

HIPAA, HITECH and the Omnibus Final Rule Notice of Privacy Practices – Summary

To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 required HHS [Health and Human Services] to adopt national standards for electronic health care transactions. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated the adoption of Federal privacy protections for individually identifiable health information. The Health Information Technology for Economic and Clinical Health Act of the American Recovery and Reinvestment Act of 2009 (HITECH) provides additional requirements beginning in 2013. Both are provided to you as a Notice of Privacy Practices (NPP).

A. HIPAA:

1. Protected Health Information maybe used or disclosed for treatment, payment or healthcare operations
2. The patient has a right to request restrictions on identifiable "data."
3. The unique and identifiable data that maybe used or disclosed is listed below.

B. Dean P Kane, MD, FACS, PA also known as the Center for Anti-Aging Medicine and Cosmetic Surgery complies with the HIPAA Privacy Standards by requesting a patient signature for each patient visit on the Encounter Form (superbill) authorizing that Protected Health Information (PHI) maybe used or disclosed for treatment, payment or healthcare operations. A review of our Notice of Privacy Practices is available in our library. A copy of our Notice of Privacy Practices is available in upon request.

C. PHI includes: name, address, email, dates, social security number, medical record number, health plan beneficiary number, account number certificate number, license number, vehicle identifiers, facial photographs, telephone numbers, device identifiers, URL's, IP addresses, biometric identifiers, geographic units and other unique identifiers or codes.

D. PHI may be disclosed by a Covered Entity without the individual's consent or authorization when:

- a. Used for Research if requested by:
 - i. A Privacy Board
 - ii. A Institutional Review Board
- b. Used for facility directories (for clergy and other visitors), or to update family members and those involved in the individual's care, provided the patient is given an opportunity in advance to object.
- c. In the certain limited circumstances, such as those required by law or public health activities.
- d. Limited patient information (demographics and dates of service), are used for marketing and fund raising activities.
- e. Disclosures of PHI may be made to Business Associates where a Business Associate Contract is in place, eg medical insurance company.
- f. Your Protected Health Information will be used if required to recover a healthcare expense claim to include and not limited to your medical insurance, banking, finance companies and credit card companies.
- g. Your Protected Health Information will be used for this office to contact you regarding appointments, medical and emergency care. Please provide secure and confidential contact information on the demographic form. Should this information change or become discovered, please inform us immediately and provide another form of contact. All efforts will be made to preserve your privacy in accordance with HIPAA rules.

E. Individual Access to Protected Health Information:

- a. Only the patient or surrogate may request to review their medical record and only when a Release of Medical Information Authorization is signed.
- b. Any contested information will be reviewed by Dean P Kane, MD, FACS and added to the medical record as a addendum

F. Patient Rights:

- a. The individual has a right to inspect and copy his or her PHI, in whole or in part, for as long as the covered entity maintains the information.
- b. The patient has the right to amend the PHI as above
- c. Any person who believes that a Covered Entity is not complying with the applicable requirements of HIPAA may file a complaint with the Secretary of HHS. A complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless the time limit is waived by the HHS Secretary for good cause shown.

G. HITECH:

- a. You have the right to be notified following a breach os unsecured PHI.
- b. If you pay "out-of-pocket" for products or services, you have the right to restrict disclosures of PHI to your health plan.
- c. Any other uses and disclosures of your PHI will be made only with your authorization.
- d. Any notes from a social worker, psychologist, psychiatrist or other mental health professional will require a separate authorization for release of PHI.
- e. Any PHI used for marketing purposes including subsidized treatment will require your authorization.
- f. You have the right to "opt-out" of any fund raising communications.
- g. You must authorize the "sale" of your PHI.
- h. Providers may charge a reasonable cost-based fee when providing medical records.

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- a. Breaches of PHI are reportable unless there is a "low probability of PHI compromise."
- b. A patient may request their physician not to disclose PHI to a health plan for those services for which the patient has paid for out-of-pocket, unless it is required for treatment purposes or in the rare event the disclosure is required by law.
- c. Limited marketing communications may be provided without the patient's authorization.
- d. It is prohibited to sell PHI.

I. Our receptionist is designated as the contact person to receive requests, amendments and complaints in writing and provide privacy practice information when requested.

J. Authorization is requested for specific use or disclosure of PHI not for TPO (treatment, payment, operation).