HIPAA Policy and Procedure Manual Health Insurance Portability & Accountability Act

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Introduction

Dongguk University Los Angeles (DULA) recognizes the need to protect the privacy of patient health information to facilitate the effective delivery of health care. DULA patients must have confidence in and trust that DULA personnel will not inappropriately use or disclose patient health information. By fostering such confidence and trust, the clinic's patients will be more likely to provide accurate and complete information about their personal health, which in turn will assist the clinic's interns and supervisors in accurately diagnosing a patient's illness or condition and treating the patient more effectively.

In response to these concerns and to comply with applicable federal and state laws, DULA has implemented this privacy manual which provides guidance to DULA personnel regarding the policies and procedures DULA has implemented to ensure that patients are afforded their rights with respect to their health information and that DULA personnel use and disclose such information appropriately.

All DULA staff and interns are urged to maintain a working knowledge of the provisions of this manual as an ongoing job duty and for the protection of the patient's privacy. It is anticipated that with a detailed knowledge of this manual, DULA staff and interns will be able to confidently discharge their duties to patients and to DULA in providing the highest quality healthcare.

Privacy of Patient Health Information

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") was enacted to improve the efficiency and effectiveness of the health care system through the establishment of standards and requirements for the electronic transmission of certain health information. To achieve that end, HIPAA requires the Secretary of the U.S. Department of Health and Human Services (henceforth referred to as the Secretary) to issue a set of interlocking regulations establishing standards and protections for the health industry (collectively, the HIPAA Standards). The HIPAA Standards apply to covered entities which are defined as health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form relating to certain administrative and billing transactions.

On December 28, 2000, the Secretary published a final rule setting forth standards for the privacy of individually identifiable health information (protected health information) maintained by covered entities (privacy standards). This rule was subsequently revised on August 14, 2002. In addition, on August 12, 1998, the Secretary issued a final (February 20, 2003) rule setting forth standards relating to the security of health information and the use of electronic signatures by covered entities (security standards).

Protected Health Information

Protected health information(PHI) is information that is created or received by the clinic and relates to the past, present, or future physical or mental health condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient. It also identifies the patient or whomever there is a reasonable basis of information to identify as the patient. Examples of PHI are:

1. Any health information that can lead to the identity of an individual or the contents of the information being used to make a reasonable assumption as to the identity of the individual.
2. Patient's medical record number.
3. Patient's demographic information (i.e. address, telephone number).
4. Information of doctors, nurses, and other health care providers put in a patient's medical record
5. Conversations a provider has about a patient's care or treatment with others.
6. Billing information about a patient at a clinic.

Privacy Standards

The privacy standards set forth general requirements relating to the use and disclosure of protected health information maintained by covered entities. They also describe the administrative requirements a covered entity must implement relating to the privacy of protected health information (i.e. workforce training). Finally, the privacy standards establish certain rights individuals have with respect to their protected health information (i.e. right to access, right to request amendments). Covered entities (excluding small health plans) must comply with the privacy standards by April 14, 2003.

Use and Disclosure of Protected Health Information

DULA will use and disclosure PHI only as permitted under HIPPA. The terms “use” and “disclosure” are defined as follows:

1. Use: The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information by any person working for or within the clinic, or by an associate of the clinic.
2. Disclosure: For protected health information, disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not employed by or working within DULA with a medical need to know PHI.

Under the privacy standards, covered entities are prohibited from using (within the entity) or disclosing (outside the entity) protected health information without patient authorization, unless such use or disclosure falls within an exception. There are numerous use and disclosure exceptions set forth in the privacy standards. For example, one exception permits covered entities to use and/or disclose protected health information without a patient's consent or authorization to carry out treatment, payment, health care operations (i.e. quality assurance, utilization review, credentialing). In addition, covered entities are permitted to use or disclose protected health information without consent or authorization for other specified purposes (i.e. public health activities, required by law). Patient authorization is required, however, for most other uses and disclosures.

The privacy standards also require that, when a covered entity uses, discloses, or requests protected health information, it must make reasonable efforts to limit this information to the minimum amount necessary to accomplish the intended purpose of the use, disclosure, or request. This minimum necessary standard, however, does not apply to—among other things—disclosures to or requests by health care providers for treatment.

Required Administrative Procedures

The privacy standards set forth specific administrative requirements which a covered entity must implement. For example, covered entities are required to designate a privacy official to be responsible for the development and implementation of their privacy policies and procedures. Covered entities are also required to provide workforce training and implement specific policies and procedures designed to protect the privacy of protected health information.

Establishment of Individual Rights

The privacy standards establish certain rights which individuals have with respect to their protected health information. For example, under the privacy standards, individuals have the right to receive adequate notice of the privacy practices of a covered entity. Individuals also have the right to request that a covered entity restrict the uses and/or disclosures of their protected health information. In addition, the privacy standards require covered entities to allow individuals to inspect, copy, and request amendments to their protected health information.

Business Associates

The privacy standards only apply directly to covered entities. However, they are designed so that a covered entity bears the responsibility for ensuring the privacy of the protected health information shared between it and certain other persons who perform functions or activities on behalf of the covered entity (business associates). Therefore, under the privacy standards, a covered entity may

only disclose protected health information to a business associate, and may only allow a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurance that the business associate will appropriately handle the information. A covered entity must document such satisfactory assurance through a written contract or agreement which contains a number of specific provisions. In addition, a covered entity must take certain actions if they learn that a business associate materially breaches or violates the terms of such a written agreement.

Security Standards

As proposed, the security standards require each covered entity to develop and employ certain security requirements. These standards generally outline the administrative procedures, physical safeguards, and technical security services/mechanisms that must be developed and maintained by covered entities. Similar to the privacy standards, the security standards require covered entities to enter into agreements with their business associates to ensure each maintains the same level of security in connection with protected health information. In general, the proposed security standards are designed to address the risk of improper access to electronically stored information, as well as the risk of interception of information during electronic transmission by requiring each covered entity to assess potential risks and vulnerabilities to the individual health data in its possession and to develop, implement, and maintain appropriate security measures with respect to such data (if such data is to be transmitted via electronic means). However, the final security standards do not reference or advocate specific technology because security technology is changing quickly. The Secretary of HHS has indicated that covered entities should have the flexibility to choose their own technical solutions. The standards also do not address the extent to which a particular entity should implement specific features. Instead, HHS requires only that each affected entity assess its own security needs and risks to then devise, implement, and maintain appropriate security to address its business requirements. Thus, each organization must decide for itself the appropriate security measures to employ and which technology to use.

Privacy Officer

DULA is committed to protecting the privacy of the health information of its patients, ensuring that they are afforded their rights with respect to their health information, and are complying with applicable federal, state, and local laws.

DULA Oriental Medical Center (OMC) director is the privacy officer, a position which is integral to the continuing success of DULA's privacy efforts. The privacy officer is responsible for overseeing the development and implementation of corporate-wide privacy policies and procedures set forth in this privacy policy. The privacy officer is also responsible for overseeing the office that provides further information about matters covered by DULA's notice of privacy

practices and receives complaints if a patient believes that his or her privacy rights have been violated.

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PATIENT RIGHTS

Notice of DULA Privacy Practice

a. Policy

Patients have certain rights with respect to their health information as it is created or received. For example, patients have the right to receive a notice of DULA's privacy practices describing patient rights, and DULA's legal duties, with respect to patient health information. The policy is that its personnel afford patients this right by complying with the procedure below.

b. Procedure

Delivery of notice: Except in an emergency treatment situation, DULA's reception personnel shall give DULA's Notice of Privacy Practices—a copy of which is attached as Appendix A to this manual (referred to as the "Notice")—to each patient no later than the date of the first service delivery, including service delivered electronically.

Acknowledgment of receipt: Each Notice given to a patient shall have attached to it a cover page entitled Patient Acknowledgment of Receipt of Notice of Privacy Practices—a copy of which is attached as Appendix A to this manual—which the patient will be asked to date and sign at the time they are given the Notice. If the patient is unable or unwilling to date and sign the acknowledgment form, DULA personnel should document in writing the reason for the inability or refusal of the patient to sign on the face of the acknowledgment form. Such reason could simply be, for example, that the patient refused to sign after being requested to do so. DULA's duty under the law is only to make a good faith effort to obtain the acknowledgment of receipt. If the patient does not want to sign the acknowledgment form, he or she is not required to do so. The acknowledgment form should be filed in the patient record and retained for at least 6 years from the date of first delivery of service.

