practice becomes aware of a pattern of activity or practice of a Business Associate that constitutes a material breach or violation of the Business Associate's obligations under the Business Associate Agreement, the Practice will take reasonable steps to:

1. Cure the breach or end the violation;
2. Terminate the contract; or
3. Report the problem to the Secretary of HHS.

The policy of the Practice is to mitigate, to the extent practicable, any harm that results from a privacy breach or violation by a Business Associate.

125 Penalties

Failure to comply with HIPAA can result in civil and criminal penalties. The HIPAA statute provides that knowingly disclosing PHI to another person in violation of HIPAA triggers potential criminal penalties of up to a \$50,000 fine and imprisonment for up to one year. If the offense is committed with the intent to sell, transfer, or use PHI for commercial advantage or personal gain, a person faces potential fines up to \$250,000 and a sentence up to 10 years.

127 Training

It is the Practice's policy to train all Colleagues on the policies and procedures with respect to PHI as necessary and appropriate for them to carry out their functions within the Practice, including employees, contractors, volunteers, trainees, and other persons whose conduct, in the

performance of work for the Practice, is under the direct control of the Practice, whether or not they are paid by the Practice. Training will also be provided on any material changes in the Practice's policies and procedures. Training will be documented in each Colleague's file and Record of Training for the Practice.

129 Additional Policies and Procedures

This HIPAA Policy Handbook was developed and adapted from the "HIPAA Policies and Procedures Desk Reference," by Michael W. Hubbard, JD; Karen E. Glover, JD and; Carolyn P. Hartley, MLA, which contains more policies and procedures available to Practice Colleagues.

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HIPAA Policy Guide

Section 200: State Laws

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201 Nevada State Law

State law requires the reporting of certain diseases or situations, such as STDs, abuse or deaths. Your office should be aware of your state reporting requirements. When these disclosures are made to the state, no permission is required from the patient. The office should keep a log of public health disclosures.

203 Required State Law Disclosures

PHI may be disclosed to third-parties without a release, including:

1. An investigator for the Attorney General or a grand jury (NRS 629.061(e-f)).
2. Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law (NRS 629.061(g)).
3. Any coroner or medical examiner to identify a deceased person, determine a cause of death or perform other duties as authorized by law (NRS 629.061(h)).
4. A law enforcement agent or district attorney the health care records of a patient which relate to a test of the blood, breath or urine of the records would aid in an investigation (NRS 629.065(a-b)). To the extent possible, the custodian shall limit the inspection to the portions of the records which pertain to the investigation (i.e., the presence of alcohol or a controlled substance, chemical, poison, organic solvent or another prohibited substance in the blood, breath or urine of the patient).
5. The Director of the Department of Corrections or the designee of the Director who requests a complete copy of the health care records of an offender confined at the state prison.
6. Report to appropriate law enforcement agency persons having injuries apparently inflicted by knife or firearm in non-accidental circumstances (NRS 629.041).
7. Report to the State Fire Marshal within three working days persons who come or are brought for treatment of:
 - a. Second or third degree burns to 5 percent or more of the body (NRS 629.045(1a)).
 - b. Burns to the upper respiratory tract or laryngeal edema resulting from the inhalation of heated air (NRS 629.045(1b)).
 - c. Burns which may result in death (NRS 629.045(1c)).
8. If a physician determines that, in his or her professional judgment, a patient's epilepsy severely impairs the ability of the patient to safely operate a motor vehicle, the physician shall:
 - a. Adequately inform the patient of the dangers of operating a motor vehicle with his or her condition until such time as the physician or another physician informs the patient that the patient's condition does not severely impair the ability of the patient to safely operate a motor vehicle.

