PURPOSE: To facilitate the patient’s right to receive the Notice of Privacy Practice (NPP).

POLICY:

Content of NPP
The NPP must be written in plain language and must include, at a minimum:

1. The header must state: “THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.”

2. A description, including at least one example of the types of disclosures SHS is permitted to make for treatment, payment and healthcare operations.

3. A description of each of the other purposes when SHS is permitted or required to use or disclose information with patient’s consent or authorization.

4. A statement that other uses or disclosures will be made only with patient’s written authorization and patient’s right to revoke the authorization.

5. The patient’s right to access PHI, request to amend PHI, request confidential communications, receive an accounting of disclosures, request restrictions on certain uses/disclosure of PHI and obtain a copy of the NPP.

6. Statement that SHS is required by law to maintain the privacy of PHI and to provide and abide by the NPP.

7. Statement that SHS may change NPP and that the change will apply to future PHI and how any change will be communicated.

8. Statement that patients may complain to SHS Privacy Officer, KU-Lawrence Campus Privacy Officer and the Secretary of HHS. Including description of how to file a complaint and a statement that the patient will not be retaliated against for filing the complaint.

The NPP may include both a short notice that briefly summarizes the individual’s rights, and a longer notice, layered beneath the short notice, that contains all of the elements required by the Privacy Rule if the summary is integrated into the NPP (not a separate document).
Delivery of the NPP:
1. The delivery of the NPP will occur no later than the first delivery of service. 
   NOTE: For recurring patients, this delivery only needs to occur once.
2. Post the NPP at each registration site throughout the building and on the SHS website.
3. If the NPP is delivered electronically, special rules apply. Contact Privacy Officer for instructions/information.
4. Provide a written copy to the patient, upon request.
NOTE: SHS must remain neutral on the patient’s right to read the entire NPP prior to signing the written consent.

Acknowledgement of NPP

1. Except in an emergency treatment situation, SHS will make a good faith effort to obtain a written acknowledgement from the patient of receipt of the NPP (see form: Consent for the Use or Disclosure of Health Information for Treatment, Payment or Healthcare Operations).
2. If written acknowledgement cannot be obtained, the good faith effort must be documented on the consent form. The patient must be informed that treatment information will not be disclosed and payment information cannot be sent out to third parties for payment.
3. In an emergency treatment situation, the NPP should be delivered and the written acknowledgement obtained as soon as reasonably possible.

Revisions to NPP

1. All revisions must be approved by the KU-Lawrence Campus Privacy Officer prior to implementation.
2. SHS must revise the NPP to reflect material changes in privacy practices.
3. SHS will post all changes of the NPP to the website and postings within the building.
4. It is not necessary to distribute revised NPP in writing, unless requested by the patient.
5. It is not necessary to get another consent from the patient each time the NPP is changed.

Documentation

1. The receipt of the consent is recorded in the health information system.
2. The signed consent form (and documentation of good faith efforts) will be retained in the patient’s medical record.
3. SHS must retain copies of any versions of the NPP issued.