Emergency treatment situations: In emergency treatment situations, DULA personnel shall give the patient the Notice as soon as reasonably practicable after the emergency treatment situation.

Alternative means of communicating Notice: DULA will consider alternative means of communicating the contents of the Notice to certain populations, such as individuals who cannot read or who have limited English proficiency.

Available on request at any time: Even if the patient has previously received a copy of the Notice, the patient remains entitled to ask for another copy at any time.

Posting of Notice: A copy of the Notice should be posted in a clear and prominent location where it is reasonable to expect individuals to be able to read it.

Revision of Notice: Whenever the Notice is revised, it must be made available upon request and posted as required.

Availability on website: To the extent that DULA maintains a website, the Notice must be placed and maintained on DULA's aforementioned website and be available electronically through it.

Delivery and acknowledgment by electronic mail: If a patient wishes to receive the Notice by electronic mail, the patient shall submit an agreement to do so in writing to the privacy officer or their designee. When the Notice has been delivered to the patient electronically, the system should request them to acknowledge receipt electronically. If DULA is aware that an electronic mail transaction has failed, the patient should be sent a paper copy of the Notice. A patient who has received the Notice by electronic mail retains the right to obtain a paper copy from DULA upon request.

Responsibility for updating: DULA"s privacy officer will be responsible for developing and updating, as necessary, the Notice of Privacy Practices.

Training: The privacy officer will be responsible for ensuring employees are trained regarding the Notice of Privacy Practices in accordance with this manual.

Patient questions: Patient questions related to the Notice of Privacy Practices should be directed to the privacy officer.

Retention of documents: A copy of the original form of the Notice of Privacy Practices, and each revised form, shall be retained by DULA for at least 6 years from the date when the version was last in effect. Copies will be maintained in the office of the privacy officer. Acknowledgment forms will be retained in the patient record as provided above.

Requesting Additional Privacy Protection

a. Policy

Patients have certain rights with respect to their health information as it is created or received by DULA. For example, patients have the right to request that DULA restrict certain uses and disclosures of their health information. In addition, DULA must permit patients to request (and must accommodate reasonable requests) to receive communications regarding their health information by alternative means or at alternative locations. It is DULA's policy that personnel afford patients these rights by complying with the procedures set forth below.

b. Procedure

Permitting patients to request a restriction: DULA must permit a patient to request that DULA restrict the following: (a) uses or disclosures of the patient's health information to carry out treatment, payment, or health care operations; and (b) disclosures to family members, relatives, close personal friends, and other assisting persons in the patient's care.

Agreeing to a restriction: DULA personnel are not required to agree to a restriction requested by the patient. However, if a member of DULA's personnel does agree to such a restriction, all of its personnel must honor the request, except that DULA's personnel may, in violation of such restriction, use or disclose otherwise restricted health information to a health care provider to the extent that the patient is in need of emergency treatment and such information is needed to provide it. However, if a member of DULA's personnel discloses restricted health information to a health care provider for treatment, such DULA personnel must request that the health care provider who receives the information not further use or disclose the information.

Including a restriction in the patient's medical record: If DULA agrees to any request by a patient to restrict the uses and disclosures of his/her health information, details regarding such a restriction must be placed prominently in the patient's medical record.

Limitations on restrictions: Any restriction which is agreed to by DULA personnel is not effective to prevent uses and disclosures: (a) required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine a covered entity's compliance with the HIPAA privacy standards; (b) permitted in connection with respect to patient directories; and (c) permitted regarding uses and disclosures for which consent, individual authorization, or the opportunity to agree or object is not required.

Termination of restriction by DULA: DULA may terminate its agreement to any restriction if: (a) the patient agrees to or requests the termination in writing; (b) the patient orally agrees to the termination and the oral agreement is documented; or (c) DULA informs the patient that it is terminating its agreement to a restriction, except that such termination is only effective with respect to the health information created or received after DULA has so informed the patient. To the extent DULA agrees to a restriction, it must document the restriction in writing and maintain a copy in the patient record for a period of 6 years from the date when it last was in effect.

Requests by Patients to Receive Communications by Alternative Means or at Alternative Locations

a. Policy

Permitting patients to request to receive communications by alternative means: DULA must permit patients to request and must accommodate reasonable requests by patients to receive communications regarding their health information by alternative means or at alternative locations.

b. Procedure

Required form of request: Any such request by a patient must be in writing and describe the following: (a) specification of an alternative address or other method of contact; and (b) information on how payment, if any, will be handled, when appropriate. DULA personnel are not permitted to require the patient to provide an explanation as to the basis for his/her request as a condition of providing communication on such confidential basis.

Including a patient's request in the patient's medical record: If DULA agrees to provide the patient communications by alternative means or at an alternative location, details regarding these shall be placed prominently in the patient's medical record.

Patients' Access to Their Health Information

a. Policy

Patients have certain basic rights with respect to their health information as it is created or received by DULA. For example, patients have the right of access to inspect and copy certain health information used by DULA, in whole or in part, to make decisions about them. It is DULA's policy that personnel afford patients this right by complying with the procedures set forth below.

b. Procedure

Request by patient: Any request by a patient to inspect and/or copy his/her health information must be in writing and directed to DULA's privacy officer.

Time limit for providing/denying access: In general, DULA must act on a patient's request for access no more than 30 days after receipt of the request. If DULA grants the request, in whole or in part, it must inform the patient of the acceptance of the request and provide the access requested. If DULA denies the request, in whole or in part, it must provide the patient with a written denial. If the request for access is for health information that is not maintained or accessible by DULA on-site, DULA must take action no more than 60 days from the receipt of such request. If DULA is unable to take the action required in such time, DULA may extend the time for such action by no more than 30 days, provided: (a) DULA, within the applicable time limit set forth above, provides the patient with a written statement of the reasons for the delay and the date by which DULA will complete its action on the patient's request; and (b) DULA may have only one such extension of time for action on a patient's request for access.

Information a patient has the right to access: In general, a patient has the right of access to inspect and copy health information used by DULA, in whole or in part, to make decisions about the patient. This right, however, does not extend to certain types of information. In addition, DULA may, under certain circumstances, deny a patient access to his or her health information regardless of whether such information is contained in the patient's records.

Information a patient does not have the right to access: A patient does not have the right to access the following: (a) psychotherapy notes; (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; (c) information held by clinical laboratories if the Clinical Laboratory Improvements Amendments of 1988 ("CLIA") prohibits such access (i.e. the patient is not, under applicable law, an authorized person who is permitted to receive the laboratory test record or report); or (d) health information held by certain research laboratories that are exempt from the CLIA regulations.

Grounds for denial of access that are not subject to review: DULA may deny a patient's right to access his or her health information in the following circumstances:

1. Information excepted from the right of access: DULA may deny access to any information described above.
2. Request by inmate of a correctional institution: To the extent DULA is acting under the direction of a correctional institution, DULA may deny, in whole or in part, the request by an inmate to obtain a copy of his or her health information if providing such copy would jeopardize the health, safety, security, custody, or rehabilitation of the inmate or other

inmates, or the safety of any officer, employee, or other person at such institution or any person responsible for transporting the inmate.

3. Information obtained in the course of research that includes treatment: A patient's access to his or her information created or obtained by DULA in the course of research that includes treatment may be temporarily suspended for as long as research is in progress, provided that the patient has agreed to the denial of access when consenting to participate in such research and DULA has informed the patient that his or her right of access will be reinstated upon completion of the research.
4. Information subject to the Privacy Act: A patient's access to his or her health information that is contained in records that are subject to the Privacy Act, 5 U.S.C. § 552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law.
5. Information received from non-health care providers: DULA may deny access to information if DULA obtained the information from someone other than a health care provider under a promise of confidentiality and the access requested would not be reasonably likely to reveal the source of the information.

Grounds for denial of access that are subject to review: DULA may deny a patient's right to access his or her health information in the following circumstances—however, the patient has the right to request that any such denial be reviewed:

1. Endangerment of patient: A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person.
2. Information refers to others: The patient health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
3. Request by a personal representative: The request for access is made by the patient's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such a personal representative is reasonably likely to cause substantial harm to the patient or another person.