- b. Sign a written statement verifying that the physician informed the patient of all material facts and information required by paragraph (a). The physician shall, to the extent practicable, provide a copy of the statement signed by the physician to the patient. The statement signed by the physician pursuant to this paragraph shall be deemed a health care record.
 - c. Within 15 days after making such a determination, provide to the Department a copy of the statement signed by the physician pursuant to paragraph 3a.
9. If a healthcare professional knows or has reasonable cause to believe that an older or vulnerable person has been abused, neglected, exploited, isolated or abandoned, the healthcare professional shall (NRS 200.5093-5094; NRS 432B.220):
 - a. Report the abuse, neglect, exploitation, isolation or abandonment of the older person to:
 - i. The local office of the Aging and Disability Services Division of the Department of Health and Human Services;
 - ii. A police department or sheriff's office; or
 - iii. A toll-free telephone service designated by the Aging and Disability Services Division of the Department of Health and Human Services.
 - b. Report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency;
 - c. If the case involves one of the reporting entities, report to one of the other reporting entities.
 - d. Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the older person has been abused, neglected, exploited, isolated or abandoned.
 - e. The report must contain the following information, when possible:
 - i. The name and address of the older person or vulnerable person;
 - ii. The name and address of the person responsible for his or her care, if there is one;
 - iii. The name and address, if available, of the person who is alleged to have abused, neglected, exploited, isolated or abandoned the older person or vulnerable person;
 - iv. The nature and extent of the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person;
 - v. Any evidence of previous injuries; and
 - vi. The basis of the reporter's belief that the older person or vulnerable person has been abused, neglected, exploited, isolated or abandoned.

205 Required State Law Notice for Spread of Disease (NAC 441A.225)

1. A report of a case or suspected case must be made to the appropriate health authority during the regular business hours of the health authority on the first working day following the identification of the case or suspected case of:
 - a. Anthrax;
 - b. Foodborne botulism;
 - c. Botulism, other than foodborne botulism, infant botulism or wound botulism;
 - d. Extraordinary occurrence of illness;

- e. Influenza that is known or suspected to be of a viral strain that the Centers for Disease Control and Prevention or the World Health Organization has determined poses a risk of a national or global pandemic;
- f. Meningococcal disease;
- g. Plague;
- h. Rabies, human;
- i. Poliovirus infection;
- j. Severe acute respiratory syndrome (SARS);
- k. Smallpox (variola);
- l. Tularemia;
- m. Viral hemorrhagic fever; or
- n. Any infection or disease that is known or suspected to be related to an act of intentional transmission or biological terrorism, or that is or is considered possibly to be part of an outbreak or a suspected outbreak.

2. A report must be made to the health authority within 24 hours after identifying a case having:
 - a. Infant botulism;
 - b. Wound botulism;
 - c. Brucellosis;
 - d. Cholera;
 - e. Diphtheria;
 - f. Haemophilus influenzae type b;
 - g. Hepatitis A;
 - h. Hepatitis E;
 - i. HIV/AIDS;
 - j. Measles;
 - k. Mumps;
 - l. Pertussis;
 - m. Rubella;
 - n. Sexually transmitted Infections;
 - o. Typhoid fever; or
 - p. Tuberculosis.
3. A report must be made to the health authority within 24 hours after identifying a suspected case considered possibly to have:
 - a. Diphtheria;
 - b. Measles;
 - c. Rubella; or
 - d. Tuberculosis.
4. A report of animal rabies or an animal bite by a rabies-susceptible animal must be made to the health authority or to the rabies control authority, if designated by the health authority, within 24 hours after identifying the case.
5. A health care provider who knows of, or provides services to, a case or suspected case shall report the case or suspected case to the health authority having jurisdiction where the office of the health care provider is located. The report must include:
 - a. The communicable disease or suspected communicable disease.

- b. The name, address and, if available, telephone number of the case or suspected case.
- c. The name, address and telephone number of the health care provider making the report.
- d. The occupation, employer, age, sex, race and date of birth of the case or suspected case, if available.
- e. The date of diagnosis of the communicable disease.
- f. The date of onset of the communicable disease, if available.
- g. Any other information requested by the health authority, if available.

207 Public Purpose Disclosures

It is our Practice's policy to comply with federal, state, and local laws with respect to the Public Purpose use or disclosure of PHI, and to recognize those situations in which disclosure is required or permitted for public policy purposes or requirements under the Privacy Rule.

Generally, the Privacy Official will determine whether a use or disclosure of PHI is for a public purpose permitted or required under the Privacy Rule (except for documented delegation of this task to properly trained persons). Public purpose uses and disclosures permitted under specific limited circumstances include uses and disclosures of PHI:

- 1. As required by law;
- 2. For public health activities, including public health authority activities, and uses
- 3. And disclosures related to child abuse, Food and Drug Administration, spread of disease, or to an employer;
- 4. About victims of abuse, neglect, or domestic violence;
- 5. For health oversight activities;
- 6. In a judicial or administrative proceeding;
- 7. For law enforcement purposes;
- 8. With respect to a decedent;
- 9. To facilitate organ donation;
- 10. For research;
- 11. To avoid serious threat to health or safety;
- 12. Regarding armed forces personnel;
- 13. Regarding national security and intelligence activities;
- 14. To provide protective services for the President of the United States and other high state officials;
- 15. About an individual in legal custody; or
- 16. To comply with workers' compensation laws.

