

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
HIPAA and Confidentiality of Records Section ___/# ____	Ana Dutcher Quality Assurance Manager	9/28/2010	3/22/2022	Page 1 of 10

Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature: 	Date: 3/31/22

I. POLICY

It is the policy of ACCESS to ensure that the confidentiality of all Protected Health Information (PHI) in accordance with all applicable legal and accreditation requirements is protected. All ACCESS employees, providers, delegated entities, trading partners, and business associates are required to safeguard the security and confidentiality of PHI related to both enrolled and disenrolled members. All individuals receive a notice of confidentiality.

ACCESS utilizes systems to collect, maintain, and analyze information in electronic and/or hard copy (paper) format. These systems incorporate appropriate safeguards to ensure the confidentiality and security of PHI, including secure storage, access, maintenance, transmission, tracking and destruction of PHI.

Uses and disclosures of PHI are governed by ACCESS'S Notice of Privacy Practices, created and distributed in accordance with the requirements of HIPAA. Identity and authority of each individual or organization receiving PHI is verified prior to the release of PHI to such individual or organization. ACCESS notifies the individuals following a breach of their unsecured PHI.

II. PURPOSE

To provide information to individuals receiving services at ACCESS and to establish ACCESS policies and procedures, regarding safeguarding the security and confidentiality of Protected Health Information (PHI).

III. PROCEDURES

- A. Provider explains the "HIPAA Notice" form to the individual and obtains the individual's signature prior to the individual beginning treatment.
- B. In explaining the "HIPAA Notice" form, the therapist should review each statement with the individual and ensure that individual understands.
- C. The signed and dated "HIPAA Notice" becomes a permanent part of the individual's medical record.
 - a. Individual receives a copy of the "HIPAA Notice"
 - b. Individual receives a copy of their "Orientation, Acknowledgement and Consent form"
 - c. Individual receives a copy of the "Ability to Pay Agreement"
 - d. Individual receives a copy of the "Consent to Share Behavioral Information"

D. OUR OBLIGATIONS

- a. ACCESS is required by law to:
 - i. Maintain the privacy of protected health information

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
HIPAA and Confidentiality of Records Section ___/# _____	Ana Dutcher Quality Assurance Manager	9/28/2010	3/22/2022	Page 2 of 10

- ii. Give individual this notice of our legal duties and privacy practices regarding health information about individual
- iii. Follow the terms of our notice that is currently in effect

E. HOW ACCESS MAY USE AND DISCLOSE HEALTH INFORMATION

- a. The following describes the ways ACCESS may use and disclose health information that identifies individual ("Health Information"). Except for the purposes described below, ACCESS will use and disclose Health Information only with individual written permission. Individuals may revoke such permission at any time by writing to our Privacy Officer.
- b. For Treatment: ACCESS may use and disclose Health Information for individual treatment and to provide individual with treatment-related health care services. For example, ACCESS may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in individual medical care and need the information to provide individual with medical care.
- c. Internal Handling of PHI:
 - i. ACCESS employees have access to PHI only when such access is required in order to execute their immediate and legitimate job functions.
 - ii. Under certain circumstances individuals who are not ACCESS employees may visit areas where PHI is being processed or proprietary systems are displayed. In such circumstances the following guidelines apply:
 - 1. Prior to entering the area, such visitors are required to sign in
 - 2. The visitors are always escorted by ACCESS staff
 - 3. Every reasonable effort is made to prevent disclosing PHI to visitor
 - iii. Conversations between ACCESS employees involving PHI may take place only between employees authorized to receive such information, only in authorized areas, and must utilize only Secure Means of Communication.
 - iv. Postal mail may only be opened by ACCESS staff (including appeals staff and administrative staff) that are authorized to handle PHI.
 - v. PHI transmission on the internal e-mail system is permitted but should be limited to minimum necessary information for the performance of the task and to the minimum necessary distribution list. Forwarding of e-mail containing PHI is permitted only in accordance with sections below.
 - 1. Paper records containing PHI are protected from unauthorized exposure.
 - 2. Records are kept in a locked area and put away when not in use.
 - 3. A signature and date are required before records are removed from an ACCESS facility.
- d. External Communication of PHI:

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
HIPAA and Confidentiality of Records Section __/# ____	Ana Dutcher Quality Assurance Manager	9/28/2010	3/22/2022	Page 3 of 10