Providing the access requested: If DULA provides a patient with access, in whole or in part, to his or her health information, DULA must provide the access requested by the patient including inspection or obtaining a copy (or both). If the same information that is the subject of a request for access is maintained in more than one record or at more than one location, DULA need only produce the health information once in a response for request for access.

Form of access requested: DULA must provide the patient with access to his or her information in the form or format requested by the patient, if it is readily producible in such a form or format; if not, in a readable hard copy form or some such other form or format as agreed to by DULA and

the patient. DULA may provide the patient with a summary of the information requested in lieu of providing access to the information or may provide an explanation of the information to which access has been provided if (a) the patient agrees in advance to such a summary or explanation, and (b) the patient agrees in advance to the fees, if any, imposed by DULA for such summary or explanation.

Time and manner of access: DULA must provide the access as requested by the patient in a timely manner, including arranging with the patient for a convenient time and place to inspect or obtain the copy of the health information, or mailing a copy of the information at the patient's request. DULA may discuss the scope, format, and other aspects of the request for access with the patient as necessary to facilitate the timely provision of access.

Fees: If the patient requests a copy of his or her health information or agrees to a summary or explanation of such information, DULA may impose a reasonable, cost based fee, provided that the fee includes only the cost of: (a) copying (including the cost of supplies for and labor of copying) the health information requested by the patient; (b) postage, when the patient has requested that a copy, a summary, or explanation be mailed; and (c) preparing an explanation or summary of the health information, if agreed by the patient as required by the section above.

Denial of access: If DULA denies access, in whole or in part, to health information, the privacy officer must provide a timely, written denial to the patient in accordance with the above section. The denial must be in plain language and contain: (a) the basis for the denial; (b) if applicable, a statement of the patient's review rights, including a description of how the patient may exercise such review rights; and (c) a description of how the patient may complain to DULA (including the name, title, and telephone number of the contact person or office) or to the Secretary of the Department of Health and Human Services pursuant to the complaint procedures.

Making other information accessible: DULA must, to the extent possible, give the patient access to any other health information requested, after excluding the information as to which DULA has a ground to deny access.

Other repository of information: If DULA does not maintain the health information that is the subject of the patient's request for access and DULA knows where the requested information is maintained, DULA must inform the patient where to direct the request for access.

Review process: If access is denied for a reason described in above, the patient has the right to have such denial reviewed by a licensed health care professional who is designated by DULA to act as a reviewing official and who did not participate in the original decision to deny. DULA must promptly refer a request for review to such a designated reviewing official. The designated

reviewing official must determine, within a reasonable period, whether or not to deny the access requested based on the standards outlined above. DULA must promptly provide written notice to the patient of the determination of the reviewing official and take such other actions as required by law to carry out the reviewing official's determination.

Documentation: DULA must document the following and retain such documentation for at least 6 years from the date of their creation or the date when they last were in effect, whichever is later: (a) the records that are subject to access by patients and (b) the titles of the persons or offices responsible for receiving and processing requests for access by patients. DULA medical records are also covered by DULA's record retention policy, which requires that DULA medical records be retained for periods longer than 6 years.

Amendment of Health Information

a. Policy

Patients have certain rights with respect to their health information. For example, patients have the right to have a covered entity amend their health information under certain circumstances, as long as the health information is maintained by said covered entity. It is the policy of the covered entity that its personnel afford patients this right by complying with the procedures set forth below.

b. Procedure

Request by patient: Any request by a patient to have DULA amend his/her health information must be in writing and directed to DULA's privacy officer. Any such request must provide a reason to support the requested amendment.

Process for reviewing patient's request: The privacy officer or their designee shall review the request upon receipt and consult with the health care provider(s) involved in the patient's care and the privacy committee to determine whether or not the requested amendment is appropriate. Any request for amendment should be honored, except in those cases where DULA should deny the patient's request.

Time limit for responding to patient's request: Any request for amendment must be acted on no later than 60 days after receipt. If DULA requested the amendment, in whole or in part, it must take the actions outlined in the below. If DULA denies the requested amendment, in whole or in part, it must provide the patient with a written denial. If DULA is unable to act on the amendment within a 60 days period, DULA may extend the time for such action by no more than 30 days as

long as DULA, within the original 60 day period, provides the patient with a written statement of the reasons for the delay and the date by which DULA will complete its action on the patient's request. DULA may only have one such extension of time for action on the request for amendment.

Required actions for accepted requests: If DULA accepts the requested amendment, in whole or in part, DULA must take the following actions:

1. Make the appropriate amendment to the patient's health information or record that is the subject of the requested amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
2. Inform the patient in a timely manner that the amendment is accepted and obtain the patient's identification of an agreement to have DULA notify the relevant persons with which the amendment needs to be shared.
3. Make reasonable efforts to inform and provide the amendment within a reasonable time to (a) persons identified by the patient as having received health information about the patient and needing the amendment, and (b) persons, including DULA"s Business Associates, that DULA knows have the patient's health information that is the subject of the amendment and that may have relied on, or could foreseeable rely on, such information to the detriment of the patient.

Denying patient's request: The privacy officer or their designee should deny the patient's request for amendment if it is ultimately determined that the health information or record that is subject to the request:

1. Was not created by DULA (unless the patient provides a reasonable basis to believe that the originator of the disputed health information is no longer available to act on the requested amendment).
2. Is not part of the designated record set?
3. Would not be available for inspection by the patient or is accurate and complete.

Required actions for denied requests: If DULA denies the requested amendment, in whole or in part, DULA must take the following actions:

1. Provide the patient with a timely written denial as required in the above section. The denial must use plain language and contain;
2. The basis for the denial.
3. The patient's right to submit a written statement disagreeing with the denial and how the patient may file such a statement.
4. A provision saying that, if the patient does not submit a statement of disagreement, the patient may request that DULA provide the patient's request for amendment and the denial with any future disclosures of patient health information that is the subject of the amendment.

5. A description of how the patient may complain to DULA or to the Secretary of the Department of Health and Human Services pursuant to the complaint procedures described in chapter IV of this manual.
6. DULA must also permit the patient to submit a written statement disagreeing with the denial of all parts of the requested amendment and the basis for such a disagreement. DULA may reasonably limit the length of the statement of disagreement.
7. DULA may prepare a written rebuttal to the patient's statement of disagreement. If DULA prepares such a rebuttal, DULA must provide a copy to the patient.
8. DULA must, as appropriate, identify the record or health information in the designated record set that is the subject of the disputed amendment and append or otherwise link the patient's request for an amendment, DULA 's denial of the request, the patient's statement of disagreement (if any) and DULA 's rebuttal (if any) to the designated record set.

With respect to any future disclosures, DULA must comply with the following requirements

1. If a statement of disagreement has been submitted by the patient, DULA must include the material appended in accordance with the above section. Alternatively, DULA may include an accurate summary of such information with any subsequent disclosure of the health information to which the disagreement relates.
2. If the patient has not submitted a written statement of disagreement, DULA must include the patient's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the health information only if the patient has requested such action in accordance with the section above.
3. When the subsequent disclosure described is made during a standard HIPAA transaction that does not permit the additional material to be included with the disclosure, DULA may separately transmit the material required as applicable, to the recipient of the standard HIPAA transaction.
4. If DULA receives or is informed by another health care provider, health care clearinghouse or health care plan of an amendment to a patient's health information, DULA must amend the health information in designated record sets as discussed in the above section.

Documentation: DULA must document the titles of the persons or offices responsible for receiving and processing requests for amendments by patients and retain the documentation for at least 6 years from the date of its creation. DULA's medical records, including any amendments of such medical records, are also covered by DULA's record retention policy, which requires that DULA's medical records be retained for periods longer than 6 years. Please consult the record retention policy for the appropriate retention period.

Accounting of Disclosures

a. Policy

Patients have certain rights with respect to their health information. For example, patients have the right to receive—subject to certain exceptions—an accounting of the disclosures of their health information made by a covered entity in the 6 years prior to the date on which the accounting is requested. It is the policy of the covered entity that covered entity personnel afford patients such rights by complying with the procedures set forth below.

b. Procedure

Request by patient of an accounting of disclosures: Any requests by a patient to receive an accounting of disclosures of his/her health information must be in writing and submitted to the privacy officer or their designee.