209 State Laws Governing Personal Representatives

A. "Emancipated" and "Unemancipated" Defined:

Described below are the definitions of "Emancipated" and "Unemancipated" Minor under the laws in the State of Nevada:

- 1. A minor may petition the court for a decree of emancipation if he or she is:
 - a. At least 16 years of age;

- b. Either married or living apart from his or her parents or legal guardian; and
 - c. A resident of the county in which he or she is petitioning.
2. Emancipated minors will have a decree of emancipation that has been entered by the court.
3. Unemancipated minors are less than age 16 or are 16 or 17 and lack a decree of emancipation.

B. Adults/Emancipated Minors:

Described below are the laws in the State of Nevada that govern when a person has the authority to act on behalf of an adult or emancipated minor in making decisions related to health care:

1. The patient or a representative with written authorization from the patient (NRS 629.061(a)).

C. Deceased Individuals:

Described below are the laws in the State of Nevada that govern when an executor, administrator, or other person has the authority to act on behalf of a deceased individual or the individual's estate:

1. Any person with legal documentation of being the personal representative of the estate of a deceased patient, the executor or administrator of the deceased patient's estate or any trustee of a living trust created by a deceased patient (NRS 629.061(b-c)).
2. The parent or guardian of a deceased patient who died before reaching the age of majority (18) (NRS 629.061(d)).

D. Unemancipated Minors:

Described below are the laws in the State of Nevada that govern when a parent, guardian, or a person acting in the place of a parent has the authority to act on behalf of an unemancipated minor in making decisions related to health care:

1. Except for do-not-resuscitate and withholding of life-resuscitating treatment, a minor may give consent for examination and treatment for their self or their child, if they are (NRS 129.030):
 - a. Living apart from their parents or legal guardian, with or without the consent of the parent, parents or legal guardian, and has so lived for a period of at least 4 months;
 - b. Married or has been married;
 - c. A mother, or has borne a child; or
 - d. In a physician's judgment, in danger of suffering a serious health hazard if health care services are not provided.
2. Any minor who is under the influence of, or suspected of being under the influence of, a controlled substance (NRS 129.050):
 - a. May give express consent; or
 - b. If unable to give express consent, shall be deemed to consent to the treatment of abuse of drugs or related illnesses by any licensed physician, and the consent of the minor is not subject to disaffirmance because of minority.

3. The consent of the parent, parents or legal guardian of a minor is not necessary in order to authorize a local or state health officer, licensed physician or clinic to examine or treat, or both, any minor who is suspected of being infected or is found to be infected with any sexually transmitted disease (NRS 129.060).

E. Parental Access:

Described below are the laws in the State of Nevada that govern when the Practice may or may not disclose or provide access to PHI about an unemancipated minor to a parent, guardian, or person acting in the place of a parent:

1. The parent, parents or legal guardian of a minor or a representative with written authorization from the parent, parents or legal guardian of a minor, unless a parent, parents or legal guardian of a minor or a representative with written authorization from the parent, parents or legal guardian or a minor enters a court order limiting access to PHI to a parent, parents or legal guardians of a minor.