- i. When communicating an individual's ' PHI to external parties, the individual's written authorization is required. This is obtained on the "Consent to Share Behavioral Information".
- ii. Written authorization for release of information must be requested from the individual. Possible uses of the information should be explained to the individual. It should be explained to the individual that granting consent is strictly on a voluntary basis.
- iii. An original authorization is preferred, although copies are acceptable if clear and legible.
- iv. If the individual is under 18 years of age, the parent or guardians written authorization is required to release medical information.
- v. An authorization should contain all the following information:
 1. The individual's/clients name
 2. Name of facility/center releasing the information
 3. Name of the individual or institution that is to receive the information
 4. Specific type of information requested
 5. Signature of individual or authorized representative whose relationship is stated
 6. Date of signature
 7. Statement that the consent can be withdrew at any time
- vi. Conversations between ACCESS staff and external parties, such as providers and/or funding sources, that involve PHI, take place only when all parties to the conversation are using Secure Means Communication. When ACCESS staff members have reason to believe that a party to a confidential conversation may be using a non-secure device, the staff member asks the other party if he or she is using a secure communication device and, if not, declines to discuss any PHI until all parties to the conversation confirm that they are using secure devices, or continues the discussion in such a manner so as to protect the identity of the individual.
- vii. E-mail and attachments that contain PHI may only be transmitted to external parties when the following safeguards are in place:
 - i. Intended recipients of such information are only those persons authorized to view such information as outlined in this Policy.
 - ii. E-mail messages and attachments that contain PHI must be encrypted.
- viii. When documents containing PHI are sent or received via fax transmission, staff follows guidelines described in ACCESS Fax Transmittal Policy and Procedures:
 - i. The ACCESS staff must secure a written consent from individual to fax information to a designated party.
 - ii. The ACCESS staff must complete a fax cover sheet

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
HIPAA and Confidentiality of Records Section ___/# ____	Ana Dutcher Quality Assurance Manager	9/28/2010	3/22/2022	Page 4 of 10

- o The ACCESS staff must notify the designated party that a document has been faxed to their attention
 - o The ACCESS staff receives a ~~print-out~~ printout verification that the fax has been successfully sent to the identified party
 - o The ACCESS staff must place a copy of the Fax Cover Letter, the printed copy of the verification that the faxed document was successfully faxed and a copy of the faxed documents in the individual's file
 - o The ACCESS staff must document in the individual's file that they received verbal verification that the intended party has received the faxed documents
 - o Sensitive PHI (such as HIV/AIDS results or status or substance abuse and mental health treatment records) shall never be sent by fax
 - o Fax machines that receive faxes that may receive patient information should be located in a secure area. The area must be locked / secured when not staffed
 - o Any ACCESS sending or receiving PHI via fax must consult "ACCESS Fax Transmittal Policy and Procedures" for complete directions on proper transmission
- e. For Payment ACCESS may use and disclose Health Information so that ACCESS or others may bill and receive payment from individual, an insurance company or a third party for the treatment and services individual received. For example, ACCESS may give individual health plan information about individual so that they will pay for individual treatment.
- f. For Health Care Operations ACCESS may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all individuals served by ACCESS receive quality care and to operate and manage our organization. For example, ACCESS may use and disclose information to make sure the counseling individual receive is of the highest quality. ACCESS also may share information with other entities that has a relationship with individual (for example, individual health plan) for their health care operation activities.
- i. *Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.* ACCESS may use and disclose Health Information to contact individual to remind individual that individual has an appointment with provider. ACCESS also may use and disclose Health Information to tell individual about treatment alternatives or health-related benefits and services that may be of interest to individual.
 - ii. *Individuals Involved in Individual Care or Payment for Individual Care.* When appropriate, ACCESS may share Health Information with a person who is involved in individual medical care or payment for individual care, such as individual family or a close friend. ACCESS also may notify individual family about individual location or

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
HIPAA and Confidentiality of Records Section ___/# ____	Ana Dutcher Quality Assurance Manager	9/28/2010	3/22/2022	Page 5 of 10

general condition or disclose such information to an entity assisting in a disaster relief effort.