Time limits on responding to patient's request: DULA must provide the patient with the requested accounting no later than 60 days following the receipt of such request. If DULA is unable to provide an accounting within such a 60 day period, DULA may extend the time to provide the accounting by no more than 30 days as long as DULA, within the original 60 day period, provides the patient with a written statement of the reasons for the delay and the date by which DULA will provide the accounting. DULA may have only one 30 day extension of time for action on any request for an accounting.

Fees: DULA must provide the first accounting to a patient in any 12 month period without a charge. DULA may, however, impose a reasonable cost based fee for each subsequent request by the same patient within such 12 month period, as long as DULA informs the patient in advance of the fee to be charged by DULA and provides the patient with an opportunity to withdraw or modify his/her request in order to avoid or reduce such a fee.

Information required to be included in accounting: Limitations: DULA must provide the patient with an account of disclosures of patient's health information made by DULA and its business associates during the 6 years prior to the date on which the accounting is requested, except for disclosures:

1. To carry out treatment, payment, and health care operations.
2. To the patient.
3. Incident to a permitted use or disclosure.
4. Pursuant to an authorization.
5. For DULA's patient directory purposes.

6. To persons involved in the patient's care or for other notification purposes.
7. For national security or intelligence purposes.
8. To correctional institutions or law enforcement officials.
9. As part of a limited data set (partially de-identified information that is used for specific purposes).
10. That occurred prior to April 14, 2003 (the compliance date of the HIPAA privacy standards).

Suspending patient's right to receive an accounting: DULA must temporarily suspend a patient's right to receive an account of disclosures made by DULA to a health oversight agency or law enforcement official for the time specified by such agency or official, if such agency officially provides DULA with a written statement that such an account to the patient would be reasonably likely to impede the agency's activities and specifying the time which such a suspension is required. However, if the agency or official statement is made orally, DULA must: document the statement, including the identity of the agency or official making the statement; temporarily suspend the patient's right to an account of disclosures subject to the statement; and (c) limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a written statement as the one described above is submitted during that time.

Information required to be included in accounting: The written accounting provided by

DULA must meet the following requirements:

1. Except for the excluded disclosures described in the section above, the accounting must include disclosures of the patient's health information that occurred during the 6 years prior to the date of the request (or shorter time period as requested by the patient), including disclosures to or by DULA's business associates;
2. The accounting must include the following for each disclosure listed: (a) the date of the disclosure, (b) the name of the entity or person who received the health information and—if known—the address of such an entity or person, (c) a brief description of the health information disclosed, and (d) a brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure (or, in lieu of such a statement, a copy of a written request for disclosure made by the Secretary of the U.S. Department of Health and Human Services or under one of the other regulatory exceptions, if any).
3. If during the period covered by the account, DULA has made multiple disclosures of the patient's health information to the same person or entity for a single purpose under one of the regulatory exceptions or to the Secretary of the U.S. Department of Health and Human Services, the account may, with respect to such multiple disclosures, provide (a) the information described in section 6.b. above for the first disclosure during the accounting period; (b) the frequency, periodicity, or number of the disclosures made during the accounting period; and (c) the date of the last such disclosure during the accounting period.

Disclosure for research: DULA has other accounting requirements for disclosures of patient health information for particular research purposes.

Documentation requirements: DULA must document the following and retain documentation for 6 years from the date of its creation or the date when it last was in effect:

1. The information described above is for disclosures of health information that are subject to an account.
2. The written account that is provided to the patient.
3. The titles of the persons or offices responsible for receiving and processing requests for an account by patients.

USING, DISCLOSING, AND REQUESTING PROTECTED HEALTH INFORMATION

Permitted Uses and Disclosures of Patient Health Information without Patient Consent or Authorization

a. Policy

DULA is permitted to use and disclose a patient's health information without obtaining the patient's consent or authorization for the purposes set forth below. This policy outlines the procedures DULA personnel must follow when using or disclosing patient health information for such purposes.

Permitted uses and disclosures

1. For DULA's own treatment, payment, or health care operations.
2. Required by law.
3. Public health activities.
4. Health oversight activities.
5. Information regarding decedents.
6. Cadaveric organ, eye, or tissue donation purposes.
7. Research.
8. To avert serious threat to health or safety.
9. Specialized government functions.

Permitted disclosures

1. Subject to certain limitations, disclosures for the treatment, payment, or health care operations of a third party.
2. Victims of abuse, neglect, or domestic violence.
3. Judicial and administrative proceedings.
4. Law enforcement purposes.
5. Workers' compensation.

b. Procedure

Use of patient health information by DULA's personnel: DULA personnel and assigned student interns are permitted, without obtaining the patient's consent or authorization, to use patient health information for the purposes of DULA's treatment, payment, and health care operations. In addition, DULA personnel and assigned student interns are permitted, under certain circumstances, to use patient health information for the treatment, payment, and health care operations of third parties.

In general, clinical personnel who are involved in patient care are entitled to access and use the entire medical record of the patients they are treating on a need-to-know basis. Clinical personnel or student interns, however, may not access or use the medical record of a patient, unless they are treating, or assisting another in treating, such a patient. In addition, before using a patient's health information, DULA personnel and student interns should comply with any restriction on the use of a patient's health information agreed to by DULA. Non-clinical personnel are permitted to access and use the health information of DULA patients for purposes of treating the patient, obtaining payment for services provided to the patient, or DULA's health care operations. However, DULA personnel may only access and use the minimum amount of health information necessary to carry out their duties. In addition, regardless of whether a use exception applies, DULA personnel are prohibited from using any patient health information in violation of a restriction on the use of a patient's health information agreed to by DULA. The privacy officer has established various classes of DULA personnel who need access to patient health information to perform their duties, the categories of patient health information to which access is needed, and the conditions appropriate to such access. It is the responsibility of each member of DULA's workforce to understand the patient health information they are permitted to access and use to perform their duties. If you have any questions about the types of patient health information you are permitted to access and use to perform your duties, ask your supervisor or contact the privacy officer.

Disclosing patient health information to third parties: DULA personnel are permitted to disclose a patient's health information to a third party without first obtaining the patient's consent or authorization to the extent which such disclosure is permitted by law. To assist DULA personnel in determining the types of disclosures permitted, the privacy officer has established standard protocols for various disclosures that are made by DULA on a routine and recurring basis. These protocols are described in DULA 's standard protocols for disclosing and requesting patient health information and outline the requirements relating to many routine disclosures (i.e. whether the disclosure is subject to the minimum necessary standard; how DULA personnel should comply with the minimum necessary standard, if applicable). To the extent that a standard protocol has not been established for a particular disclosure (or if a member of DULA's personnel is not sure whether a particular protocol applies in a given situation), DULA personnel should obtain approval from the privacy officer or his or her designee before making the disclosure. In addition, regardless of whether a disclosure exception applies, DULA personnel and students are prohibited from disclosing any patient health information in violation of a restriction on the use of a patient's health information agreed to by DULA. Furthermore, DULA may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when (a) making disclosures to public officials, if the public official represents that the information requested is the minimum necessary for the state purposes; (b) the information is requested by a health plan, health care clearinghouse, or HIPAA-covered health care provider; (c) the information is requested by a professional who is a member of DULA's workforce or a business associate of DULA for the purpose of providing professional services to DULA; or (d) certain documentation or representations have been provided by a person requesting the information for research purposes.

Use and disclosure for purposes of treatment: Treatment means 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.

Use and disclosure for purposes of payment: Payment includes those activities undertaken by a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under a health plan. Payment also includes the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care. Such activities relate to an individual to whom health care is provided and include, but are not limited to, the following:

1. Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims.
2. Risk adjusting amounts based on enrollee health status and demographic characteristics.
3. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing.
4. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges.
5. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services.
6. Disclosure to consumer reporting agencies of any of the following patient health information relating to collection of reimbursement: (a) name and address, (b) date of birth, (c) social security number, (d) payment history, (e) account number, and (f) name and address of the health care provider and/or health plan.