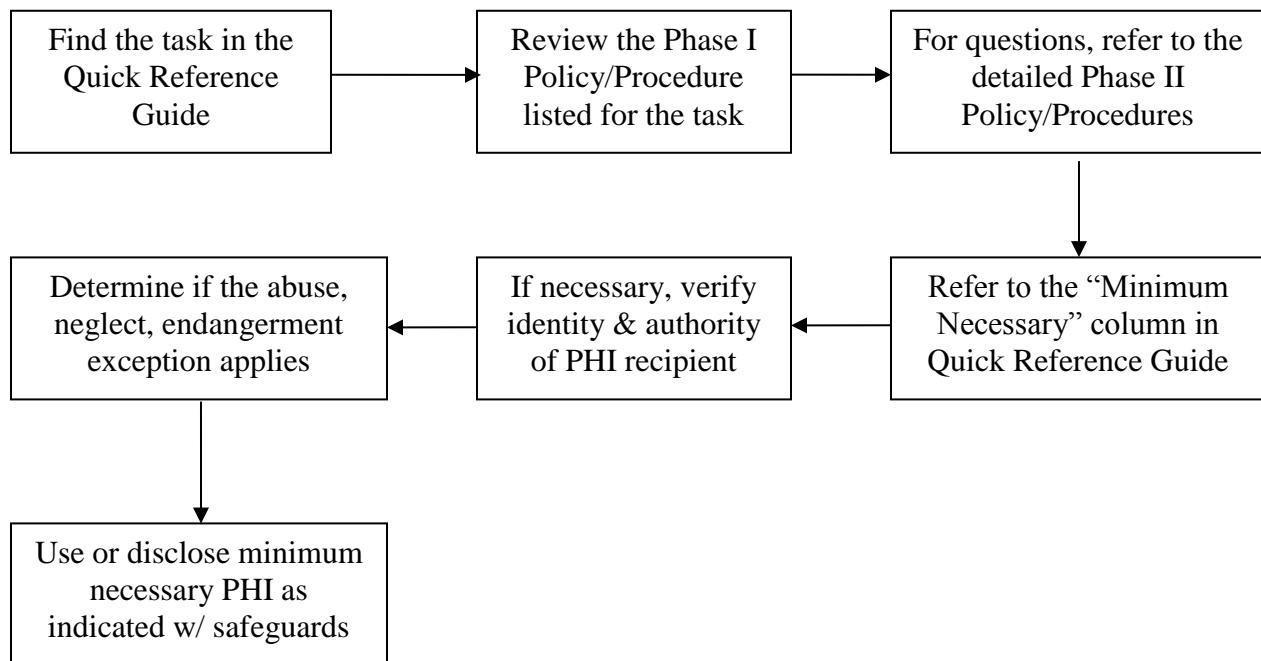
Sparks Family Medicine, LTD/MediTask, LLC/SLMS, LLC
HIPAA Policy Guide
Section 300: Specific Steps
Reviewed: Annually

Approval Date: 12/30/2019

Effective Date: 01/01/2020

301 Confirming Privacy Compliance of PHI Use or Disclosure

If you are performing a task that involves using or disclosing PHI:



303 Verifying Identify and Authority; Determining Personal Representation Status

If the identity and the authority of the person requesting PHI are not already known, Colleagues should follow this guide:

If the person requesting PHI is...

1. Claiming to be the patient and in person;
 - a. Require a driver's license, a passport, a state identification, or similar evidence of identity.
 - b. Request his/her social security number or other personal information that can be verified from his/her medical record.
 - c. The Practice may rely on documentation, statements, or representations that, on their face, meet the applicable requirements for establishing identity—if our reliance is reasonable under the circumstances and is in good faith.
2. Claiming to be the patient, but not in person;

- a. Request his/her social security number or other personal information that can be verified from his/her medical record.
- b. Send the PHI to a recognizable organizational mailing address.
- c. Call the requestor back through the main organization switchboard rather than through a direct dial number to verify the instructions if the PHI is to be transmitted by fax or telephone or e-mail.
- d. Use some other appropriate common-sense means of verifying that the person making the request is in fact the patient.
- e. The Practice may rely on documentation, statements, or representations that, on their face, meet the applicable requirements for establishing identity—if our reliance is reasonable under the circumstances and is in good faith.

3. Not the patient, but in person with the patient;
 - a. Generally, if the patient is known to us or his or her identity is verified, and if person with the patient the patient is with the person and identifies the person as someone entitled to receive the patient's PHI, that is sufficient Verification of the person's identity and authority.
 - b. If the patient is known to our Practice, that is sufficient Verification of the patient. If the patient is not known or recognized, verify the patient's identity under #2 above.
4. Not the patient, but in person without the patient;
 - a. Use reasonable means to verify the person's identity:
 - i. Require a driver's license, a passport, a state identification, or similar evidence of identity.
 - ii. The Practice may rely on documentation, statements, or representations that, on their face, meet the applicable requirements for establishing identity—if our reliance is reasonable under the circumstances and is in good faith.
 - b. Use reasonable means to verify the person's authority.
 - c. Require a copy of a power of attorney, a letter on official letterhead, a subpoena, or similar official document to evidence authority.
 - d. If the Permission (PP1.1 through PP1.11) you have identified for the use or disclosure of PHI requires particular documentation, statements, or representations by the person requesting PHI, request the required items and determine whether the evidence offered is sufficient.
 - e. In making this determination, our Practice may rely on documentation, statements, or representations that, on their face, meet the applicable requirements—if our reliance is reasonable under the circumstances and is in good faith.
 - f. For certain disclosures required by law, the condition of the Permission can be met by administrative subpoena or similar process or by a separate written statement that, on its face, shows the requirements have been met.
 - g. Note: No Verification of identity or authority is required if the person requesting PHI is permitted to receive the PHI because he or she is a family member or someone involved in the patient's care or is picking up prescription medications or otherwise permitted to receive the PHI.

