[Company Name]

**Privacy Policy**

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# PURPOSE

List the objectives for this privacy policy.

# SCOPE

1. This policy applies to all organization’s employees, management, contractors, student interns, and volunteers.
2. This policy describes the organization’s objectives and policies regarding maintaining the privacy of patient information.
3. [If your organization is exempt, discuss your organization’s desire to become compliant as a “trusted partner” of entities.]

# REFERENCES

*{List corporate policies, procedures, and statements that affect the privacy and confidentiality of client health information}*

1. [List other organization policies or procedures that address the management of client health information.]

# DEFINITIONS

List the terms and definitions that are relevant to organization’s privacy policy.

# RESPONSIBILITIES

1. Executives/Management
   * 1. Establish program objectives
     2. Approve privacy policy
     3. Provide training for work force
     4. Enforce sanctions
     5. Designate Privacy Official
2. Privacy Official
3. Develops privacy policies and procedures
   * 1. Coordinates and implements policy through organization’s departments
     2. Oversees training
     3. Receives and processes privacy complaints
     4. Processes individual rights requests
4. Right to access/copy protected health information (PHI)
5. Right to amend PHI
6. Right to restrict use/disclosure
7. Right to confidential communications
8. Right to an accounting of disclosures
9. Right to file a complaint
   * 1. Ensures retention of HIPAA policies and procedures, complaints, and investigative materials to meet compliance requirements.
10. Legal Counsel (or Privacy Official)
11. Processes Business Associate Agreements (BAA)
12. Conducts business associate inventory
13. Develops and coordinates BAA template
14. Conducts annual review/update
15. Corporate Compliance Officer
16. Assists in development and execution of the HIPAA Privacy Policy and promulgation of operating procedures
    * 1. Assists and supports the Privacy Official
      2. Provides support for HIPAA compliance activities
17. Medical Records Director
18. Implements organization’s privacy policy for medical records
    * 1. Provides administrative and physical safeguards for the protection of client health information
19. Director, Training
20. Develops and implements privacy training program as described in Section 11 of this policy
    * 1. Documents the delivery of privacy training to all work force members
21. Employee responsibilities
22. Understand and comply with organization’s policies regarding patient confidentiality and privacy

# DESIGNATED RECORD SET

Define and explain the repositories.

# NOTICE OF PRIVACY PRACTICES (NPP)

Describe organization’s policy and approach to developing and issuing an NPP to patients.

1. The organization will make a “best effort” attempt to receive acknowledgment of receipt of NPP from each patient and document such in the patient’s medical record.

# MINIMUM NECESSARY POLICY

*[Describe organization’s policy for limiting access and distribution of PHI based on the minimum necessary to permit essential business functions to operate.]*

# USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

1. Routineuses[Describe organization’s routine uses of PHI. This should correspond to the uses cited in NPP.]
2. Treatment, Payment and Operations [Describe organization’s functions for which authorization is not required.]
3. Process for disclosing client information [Describe organization’s process for allowing external disclosure of client information.]
4. Personal representatives
5. [Describe how organization determines or identifies a Personal Representative.]
   * 1. Minors’ rights. [Reference the specific state law that grants to minors their rights to access their PHI.]

# INDIVIDUAL RIGHTS

*[*Describe organization’s procedures for handling the following individual HIPAA rights requests.*]*

1. Right to access/copy PHI
2. Right to amend PHI
3. Right to restrict use or disclosure
4. Right to confidential communications
5. Right to an accounting of disclosures
6. Right to file a complaint

# SAFEGUARDS FOR THE PROTECTION OF PHI

*[*Identify safeguards in the following categories in place in your organization.*]*

1. Administrative safeguards
2. Physical safeguards
3. Technical safeguards

# WORK FORCE TRAINING

1. [Describe organization’s privacy training program.]
2. New staff member training
   * 1. Recurrent training
     2. Special function training
3. [Identify training program content.]

# BUSINESS ASSOCIATE AGREEMENTS

1. [Describe organization’s process for developing and executing Business Associate Agreements (BAA*)*.]

# EMPLOYEE COMPLAINTS

1. [Describe process for employee-generated privacy complaints regarding organization’s policies and processes for managing PHI*.*]

# SANCTIONS

1. [State organization’s policy for addressing employee violations of its privacy policy.]