Use and disclosure for purposes of health care operations: Health care operations include any of the following activities of the covered entity, to the extent that the activities are related to covered functions.

Use and disclosure for purposes of quality assessment and improvement: Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, or contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment.

Use and disclosure for purposes of reviews and evaluations: Reviewing the competence or qualifications of health care professionals or health plan performance; conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers; training of non-health care professionals; accreditation; certification; licensing; or credentialing activities.

Use and disclosure for purposes of contract placement: Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, as well as ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance).

Use and disclosure for purposes of professional services: Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.

Use and disclosure for purposes of business planning: Business planning and development, such as conducting cost management and planning-related analyses relating to managing and operating the entity, including formulary development and administration, as well as development or improvement of methods of payment or coverage policies.

Use and disclosure for purposes of business management and administration: Business management and general administrative activities of the entity, including, but not limited to, the following: (a) management activities relating to implementation of and compliance with HIPAA requirements; (b) customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that patient health information is not disclosed to such a policy holder, plan sponsor, or customer; (c) resolution of internal grievances; (d) the sale, transfer, merger, or consolidation of all or part of a covered entity with another covered entity, or an entity that, following such activity, will become a covered entity and due diligence related to such activity; and (e) consistent with the applicable requirements of the privacy standards, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

Other regulatory exceptions regarding use and/or disclosure: This section outlines the regulatory exceptions pursuant to which DULA personnel are permitted to disclose and/or use patient health information without the consent or authorization of the patient. The following is a general summary of the regulatory exceptions set forth in 45 C.F.R. § 164.512; it does not describe the specific requirements for each exception. The privacy officer may consider incorporating the specific requirements for relevant exceptions into this policy or attaching the specific requirements as a supplement to this policy.

Required by law: When it is required by law and the use or disclosure is limited to the relevant requirements of such law.

Public health activities: When it involves use and disclosure for public health activities such as mandated disease reporting and the reporting of vital events like births and deaths.

Health oversight activities: When disclosing information for the purpose of health oversight activities such as audits, investigations, licensure or disciplinary actions, or legal proceedings or actions.

Information regarding decedents: When disclosing information about deceased persons to medical examiners, coroners, and funeral directors.

Organ donation: When disclosing or using information for organ and tissue donation purposes.

Research: When disclosing information related to a research project when a waiver of authorization has been approved by the institutional review board.

Health or safety threat: When the privacy officer believes in good faith that the disclosure is necessary to avert a serious health or safety threat to the patient or to the public's safety.

Military activity and national security: When disclosure is necessary for specialized government functions, such as military service, for the protection of the president or for national security and intelligence activities.

Abuse or neglect: When reporting information about victims of abuse, neglect, or domestic violence as required by law.

Legal proceedings: When disclosing information for judicial and administrative proceedings in accordance with state and/or federal law; for instance, in response to a court order such as a subpoena or discovery request.

Law enforcement: When disclosing information for law enforcement purposes; for instance, to locate or identify a suspect, fugitive, witness, or missing person, or regarding a victim of a crime who cannot give consent or authorization because of incapacity.

Workers' compensation: When disclosure is necessary to comply with workers' compensation laws or purposes.

Inmates: In the case of a prison inmate, information can be released to the correctional

facility in which he or she resides for the following purposes: (a) for the institution to provide the inmate with health care, (b) to protect the health and safety of the inmate or others, or (c) for the safety and security of the correctional facility.

DULA is permitted, in certain circumstances, to use or disclose certain patient health information without the patient's written consent or authorization, provided that the patient is informed in advance of the use or disclosure and has had the opportunity to agree to, prohibit, or restrict the use or disclosure of such information. This policy describes the circumstances under which such uses and disclosures are permitted, and the procedures DULA personnel must follow in order to comply with applicable laws.

Uses or Disclosures Patient Health Information Without Patient's Consent

a. Policy

It is the policy of DULA that personnel not use or disclose a patient's health information without the patient's written authorization, unless DULA is otherwise permitted or required to make such use or disclosure. This policy outlines authorization requirements and sets forth the required procedures DULA personnel must follow when the patient's authorization is required.

b. Procedure

Patient directory: Unless an objection is expressed, DULA may include the patient's name, location in DULA, general medical condition, and religious affiliation (for purposes of informing clergy) in DULA's patient directory. Any of this information may be disclosed to members of the clergy. Any of this information, except for religious affiliation, may be disclosed to other persons who ask for the patient by name. The patient will be informed in DULA's notice of privacy practices of the information to be included in DULA's patient directory and the persons to whom DULA may disclose such information, as well as provided with the opportunity to restrict or prohibit some or all of the uses and disclosures. In the event of the patient's incapacity or an emergency treatment circumstance, where the opportunity to object cannot practicably be provided, DULA may include the above-described information in the patient directory and disclose it in the limited manner described, so long as it is (a) consistent with any prior expressed preference of the patient known

to DULA and (b) determined by DULA, in the exercise of professional judgment, to be in the patient's best interest.

Others involved in patient's care: DULA may disclose to a family member, other relative, or a close friend of the patient—or any other person identified by the patient—health information directly relevant to such a person's involvement with the patient's care or payment related to the patient's health care. DULA may also use or disclose health information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the patient, or another person responsible for the care of the patient or the patient's location, general condition, or death. DULA personnel are permitted to orally inform the patient of, and obtain the patient's oral agreement or objection to, this use or disclosure.

Before releasing information to a person covered by this category, DULA must either obtain the patient's agreement; provide the patient with the opportunity to object to the disclosure (which the patient does not do); or reasonably infer from the circumstances, based on the exercise of professional judgment, that the patient does not object to the disclosure. Examples of situations in which DULA can "reasonably infer from the circumstances" that the patient does not object to the disclosure include:

1. When a spouse is present when treatment is being discussed with the patient.
2. When a colleague or friend has brought the patient to DULA for treatment and the patient has invited them into the exam/treatment room.

If the patient is not present (or cannot agree or object to the use or disclosure of his or her health information because he or she is unconscious or incapacitated) or it is an emergency, then DULA may exercise professional judgment to determine whether disclosure is in the best interest of the patient, and then may disclose only the health information that is directly relevant to the person's involvement with the patient's health care.

Disaster relief agencies: DULA may use or disclose health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities in the notification of family and friends regarding the patient's location, general condition, or death. DULA should attempt to obtain the patient's agreement to such use or disclosure to the extent that DULA, in the exercise of professional judgment, determines that obtaining such agreement does not interfere with the ability to respond to the emergency circumstances.

Fundraising activities: For the purpose of raising funds for its own benefit, DULA may use internally, or disclose to a business associate or institutionally related foundation, the following: (a) demographic information relating to a patient, including name, address, other contact

information, age, gender, and insurance status; and (b) dates of service. Any fundraising materials sent to a patient must contain a description of how the patient may opt out of receiving any further fundraising communications in the future.

Procedures When the Patient's Authorization is Required

a. Policy

Authorization requirements: In general, a valid authorization must contain the following core elements:

1. A description of the information to be used or disclosed that identifies it in a specific and meaningful fashion.
2. The identification of the persons or class of persons authorized to make the use or disclosure.
3. The name or other specific identification of the persons or class of persons to whom DULA may make the use or disclosure.
4. A description of each purpose of the use or disclosure.
5. An expiration date or event.
6. The signature of the patient (or the patient's personal representative) and date.
7. If signed by a personal representative, a description of such a person's authority to act on behalf of the patient.

A valid authorization must also:

1. Be written in plain language.
2. Contain specific statements regarding the patient's right to revoke the authorization and the ability or inability of DULA to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
3. Contain a statement adequate to place the patient on notice of the potential for information (which is disclosed pursuant to the authorization) to be subject to disclosure by the recipient and no longer protected.

Prohibition on conditioning of authorizations: DULA may not condition the provision to an individual of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization, except:

1. A covered health care provider may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of health information for such research.
2. A health plan may condition enrollment in the health plan or eligibility for benefits on provision of an authorization requested by the health plan prior to an individual's enrollment in it, if (a) the authorization sought is for the health plan's eligibility or

enrollment determinations relating to the individual or for its underwriting / risk rating determinations, and (b) the authorization is not for a use or disclosure of psychotherapy notes.