5. Not the patient and not in person:
 - a. Use reasonable means to verify the person's identity by:
 - i. Sending the PHI to a recognizable organizational mailing address, or
 - ii. Calling the requestor back through the main organization switchboard rather than through a direct dial number to verify the instructions, if the PHI is to be transmitted by fax or telephone or e-mail, or
 - iii. Using some other appropriate common-sense means of verifying that the person making the request is in fact the person authorized to receive the patient's PHI.
 - b. Use reasonable means to verify the person's authority by:
 - i. Require a copy of a power of attorney, a letter on official letterhead, a subpoena, or similar official document to evidence authority.
 - c. If the Permission (PP1.1 through PP1.11) you have identified for the use or disclosure of PHI requires particular documentation, statements, or representations by the person requesting PHI, request the required items and determine whether the evidence offered is sufficient.
 - d. In making this determination, our Practice may rely on documentation, statements, or representations that, on their face, meet the applicable requirements—if our reliance is reasonable under the circumstances and is in good faith.
 - e. For certain disclosures required by law, the condition of the Permission can be met by administrative subpoena or similar process or by a separate written statement that, on its face, shows the requirements have been met.
6. Claiming to be the patient's personal representative:
 - a. Use reasonable means to verify the person's identity and authority to act for the personal representative patient as follows:
 - i. Examine a copy of the personal representative's court appointment as executor of a deceased patient's estate, or other reasonable evidence of the personal representative's authority.
 - ii. Examine a copy of the power of attorney for a personal representative of an adult patient or a copy of the court appointment if the personal representative has been appointed by the court, or other reasonable evidence of the personal representative's authority to act for the patient.
 - iii. Ask questions to determine that an adult acting for a young child has the requisite relationship to the child to support his or her status as personal representative to the child.
 - b. Note: Where disclosure depends on personal representative status, this step applies in addition to any of the other steps described in this chart.
7. Claiming to be a public official or acting on behalf of a public office:
 - a. If it is reasonable under the circumstances to do so, our Practice may rely on or acting on behalf of a the following to verify the identity of a public official or a person acting on behalf public official of a public official:
 - i. If the request is in person, presentation of an agency identification badge, other official credentials, or other proof of government status;
 - ii. If the request is in writing, the request is on appropriate government letterhead; or

- iii. If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official.
- b. If it is reasonable under the circumstances to do so, our Practice may rely on the following to verify the authority of a public official or a person acting on behalf of a public official:
 - i. A written statement of the legal authority under which the information is requested or, if a written statement of legal authority under which the information is requested would be impracticable, an oral statement of such legal authority; or
 - ii. If the request is made pursuant to a legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal, it is presumed to constitute legal authority.

Sparks Family Medicine, LTD/MediTask, LLC/SLMS, LLC

HIPAA Policy Guide

Section 400: Additional Forms

Reviewed: Annually

Approval Date: 12/30/2019

Effective Date: 01/01/2020

1. Notice of Privacy Practices
2. Patient Rights and Responsibilities
3. Quick Reference Guide

Notice of Privacy Practices

Effective date: January 1, 2013

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions about this Notice, please contact:

The Office Manager, 10155 W. Twain Ave., Suite #110, Las Vegas NV 702-722-2200

C. We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI.

1. Treatment. Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health care operations. Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

4. Appointment reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

5. Release of information to family/friends. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.

6. Disclosures required by law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public health risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health oversight activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government

programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Deceased patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and tissue donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes **except** when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:

(A) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;

(B) The research could not practicably be conducted without the waiver,

(C) The research could not practicably be conducted without access to and use of the PHI.

8. Serious threats to health or safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' compensation. Our practice may release your PHI for workers' compensation and similar programs.

E. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. Confidential communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the **Office Manager, 10155 W. Twain Ave., Suite #110, Las Vegas NV 702-722-2200** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the **Office Manager, 10155 W. Twain Ave., Suite #110, Las Vegas NV 702-722-2200**.

Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the **Office Manager, 10155 W. Twain Ave., Suite #110, Las Vegas NV 702-722-2200** in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the **Office Manager, 10155 W. Twain Ave., Suite #110, Las Vegas NV 702-722-2200**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice,

unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the **Office Manager, 10155 W. Twain Ave., Suite #110, Las Vegas NV 702-722-2200**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the **Office Manager, 10155 W. Twain Ave., Suite #110, Las Vegas NV 702-722-2200**.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the **Office Manager, 10155 W. Twain Ave., Suite #110, Las Vegas NV 702-722-2200**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* We are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the **Office Manager, 10155 W. Twain Ave., Suite #110, Las Vegas NV 702-722-2200**.

Patient Rights and Responsibilities

Sparks Family Medicine, Ltd. (SFM) providers try to address patient concerns at office visits. SFM provides a Patient Office Visit Form to assist patients in organizing their objectives for their visit and to record notes from their discussion with their provider. Patients should be prepared for office visits, including providing the names and dosage of current medications and supplements.

SFM providers may refer patients to specialists, laboratory and imaging services, and other services. Patients have the right to collaborate with their provider on the vendors providing the referral services. Patients should verify that ALL vendors participate with their insurance, if applicable. Patients may decline to receive these services. If patients do not receive the results from the services received from a vendor they were referred to by SFM, patients should contact SFM.

SFM providers may prescribe medication. Patients have the right to understand the risks and benefits of the medication prescribed and to discuss their concerns with their SFM provider. SFM providers may recommend speciality laboratory testing, nutritional and herbal supplements and/or complementary and alternative medical services (CAMs). Patients have the right to choose to pursue these services.

- I understand that I have the right to decline referrals, services, medication and products.
- I understand that I have the right to discuss my objective and concerns with my provider.
- I understand that I am responsible for verifying the participation of vendors—labs, imaging centers, specialits, etc.—with my insurance, if applicable.
- I understand that I am responsible for contacting SFM if I do not receive the results from vendor services, including lab findings, imaging reports and specialist results. *Patients are urged to schedule a follow-up appointment for all ordered tests.*
- I understand that my SFM provider and I are in a collaborative relationship focused on my health, including preventive, integrative and Funcitonal Medicine options.
- I understand that I have the right to be treated with respect and courtesy by the SFM staff and providers; I understand that I am expected to treat the SFM staff and providers with respect and courtesy.

Patient (Print): _____ Date: _____

Signature _____
Patient/Parent/Guardian _____ Printed Name of Parent/Guardian _____

Quick Reference Guide

What to do when...

Task/Function	Permissions and Requirements for PHI Use or Disclosure or Request	P/PP No.	Minimum Necessary (PP1.13)
Pre-visit			
Initial Scheduling: Call from Referring Provider, Call from Patient	Permission: Treatment, Operations	1.3	Note: Minimum Necessary is not applicable (N/A) for disclosures to or requests by a health care provider for treatment purposes or disclosures to the patient
Eligibility Verification: Medical Necessity, Health Plan Coverage, Appropriateness of Care, Pre-Approval of Charges	Permission: Payment Verify identity and authority of person requesting PHI	1.3 1.12	
Appointment Reminder	Permission: Treatment or Operations Verify identity and authority of person requesting PHI Safeguards (it is okay to leave message on answering machine) Notice of Privacy Practices must mention appointment reminders	1.3 1.12 3.10 (AP9) 1.18	
Visit			
Pull Medical Record	Permission: Treatment	1.3	
Set Up Patient Accounts	Permission: Treatment, Payment, Operations	1.3	
Arrival and Check-In • New patient form	Permission: Disclosures to Patient Permission: Our Treatment, Payment, Operations Provide NPP on first visit after 4/13/03 and ask for signed receipt Keep Notice of Privacy Practices receipt for file; confirm in Log (#F3.2C)	1.2 1.3 3.2 3.4	
Call Patient to Exam Room	Permission: Treatment Permission: Family, Friends Permission: Incidental Disclosures (OK to call name of patient if only necessary information is used)	1.3 1.6 1.7	Note: N/A for disclosures to or requests by a health care provider for treatment purposes or disclosures to the patient