- g. Research Under certain circumstances, ACCESS may use and disclose Health Information for research. For example, a research project may involve comparing the health of individuals who received one treatment to those who received another, for the same condition. Before ACCESS may use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, ACCESS may permit researchers to look at records to help them identify individuals who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.
 - h. Substance Use Treatment and Privacy: If you are receiving substance use treatment services founded by PIHPs or Substance Abuse offices, you have other rights related to your privacy. Your alcohol or drug treatment records are protected by federal law and regulations as described in the Alcohol and Drug Client Information Act (42 CFR Part 2). This means the information about you cannot be shared with other without written permission, except as permitted by law.
- F. SPECIAL SITUATIONS As Required by Law. ACCESS will disclose Health Information when required to do so by international, federal, state or local law.
- a. To Avert a Serious Threat to Health or Safety ACCESS may use and disclose Health Information when necessary to prevent a serious threat to individual health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
 - b. Business Associates ACCESS may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, ACCESS may use another company to perform registration or billing services on our behalf. All of our business associates are obligated to protect the privacy of individual information and are not allowed to use or disclose any information other than as specified in our contract.
 - c. Military and Veterans If individual is a member of the armed forces, ACCESS may release Health Information as required by military command authorities. ACCESS also may release Health Information to the appropriate foreign military authority if individual is a member of a foreign military.
 - d. Workers' Compensation ACCESS may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
 - e. Public Health Risks: ACCESS may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
HIPAA and Confidentiality of Records Section ___/# ____	Ana Dutcher Quality Assurance Manager	9/28/2010	3/22/2022	Page 6 of 10

problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if ACCESS believe an individual has been the victim of abuse, neglect or domestic violence. ACCESS will only make this disclosure if individual agree or when required or authorized by law.

- f. Health Oversight Activities ACCESS may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- g. Data Breach Notification Purposes ACCESS may use or disclose individual Protected Health Information to provide legally required notices of unauthorized access to or disclosure of individual health information.
- h. Lawsuits and Disputes:
 - i. If individual is involved in a lawsuit or a dispute, ACCESS may disclose Health Information in response to a court or administrative order.
 - ii. ACCESS also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts has been made to tell individual about the request or to obtain an order protecting the information requested.
- i. Law Enforcement ACCESS may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, ACCESS are unable to obtain the person's agreement; (4) about a death ACCESS believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- j. Coroners, Medical Examiners and Funeral Directors ACCESS may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. ACCESS also may release Health Information to funeral directors as necessary for their duties.
- k. Inmates or Individuals in Custody If individual is an inmate of a correctional institution or under the custody of a law enforcement official, ACCESS may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide individual with health care; (2) to protect individual health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
HIPAA and Confidentiality of Records Section ___/# ____	Ana Dutcher Quality Assurance Manager	9/28/2010	3/22/2022	Page 7 of 10

G. USES AND DISCLOSURES THAT REQUIRE US TO GIVE INDIVIDUAL AN OPPORTUNITY TO OBJECT AND OPT

- a. Individuals Involved in Individual Care or Payment for Individual Care. Unless individual objects, ACCESS may disclose to a member of individual's family, a relative, a close friend or any other person individual identifies, individual's Protected Health Information that directly relates to that person's involvement in individual health care. If individual is unable to agree or object to such a disclosure, ACCESS may disclose such information as necessary if ACCESS determines that it is in individual best interest based on our professional judgment.
- b. Disaster Relief ACCESS may disclose individual Protected Health Information to disaster relief organizations that seek individual Protected Health Information to coordinate individual care or notify family and friends of individual location or condition in a disaster. ACCESS will provide individual with an opportunity to agree or object to such a disclosure whenever ACCESS practically can do so.

H. RECIPIENT WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

- a. The following uses and disclosures of individual Protected Health Information will be made only with recipient written authorization:
 - i. Uses and disclosures of Protected Health Information for marketing purposes; and
 - ii. Disclosures that constitute a sale of individual Protected Health Information
- b. Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with individual written authorization. If individual does give us an authorization, individual may revoke it at any time by submitting a written revocation to our Privacy Officer and ACCESS will no longer disclose Protected Health Information under the authorization. But disclosure that ACCESS made in reliance on individual authorization before individual revoked it will not be affected by the revocation.

I. RECIPIENT RIGHTS:

Individual has the following rights regarding Health Information ACCESS has about recipient:

- a. Right to Inspect and Copy Individual has a right to inspect and copy Health Information that may be used to make decisions about individual care or payment for individual care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, individual must make individual request, in writing, to ACCESS. ACCESS has up to 30 days to make individual Protected Health Information available to individual and ACCESS may charge individual a reasonable fee for the costs of copying, mailing or other supplies associated with individual request. ACCESS may not charge individual a fee if individual needs the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. ACCESS may deny individual request in certain limited circumstances. If ACCESS does deny individual request, individual has the right

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
HIPAA and Confidentiality of Records Section ___/# _____	Ana Dutcher Quality Assurance Manager	9/28/2010	3/22/2022	Page 8 of 10

to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of individual's request, and ACCESS will comply with the outcome of the review.