3. A health plan, health care clearinghouse, or HIPAA-covered health care provider may condition the provision of health care that is solely for creating health information for disclosure to a third party, on provision of an authorization for the disclosure of the patient health information to such a third party (i.e. DULA is performing pre-employment drug testing or fitness-for-duty exams).

Prohibition on combining authorizations: Authorizations may not be combined with any other document to create a compound authorization, except as follows:

1. Combined authorizations are permitted in connection with certain research activities.
2. An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes.
3. An authorization (other than one for a use or disclosure of psychotherapy notes) may be combined with any other authorization, except when DULA has conditioned the provision of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of one of the authorizations.

b. Procedure

Processing requests of patient health information pursuant to an authorization received from a third party: All requests for release of health information pursuant to written patient authorization shall be referred to the DULA privacy officer. Before releasing any information regarding the patient to the requestor, DULA personnel should (a) verify that the authorization contains all of the core elements described above, and (b) verify the identity of the requestor.

Authorizations requested by DULA copy to patient: If DULA personnel request a patient to sign an authorization, the patient must be provided with a copy of the signed authorization. The privacy officer will establish standard protocols in which DULA personnel will be permitted to request a patient to execute an authorization. However, to the extent that no standard protocol has been established, DULA personnel must obtain the approval of the privacy officer before asking a patient to execute an authorization. DULA's standard authorization for the use and disclosure of patient health information is included in appendix B of this manual.

Limits on using or disclosing information pursuant to an authorization: Any use or disclosure made by VUAOM personnel pursuant to an authorization must be consistent with the authorization (i.e. made while the authorization is effective, limited to the purpose(s) of the authorization).

Revocation of authorizations: A patient may revoke his/her authorization at any time by notifying the medical records department in writing, except to the extent that either:

1. DULA has taken action in reliance thereon.
2. The authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a policy or a claim under that policy.

DULA's standard revocation of authorization form, a copy of which is included in appendix B of this manual, should be provided to the patient upon request. The revocation must be kept with the original authorization form and a copy must be given to the patient.

Transition provisions: Except for certain prior permissions for research which are subject to different requirements (see below), DULA may use or disclose protected health information that it created or received prior to April 14, 2003 (the compliance date of the HIPAA privacy standards), pursuant to an authorization or other express legal permission obtained from the patient prior to April 14, 2003—provided that the authorization or other express legal permission specifically permits such a use or disclosure and there is no agreed-to restriction as described in chapter II of this manual.

Research

a. Policy

General: In general, DULA is permitted to use or disclose a patient's health information for research purposes (as defined below) only with a patient's written authorization, except in the following three situations: (a) When an institutional review board (IRB) or privacy board has approved a waiver of authorization; (ii) When the use or disclosure is sought solely to review patient health information as necessary to prepare a research protocol or for similar purposes preparatory to research; or (iii) When the use or disclosure is sought solely for research on the health information of decedents.

Definition. Research is defined as a systematic investigation (including research development, testing, and evaluation) designed to develop or contribute to generalizable knowledge. Note that studies relating to quality assessment and improvement activities may qualify as health care operations and may be used and disclosed without obtaining the patient's authorization.

b. Procedure

Permitted use of compound authorizations: An authorization for the use or disclosure of patient health information for a research study may be combined with any other type of written permission for the same research study, including another authorization for the use or disclosure of patient health information for such research or a consent to participate in such research.

Criteria for waiver of authorization: An IRB or privacy board is authorized to approve a waiver of authorization if the following criteria are met: (a) The use or disclosure of patient health information involves no more than a minimal risk to the privacy of patients based on, at least, the presence of the following elements; (b) an adequate plan to protect the identifiers from improper use or disclosure; (c) an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless either there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; (d) adequate written assurances that the patient health information will not be reused 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 of patient health information would be permitted; (e) the research could not practicably be conducted without the waiver or alteration; and (f) the research could not practicably be conducted without access to and use of the patient health information.

Transition provisions: DULA may, to the extent allowed by one of the following permissions, use or disclose (for research) health information that it created or received either before or after April 14, 2003 (the applicable compliance date of the HIPAA privacy standards), provided that there is no agreed-to restriction as described in chapter II of this manual and DULA has obtained, prior to April 14, 2003, either: (a) an authorization or other express legal permission from an individual to use or disclose health information for the research; (b) the informed consent of the individual to participate in the research; or (c) a waiver by an IRB of informed consent for the research, in accordance with applicable law—provided that DULA obtains authorization as discussed above if, after April 14, 2003, informed consent is sought from an individual participating in the research.

Psychotherapy Notes

a. Policy

General: DULA must obtain a patient's written authorization meeting the requirements of the above section for any use of disclosure of psychotherapy notes, except in the following situations:

1. To carry out any of the following treatment, payment, or health care operations:
2. Use by originator of the psychotherapy notes for treatment.
3. Use or disclosure by DULA for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling.

4. Use or disclosure by DULA to defend a legal action or other proceeding brought by the patient.

When the use or disclosure is either:

1. Required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine the covered entity's compliance with the HIPAA privacy standards.
2. Required by law.
3. Made to a health oversight agency with respect to the oversight of the originator of the psychotherapy notes.
4. Made to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
5. Made to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or as required by law.

Definition: Psychotherapy notes are defined as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and; they are also separated from the rest of the individual's medical record. The term “psychotherapy notes” excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and

any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. They are also for treatment of that patient; for case management or care coordination for that patient; or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to that patient. The term "marketing" also includes an arrangement between DULA and any other entity to which DULA discloses patient health information in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or service that encourages recipients of the communication to purchase or use that product or service.

b. Procedure

Additional authorization requirements: If the marketing involves direct or indirect remuneration to DULA from a third party, the authorization must state that such remuneration is involved. Patients have certain basic rights with respect to their health information created or received by DULA. Certain laws create a duty on the part of DULA to verify, in certain circumstances, the identity of a person requesting health information from DULA and the authority of any such person to have access to health information. It is DULA policy that personnel afford patients this right by complying with the procedures set forth below.

Verify identity and authority: Except with respect to uses and disclosures of health information in which the patient has the opportunity to object, DULA personnel must verify the identity of a person requesting health information and the authority of any such person to have access to health information, if the identity or any such authority of such a person is not known to DULA. Routine communications between providers where existing relationships have been established do not require special verification procedures.

Documentation, statements or representations: DULA will also obtain any documentation, statements, or representations (oral or written) from the person requesting the health information when such documentation, statement, or representation is a condition of the disclosure as described in chapter III of this manual. DULA is entitled to rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representations that, on their face, meet the applicable requirements. For example, the conditions in the "Legal Proceedings" category in chapter III.A of this manual (permitted uses and disclosures of health information without patient consent or authorization) may be satisfied by the administrative or judicial subpoena (or similar process), or by a separate written statement that, on its face, demonstrates that the applicable requirements have been met.

Identity of public officials: DULA may rely, if such reliance is reasonable under the circumstances, on any of the following to verify identity when the disclosure of health information is made to a public official or a person acting on their behalf: (a) If the request is made in person, they must present an agency identification badge, other official credentials, or other proof of government status; (b) if the request is made in writing, the request must be on appropriate government letterhead; or (c) if the disclosure is made to a person acting on behalf of a public official, they must present a written statement on appropriate government letterhead that the person is acting under the government's authority, or other evidence or documentation of agency (i.e. contract for services, memorandum of understanding, purchase order) that establishes that the person is acting on behalf of the public official.

Authority of public officials: DULA may rely, if such reliance is reasonable under the circumstances, on any of the following to verify authority when the disclosure of health information is to a public official or a person acting on behalf of the public official:

A written statement of the legal authority under which the information is requested or, if a written statement would be impracticable, an oral statement of such legal authority; (b) if a request is made pursuant to legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.

Exercise of professional judgment: The verification requirements are met if DULA relies on the exercise of professional judgment in making a use or disclosure in those circumstances in which a

patient has the opportunity to object (see chapter III of this manual) or acts on good faith in making a disclosure in the "Health or Safety Threat" category under chapter III.A of this manual.

Other Special Requirements for Certain Activities

Access of patients to their health information: A patient generally has the right to inspect and copy the health information used by DULA, in whole or in part, to make decisions about the patient. To the extent that a patient has this right, DULA is required to disclose such information to the patient. For specific information about the policies and procedures regarding patient access to health information, DULA's personnel should review the policy “Access of Patients to Their Health Information” contained in Chapter II.C.