Patient in Exam Room	Permission: Treatment	1.3	Note: N/A for disclosures to or requests by a health care provider for treatment purposes or disclosures to the patient
	Permission: Disclosures to the Patient	1.2	
	Permission: Family, Friends	1.6	
	Safeguards (OK to put chart in hallway if facing away from inadvertent observation or otherwise covered)	3.10	
Clinical Staff-Patient Interaction (physician, nurse, technicians, care coordinators)	Permission: Treatment	1.3	Note: N/A for disclosures to or requests by a health care provider for treatment purposes or disclosures to the patient.
	Permission: Disclosures to Patient	1.2	
	Permission: Incidental Disclosures (OK to discuss PHI at nursing stations if low voices are used)	1.7	
	Safeguards (staff should take reasonable precautions not to be overheard discussing PHI)	3.10	
Check-Out	Permission: Treatment, Payment, Operations	1.3	
Post-visit			
Outside Lab and Other Tests	Permission: Treatment	1.3	Note: N/A for disclosures to or requests by a health care provider for treatment purposes or disclosures to the patient
	Permission: Others' Treatment, Payment, Operations	1.4	
Clinical Follow-Up Contacts With Patient	Permission: Required Disclosures	1.1	Note: N/A for disclosures to patient and disclosures to or requests by a health care provider for treatment purposes
	Permission: Disclosures to the Patient	1.2	
	Permission: Treatment	1.3	
	Permission: Incidental Disclosures (OK to leave message on answering machine if only necessary information is used)	1.7	
	Possible: Alternative Communications	2.4	
Clinical Follow-Up Contacts With Other Providers	Permission: Treatment	1.3	Note: N/A for disclosures to or requests by a health care provider for treatment purposes
	Permission: Others' Treatment, Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
Billing and Collection	Permission: Payment, Operations	1.3	
	Permission: Others' Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
Special Disclosures Requested by Patient (life insurance; disclosure to employer for ADA, FMLA, etc; school physical)	Permission: Authorization	1.9	Note: N/A for uses or disclosures pursuant to a valid patient Authorization

Referrals			
Care Coordination/Referral Coordination	Permission: Treatment, Operations	1.3	Note: N/A for disclosures to or uses by a health care provider for treatment purposes
	Permission: Others' Treatment, Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
Referrals from Other Providers	Permission: Treatment, Payment, Operations	1.3	Note: N/A for disclosures to or uses by a health care provider for treatment purposes
	Permission: Others' Treatment, Payment, Operations	1.4	
Referrals to Other Providers	Permission: Treatment, Operations	1.3	Note: N/A for disclosures to or uses by a health care provider for treatment purposes
	Permission: Others' Treatment, Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
Receiving Requests for Medical Records	Permission: Required Disclosures	1.1	Note: N/A for disclosures to or uses by a health care provider for treatment purposes, disclosures to the patient, or disclosures pursuant to a valid patient Authorization. Absent documented justification, delivering entire medical record can be a presumptive violation of the Privacy Rule.
	Permission: Disclosures to the Patient	1.2	
	Permission: Our Treatment, Payment, Operations	1.3	
	Permission: Others' Treatment, Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
	Permission: Uses and Disclosures for Public Purpose	1.8	
	Permission: Authorization	1.9	
	Permission: De-Identification	1.10	
	Permission: Limited Data Set	1.11	
	Special Requirement: Verification	1.12	
	Special Requirement: Marketing	1.16	
	Special Requirement: Psychotherapy Notes	1.17	
Requesting Medical Records From Others	Permission: Treatment, Payment, Operations	1.3	Note: N/A for disclosures to or uses by a health care provider for treatment purposes or disclosures pursuant to a valid Authorization. Requesting entire medical record can be a presumptive violation of the Privacy Rule.
	Permission: Others' Treatment, Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
	Permission: Authorization	1.9	
	Special Requirement: Marketing	1.16	
	Special Requirement: Psychotherapy Notes	1.17	