- b. Right to an Electronic Copy of Electronic Medical Records
 - i. If individual Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), individual has the right to request that an electronic copy of individual record be given to individual or transmitted to another individual or entity.
 - ii. ACCESS will make every effort to provide access to individual Protected Health Information in the form or format individual request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format individual requests, individual's record will be provided in either our standard electronic format or if individual does not want this form or format, a readable hard copy form. ACCESS may charge individual a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- c. Right to Get Notice of a Breach Individual has the right to be notified upon a breach of any of individual unsecured Protected Health Information.
- d. Right to Amend If individual feels that Health Information ACCESS has is incorrect or incomplete, individual may ask us to amend the information. Individual has the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, individual must make individual request, in writing, to ACCESS.
- e. Right to an Accounting of Disclosures Individual has the right to request a list of certain disclosures ACCESS made of Health Information for purposes other than treatment, payment and health care operations or for which individual provided written authorization. To request an accounting of disclosures, individual must make individual request, in writing, to ACCESS.
- f. Right to Request Restrictions Individual has the right to request a restriction or limitation on the Health Information ACCESS may use or disclose for treatment, payment, or health care operations. Individual also has the right to request a limit on the Health Information ACCESS discloses to someone involved in individual care or the payment for individual care, like a family member or friend. For example, individual could ask that ACCESS not share information about a particular diagnosis or treatment with individual's spouse. To request a restriction, individual must make individual request, in writing, to ACCESS. ACCESS is not required to agree to individual request unless individual is asking us to restrict the use and disclosure of individual Protected Health Information to a health plan for payment or health care operation purposes and such information individual wish to restrict pertains solely to a health care item or service for which individual has paid us "out-of-pocket" in full. If ACCESS agrees, ACCESS will comply with individual request unless the information is needed to provide individual with emergency treatment.

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
HIPAA and Confidentiality of Records Section __/# ____	Ana Dutcher Quality Assurance Manager	9/28/2010	3/22/2022	Page 9 of 10

- g. Out-of-Pocket-Payments If individual paid out-of-pocket (or in other words, individual has requested that ACCESS not bill individual health plan) in full for a specific item or service, individual has the right to ask that individual Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and ACCESS will honor that request.
- h. Right to Request Confidential Communications Individual has the right to request that ACCESS communicate with individual about medical matters in a certain way or at a certain location. For example, individual can ask that ACCESS only contact individual by mail or at work. To request confidential communications, individual must make individual request, in writing, to ACCESS. Individual request must specify how or where individual wishes to be contacted. ACCESS will accommodate reasonable requests.
- i. Right to a Paper Copy of This Notice Individual has the right to a paper copy of this notice. Individual may ask us to give individual a copy of this notice at any time. Even if individual has agreed to receive this notice electronically, individual is still entitled to a paper copy of this notice.

J. CHANGES TO THIS NOTICE:

ACCESS reserve the right to change this notice and make the new notice apply to Health Information ACCESS already has as well as any information ACCESS receives in the future. ACCESS staff will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

K. COMPLAINTS:

If Individual believes their privacy rights have been violated, they may file a complaint with the office or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing.

IV. LEGAL AUTHORITY AND REFERENCES

- A. Mental Health Code 330.1748
- B. Administrative Rules 330.7051, 330.7199, 330.7003
- C. 42 CFR Section 2
- D. Community Mental Health Rights Policy

V. EXHIBITS

- A. Authorization to Release or Obtain Information HIPAA Notice of Privacy Practices

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
HIPAA and Confidentiality of Records Section ___/# _____	Ana Dutcher Quality Assurance Manager	9/28/2010	3/22/2022	Page 10 of 10

Policy Receipt Acknowledgement for the HIPAA and Confidentiality of Records

In effect: 9/28/10 until further notice

I have read and been informed about the content, requirements, and expectations of the HIPAA and Confidentiality of Records policy for employees at ACCESS. I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my employment and my continuing employment at ACCESS.

I understand that if I have questions, at any time, regarding HIPAA and Confidentiality of Records policy, I will consult with my immediate supervisor or my Human Resources staff members.

Employee/Contractor/Student/Volunteer please read the HIPAA and Confidentiality of Records policy carefully to ensure that you understand the policy before signing this document.

Signature: _____

Printed Name: _____

Date: _____