Accounting of disclosures: A patient generally has a right to receive an account of certain disclosures of protected health information made by DULA. To the extent that a patient has this right, DULA is required to disclose such information to the patient. For specific information about the policies and procedures regarding a patient's right to receive an account of disclosures, DULA's personnel should review the policy “Accounting of Disclosures” contained in Chapter II.E.

Request by HHS: DULA is required to disclose patient health information at the request of the Secretary of the U.S. Department of Health and Human Services in order to determine DULA's compliance with the HIPAA privacy standards. If a member of DULA's personnel receives such a request, he or she should immediately contact DULA's privacy officer. Any disclosures made pursuant to this section should only be made by or under the direction of the privacy officer.

Disclosures required by federal or state law: DULA is required to disclose patient health information to the extent that disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law. According to the HIPAA privacy standards, the term "required by law" means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, governmental or tribal inspector general, or administrative body authorized to require the production of information; a civil or authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including those that require such information if payment is sought under a government program providing public benefits. Any disclosures made pursuant to this section should only be made by or under the direction of the privacy officer.

Limiting information requests: Except as set forth in the section below, when requesting patient health information from a health plan, health care clearinghouse, or health care provider, DULA personnel should limit the amount of information requested to the minimum amount necessary for the intended purpose of the request. To assist DULA personnel in making such a determination, the privacy officer has established standard protocols for various requests of patient health information made by DULA on a routine and recurring basis. These standard protocols are set forth in DULA's standard protocols for disclosing and requesting patient health information (see appendix E in this manual) and outline the requirements relating to many routine requests (i.e. how DULA personnel should comply with the minimum necessary standard, if applicable). To the extent that a standard protocol has not been established for a particular request (or if a member of DULA's personnel is not sure whether a particular protocol applies in a given situation), DULA personnel should obtain approval from the privacy officer before requesting the information from a health plan, health care clearinghouse, or health care provider.

Requests by a health care provider for treatment: The minimum necessary standard relating to requests for information do not apply to requests made by a health care provider for treatment.

WORKPLACE TRAINING AND SANCTIONS FOR FAILURE TO COMPLY WITH POLICY AND PROCEDURES

Policy

DULA is required to train all members of its workforce, including certain nonemployees and volunteers, on DULA's policies and procedures with respect to the privacy of patient health information, as necessary and appropriate for the members of the workforce to carry out their function within DULA. It is DULA's policy to train all members of its workforce as described in the procedure set forth below.

Procedures

Employees: The following rules apply to the training of employees and sanctions for failure to comply with DULA's policies with respect to the privacy of patient health information.

The privacy officer is responsible for scheduling training sessions for all existing DULA employees prior to April 14, 2003. Employees will be trained on DULA's policies and procedures related to patient privacy.

New employee orientation programs will contain information regarding DULA's policies and procedures related to patient privacy.

Documentation that an employee has received information and initial training about DULA's policies and procedures must be placed in the employee's personnel file.

Any modifications or additions to DULA's policies and procedures related patient privacy will be presented to all employees through utilization of employee in-services, memoranda, or other appropriate methods within 30 days of the modification or addition.

Documentation that an employee has received information and/or training about modifications or additions to DULA's policies and procedures related to patient privacy must be placed in the employee's personnel file.

Employees will participate in reviews or updates of DULA's policies and procedures related to patient privacy on a periodic basis, as determined necessary and appropriate by the privacy officer in consultation with the privacy committee. Such reviews or updates may be conducted in

conjunction with training related to modifications or additions to the existing policies and procedures.

Documentation that an employee has attended a review or update session on DULA's policies and procedures related to patient privacy must be placed in the employee's personnel file.

Employees who violate policies and procedures related to patient privacy will be subject to disciplinary action, up to and including termination.

Nonemployees and volunteers: The following rules apply to the training of nonemployees and volunteers and sanctions for failure to comply with DULA's policies with respect to the privacy of patient health information.

The privacy officer is responsible for scheduling training sessions for all existing DULA nonemployees (i.e. medical staff, others with DULA privileges) and volunteers prior to April 14, 2003. These individuals will be trained on DULA's policies and procedures related to patient privacy.

Orientation programs will contain information regarding DULA's policies and procedures related to patient privacy. Nonemployees and volunteers shall be required to complete orientation programs prior to obtaining access to patient information.

Documentation that a nonemployee or volunteer has received information and initial training about DULA's policies and procedures must be kept in a special section of DULA's personnel files.

Any modifications or additions to DULA's policies and procedures related to patient privacy will be presented to all nonemployees and volunteers through utilization of in services, memoranda, or other appropriate methods within 30 days of the modification or addition.

Documentation that a nonemployee or volunteer has received information and/or training about modifications or additions to DULA's policies and procedures related to patient privacy must be placed and kept in a special section of DULA's personnel files.

Nonemployees and volunteers will partake in reviews or updates of DULA's policies and procedures related to patient privacy on a periodic basis, as determined necessary and appropriate by the privacy officer in consultation with the privacy committee. Such reviews or updates may be

conducted in conjunction with training related to modifications or additions to the existing policies and procedures.

Documentation that a nonemployee or volunteer has attended a review session on DULA's policies and procedures related to patient privacy must be placed or kept in a special section of DULA's personnel files.

Nonemployees who violate policies and procedures related to patient privacy will be subject to disciplinary action in accordance with DULA's policies and procedures, up to and including revocation of any privileges in DULA.

Volunteers who violate policies and procedures related to patient privacy will be required to surrender their volunteer status at DULA.

DULA shares patient health information with certain other individuals and entities who provide services for or on behalf of DULA (business associates). According to the

HIPAA privacy standards, DULA may disclose patient health information to a business associate and may allow them to create or receive patient health information on DULA's behalf, only if the business associate agrees in writing to, among other things, safeguard such information. As such, DULA personnel are prohibited from disclosing to a business associate or permitting them to create or receive on behalf of DULA, any patient health information until DULA and the business associate enter into an appropriate written agreement.

BUSINESS ASSOCIATES

Policy

In order to assist DULA personnel in identifying business associates, the following guidelines apply:

Business associates do not include members of DULA's workforce (i.e. an employee; volunteer; trainee; or other person whose conduct, in the performance of work for DULA, is under DULA's direct control, whether or not they are paid by DULA).

Business associates include individuals or entities who, on behalf of DULA (other than in the capacity of a member of DULA's workforce), perform or assist performance in a function or activity involving the use or disclosure of patient health information (i.e. processing or administration, claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management, practice management, and repricing) or any function or activity regulated by HIPAA.

Business associates include individuals or entities who provide (other than in the capacity of a member of DULA's workforce) legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for DULA where the provision of the service involves the disclosure of patient health information from DULA or another business associate of DULA.

Questions regarding whether an individual or entity is a business associate should be directed to the privacy officer.

Examples of potential business associates:

1. Service providers
2. Accountants
3. Attorneys
4. Coding providers
5. Collection service companies
6. Transcription service companies
7. Microfilm conversion providers
8. Clearinghouse
9. Billing companies
10. Data backup/storage companies

11. Document storage companies
12. Practice management companies
13. Temporary staffing agencies
14. Medical directors
15. Physician teaching arrangements / teaching affiliation arrangements

Examples of individuals and entities who are not business associates:

1. Members of DULA's workforce
2. An entity that performs services as part of an organized health care arrangement in which DULA participates
3. Construction, maintenance, and repair services
4. Courier services (i.e., U.S. post office, FedEx, UPS)
5. Financial institutions that merely process patients' payments for health care

Procedures

Identifying business associates: The privacy officer and DULA's privacy committee are responsible for assisting in identifying those vendor contracts that require HIPAA business associate provisions and ensuring that such contracts are amended appropriately. Unless otherwise approved by the privacy officer, DULA's model business associate addendum (a copy of which is included in appendix C of this manual) should be executed contemporaneous with all new business associate contracts.

Contract review: The privacy officer or his/her designee must review any proposed new contract with an existing or potential business associate to ensure that the required provisions are included in the contract. The privacy officer should also consider whether the contract with the business associate should contain any additional language required by the other HIPAA regulations (i.e. security, transaction, code sets).