Referral/Service Authorizations	Permission: Treatment, Payment, Operations	1.3	Note: N/A for disclosures to or uses by a health care provider for treatment purposes or disclosures pursuant to a valid Authorization.
	Permission: Others' Treatment, Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
	Permission: Authorization	1.9	
Claim Submission	Permission: Payment, Operations	1.3	
	Permission: Others' Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
	Permission: Authorization	1.9	
Claim Processing			
Claim Attachments	Permission: Payment, Operations	1.3	
	Permission: Others' Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
	Permission: Authorization	1.9	
Claim Status Check	Permission: Payment, Operations	1.3	
	Permission: Others' Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
	Permission: Authorization	1.9	
Remittance Advice and Payment Receipt	Permission: Payment, Operations	1.3	
	Permission: Others' Payment, Operations	1.4	
	Permission: Operations of Organized Health Care Arrangement	1.5	
	Permission: Authorization	1.9	
Practice Administration			
Business and Strategic Planning	Permission: Payment, Operations	1.3	
	Permission: Business Associates	1.14	
	Policies and Procedures	3.3	
	Workforce Training	3.5	
Legal	Permission: Payment, Operations	1.3	
	Permission: Operations of Organized Health Care Arrangement	1.5	
	Permission: Public Purpose	1.8	
	Special Requirements: Business Associates	1.14	
	Patient Rights: Complaints	2.6	
	Internal Sanctions	3.6	
	Mitigation	3.7	
HIPAA Privacy Rule Compliance	Permission: Operations	1.3	

Accounting/Bookkeeping	Permission: Payment, Operations	1.3	
	Permission: Operations of Organized Health Care Arrangement	1.5	
	Special Requirements: Business Associates	1.14	
Licensing/Regulation	Permission: Payment, Operations	1.3	
	Permission: Public Purpose	1.8	
Marketing	Special Requirements: Marketing Permission: Authorization	1.16 1.9	Note: N/A for disclosures subject to a valid patient Authorization
Vendor, Supplier Relationships	Permission: Treatment, Payment, Operations	1.3	Note: N/A for disclosures to or requests by a health care provider for treatment purposes or pursuant to a valid patient Authorization. Sharing of Minimum Necessary PHI with vendors and suppliers is a particularly sensitive area and deserves careful monitoring.
	Permission: Others' Treatment, Payment, Operations	1.4	
	Permission: Authorization	1.9	
	Permission: De-Identification	1.10	
	Permission: Limited Data Set	1.11	
	Special Requirements: Business Associates	1.14	
	Special Requirements: Marketing	1.16	
	Special Requirements: Psychotherapy Notes	1.17	
	Special Requirements: Consent	1.20	
	Possible: Patient Rights: Further Restrictions	2.5	
	Workforce Training	3.5	
	Safeguards	3.10	
Exercise of Patient HIPAA Rights			
Requests for Access	Access	2.1	
	Permission: Our Operations (compliance with the Privacy Rule)	1.3	
	Permission: Disclosures to Patient	1.2	
	Verification	1.12	
Requests for Amendment	Amendment	2.2	
	Permission: Our Operations	1.3	
	Permission: Disclosures to Patient	1.2	
	Verification	1.12	
Requests for Alternative Communications	Alternative Communications	2.4	
	Permission: Our Operations	1.3	
	Permission: Disclosures to Patient	1.2	
	Verification	1.12	
Requests for Disclosure Accounting	Accounting	2.3	
	Permission: Our Operations	1.3	
	Permission: Disclosures to Patient	1.2	
	Verification	1.12	

Further Restriction Request	Further Restrictions	2.5	
	Permission: Our Operations	1.3	
	Permission: Disclosures to Patient	1.2	
Complaints	Complaints	2.6	
	Privacy Official/Privacy Contact	3.1	
	Documentation	3.4	
	Permission: Our Operations	1.3	
	Permission: Disclosures to Patient	1.2	
	Internal Sanctions	3.6	
	Mitigation	3.7	
	No Retaliation	3.8	
Public Purpose			
Workers' Compensation	Permission: Public Purpose (Workers' Compensation)	1.8	
	Log disclosures for disclosure accounting purposes	2.3	
Other			
Response to Emergency Requests	Permission: Disclosures to Patient	1.2	
	Permission: Treatment, Payment, Operations	1.3	
	Permission: Others' Treatment, Payment, Operations	1.4	
	Permission: Family, Friends, and Disaster Relief Organizations	1.6	
	Permission: Public Purpose	1.8	
Response to Requests from Government	Permission: Disaster Relief Organizations	1.6	
	Permission: Public Purpose	1.8	
	Verify the identity and authority of the requestor	1.12	