Prohibited activities: DULA personnel are prohibited from disclosing patient health information to a business associate or permitting a business associate to create or receive patient health information on DULA's behalf, unless the representatives of both DULA and the business associate sign a contract that contains the required provisions.

Contract maintenance: Upon execution, a copy of the business associate contract must be sent to the privacy officer, who is responsible for maintaining a copy of all such contracts in a centralized location.

Reporting a suspected breach by a business associate: If any DULA personnel believes that a business associate has breached any of its obligations with respect to patient health information, such personnel must report his or her belief to the privacy officer as soon as possible.

Curing breach by a business associate: If, after investigation, the privacy officer believes that the business associate breached its obligations with respect to patient health information (i.e. inappropriately used or disclosed such information, failed to provide access to patient health information), the privacy officer or their designee should attempt to have the business associate cure the breach. If such steps are unsuccessful, either: Terminate the contract or arrangement, if feasible. If termination is not feasible, report the problem to the Secretary of the U.S. Department of Health and Human Services.

POLICY AND PROCEDURE MANUAL ACKNOWLEDGEMENT

The university provides all faculty members and student interns with a hard copy of the university policy handbook, which includes HIPPA policy. A HIPPA policy and procedure manual is equipped in the clinic and it is available to staffs, students, and faculties. This HIPPA policy and procedure manual works as a guide to policies, procedures, benefits, and general information.

APPENDICES

1. Notice of HIPAA privacy practices
2. Acknowledgement of notice of HIPAA privacy practices
3. Consent form

Appendix A

NOTICE OF HIPAA PRIVACY PRACTICES

Dongguk University Los Angeles (DULA)

440 Shatto Place, Los Angeles, CA 90020

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is provided to you pursuant to the Health Insurance Portability and Accessibility Act of 1996 and its implementing regulations (HIPAA). It is designed to tell you how we may, under federal law, use or disclose your health information.

For purposes of treatment, payment, or healthcare operations

We may use or disclose your health information for the purposes of treatment, payment, or healthcare operations without obtaining your prior authorization. Here is one example of each:

We may provide your health information to health care professionals including doctors, nurses and technicians– for the purpose of providing you with care.

Our billing department may access your information and send relevant parts to other insurance companies to allow us to be paid for the services we render to you.

We may access or send your information to our attorneys or accountants in the event that we need the information to address one of our own business functions.

We may also use or disclose your health information under the following circumstances without obtaining your prior authorization:

To notify and/or communicate with your family. Unless you tell us you object, we may use or disclose your health information to notify your family or assist in notifying your family, your personal representative, or another person responsible for your care about your location, about your general condition, or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.

Required by law

For public health purposes: We may use or disclose your health information to provide information to state or federal public health authorities, as required by law to prevent or control disease, injury, or disability; report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

For health oversight activities: We may use or disclose your health information to health agencies during the course of audits, investigations, certification, and other proceedings.

In response to subpoenas or for judicial and administrative proceedings: We may use or disclose your health information in the course of any administrative or judicial proceeding. However, in general, we will attempt to ensure that you have been made aware of the use or disclosure of your health information prior to providing it to another person.

To law enforcement personnel: We may use or disclose your health information to a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person; comply with a court order or subpoena; and other law enforcement purposes.

To coroners or funeral directors: We may use or disclose your health information for the purposes of communicating with coroners, medical examiners, and funeral directors.

For purposes of organ donation: We may use or disclose your health information for the purposes of communicating to organizations involved in procuring, banking, or transplanting organs and tissues.

For public safety: We may use or disclose your health information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

To aid specialized government functions: If necessary, we may use or disclose your health information for military or national security purposes.

For worker's compensation: We may use or disclose your health information as necessary to comply with worker's compensation laws.

To correctional institutions or law enforcement officials, if you are an inmate

For all other circumstances, we may only use or disclose your health information after you have signed an authorization. If you authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. You should be advised that we may also use or disclose your health information for the following purposes:

Appointment reminders: We may use your health information to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.

Change of ownership: In the event that our entity is sold or merged with another organization, your health information/record will become the property of the new owner.

Providing information to our plan sponsor (if a health plan): We may disclose your health information to our plan sponsor.

Your rights

You have the right to request restrictions on the uses and disclosures of your health information. However, we are not required to comply with your request.

You have the right to receive your health information through confidential or reasonable alternative means, or at an alternative location.

You have the right to inspect and copy your health information. We may charge you a reasonable cost-based fee to cover copying, postage, and/or preparation of a summary.

You have a right to request that we amend your health information that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.

You have a right to receive an account of disclosures of your health information made by us, except that we do not have to account for disclosures: authorized by you; provided by you; made for treatment, payment, or health care operations; provided in response to an authorization; made in order to notify and communicate with family; and/or for certain government functions, to name a few.

You have a right to a paper copy of this notice of privacy practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the privacy officer or DHHS (contact information is below).

Our duties

We are required by law to maintain the privacy of your health information and to provide you with a copy of this notice.

We are also required to abide by the terms of this notice.

We reserve the right to amend this notice at any time in the future and to make the new

notice provisions applicable to all of your health information, even if it was created prior to the change in the notice. If such amendment is made, we will immediately display the revised notice at our office and provide you with a copy of the amended notice. We will also provide you with a copy at any time, upon request.

Complaints to the government

You may make complaints to the Secretary of the Department of Health and Human Services (DHHS) if you believe your rights have been violated. We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

Contact information

You may contact us about our privacy practices by calling the privacy officer at:

OMC Director

440 Shatto Place, 2nd Floor, Los Angeles, CA 90020

TEL. 213-487-0150 Ext. 301

Email: omcdirector@dula.edu

You may contact the DHHS at:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W., Washington, D.C. 20201 TEL. 202-619-0257

Toll Free: 1-877-696-6775

I have received a copy of this Health Insurance Portability and Accessibility Act (HIPAA) NOTICE OF PRIVACY PRACTICES. I have been informed of whom to contact if I need more information.

_____

Patient name (print)

_____ _____

Patient signature Date

Appendix B

ACKNOWLEDGEMENT OF RECEIPT OF: NOTICE OF HIPAA PRIVACY PRACTICES

As required by the HIPAA privacy regulations, I hereby acknowledge that I have received a copy of DULA's Notice of HIPAA Privacy Practices.

As required by HIPAA privacy regulations, Mr./Ms./Miss _____

from Dongguk University Los Angeles, has explained the Notice of HIPAA Privacy Practices to my satisfaction. As required by the HIPAA regulations, I am aware that Dongguk University Los Angeles has included a provision that it reserves the right to change the terms of its notice and to make those changes effective for all protected health information that it maintains.

_____

Patient name (print)

_____ _____

Patient signature Date

OFFICE USE ONLY

Good faith effort to obtain receipt:

Appendix C

CONSENT FORM

"Acupuncture" means the stimulation of a certain point or points near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electroacupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point or points on or near the surface of the body by means of an apparatus or instrument), and moxibustion (the therapeutic use of thermal stimulus at acupuncture points by burning artemisia alone or artemisia formulations).

The potential risks: slight pain or discomfort at the site of needle insertion, infection, bruises, weakness, fainting, nausea, and aggravation of problematic systems existing prior to acupuncture treatment.

The potential benefits: acupuncture may allow for the painless relief of one's symptoms without the need for drugs and improve balance of bodily energies leading to the prevention of illness or the elimination of the presenting problem.

Please note: The acupuncture treatment (which includes the procedures described above) that you will receive today and, in the future,, at the intern clinic of Dongguk University Los Angeles, will be carried out by a student(s) in his/her third year of acupuncture training. This means that the student(s) treating you is NOT a licensed acupuncturist and is not yet qualified to perform acupuncture treatments outside the intern clinic. However, the student(s) is closely supervised by an acupuncturist who is licensed to practice acupuncture in the state of California.

I hereby consent to be treated with acupuncture administered by a Dongguk University Los Angeles student intern under the supervision of a clinic supervisor L.Ac. I understand and accept that no guarantee is made concerning the outcome of my acupuncture treatments, and I understand that I may stop treatment at any time.

_____ _____

Patient signature Date