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Chief Operations
Officer
Policy Area Compliance
Chapters 16 - Privacy
and Security

16.01 Right to Privacy

Policy

It is the policy of Mercy Health Services to comply with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA); the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH Act); regulations promulgated there under by the U.S. Department of Health and Human Services (HIPAA Regulations); and other applicable laws.

Procedure

This policy describes procedures implemented by Mercy Health Services to ensure the privacy of patients' protected health information (PHI).

Mercy Health Services obtains Acknowledgment of Receipt of MHS' Patient Privacy Notice from all patients at their first face-to-face encounter.

1. A designated Privacy and Security Officer (PSO) is appointed from within MHS to oversee the policies and procedures to ensure that patients' rights to privacy are fulfilled. The CCO is currently MHS' PSO.
2. All patients arriving for care receive a Notice of Patients' Privacy Rights and the Receipt of Notice of Privacy Practices Written Acknowledgment Form. All patients are asked to sign the acknowledgment of receipt form. All forms are provided in English and Spanish.
3. Mercy Health Services' website contains MHS' Notice of Privacy Practices. The notice is also posted in all facilities in both English and Spanish.
4. MHS obtains written acknowledgment (CONSENT) from the patient or legal guardian prior to engaging in treatment, payment, or healthcare operations.
5. An individual has a right to receive an Accounting of Disclosures of PHI made by a covered entity in the three years prior to the date on which the accounting is requested, except for

exempt disclosures defined in MHS' HIPAA Notice of Privacy Practices. MHS obtains written authorization for use or disclosure of PHI in connection with research and marketing when/if applicable.

6. When appropriate, MHS uses a combined Informed Consent Authorization form (procedures).
7. MHS discloses only the minimum PHI to requesting entities and insurance companies in order to accomplish the intended purpose.
8. As a covered entity, MHS fully complies with the HIPAA Privacy Rule, effective April 14, 2003.
9. MHS provides the patient, in the Notice of Privacy Practices, a clear, written explanation of how a covered entity may use PHI.
10. Patients are given the opportunity to request a correction or "Amendment" to their PHI by completing the Request for Amendment of Protected Health Information form . Any allowed amendments must be in a written amendment; no changes are made directly to the medical record but on the Request for Amendment form which will be scanned into the EHR. MHS must inform patients that a written request for an amendment is required, and that the patient is required to provide a reason to support the requested change. The amendment is accepted or denied in a provider's written response, on the Request for Amendment of Protected Health Information form.
11. Patients are provided access to their medical records and can receive copies of their medical record upon request. Requests will be honored by telephone if this is more convenient for the patient. MHS' employee handling the telephone request will obtain patient identifiers before releasing information. MHS' employee will make a note in the Registration Page of the EHR stating that the patient made their request over the telephone.
12. All papers/documents that contain PHI must be disposed of in the shredder boxes provided throughout each facility. No such documents will be placed in the regular trash for disposal. All shredder boxes are emptied by a document destruction company who certifies they properly dispose of these documents in a way that meets HIPAA standards for privacy and security. The document destruction company will provide a "document of destruction" receipt each time documents are removed from Mercy's premises. These receipts are stored in the Master HIPAA manuals in the PSO's office.
13. Any patient who feels the confidentiality of their PHI has been violated may submit a Patient Complaint Form to MHS' PSO. Complaints are kept confidential, and no repercussion may occur due to the report.
14. Sanctions are imposed upon employees who violate the privacy of a patient's PHI; sanctions may vary from a warning to termination.
15. All employees of Mercy Health Services receive thorough initial and ongoing training (at a minimum, annually) on how to prevent misuse of PHI and how to obtain authorization for its use.
16. MHS secures a Business Associate Agreement between MHS and other covered entities that share, use or access MHS' PHI in order to perform the service they have been contracted to perform. The PSO determines who is a Business Associate. Business Associate access to our PHI is defined. (Chart of Business Associates can be found in Master HIPAA manual.)
17. Electronic, physical, and logistical safeguards are implemented to secure the confidentiality of all MHS patients' PHI.

18. MHS maintains secure, electronic access to patient data.
19. The patient may submit a Request for Restrictions of Protected Health Information. MHS' PSO can provide this form to the patient when needed.
20. MHS Collaborates with many institutions of higher learning by providing job shadowing, internships and medical educational rotations. Also, due to the nature of MHS' business, volunteer assistance is often used to accomplish many different tasks throughout the organization. While in these roles, it may be possible for these visitors/interns/students/volunteers to learn information about MHS' patients that is protected by HIPAA regulations. As a result, all persons serving in these capacities within a MHS' facility are required to sign a "Visitor/Volunteer/Intern" Confidentiality Agreement. This agreement explains the legal and ethical responsibility the visitor/volunteer/student/intern must adhere to with respect to maintaining and protecting the privacy of MHS' patients and any protected health information that they may learn of during their time with MHS. Completed "Visitor/Volunteer/Intern" forms are stored in the PSO's office, alphabetically.
21. MHS' staff are instructed that absolutely no data is allowed to be saved on individual computers. All data must be saved to MHS's servers.
22. Security Risk Assessments are performed annually.



All Revision Dates

09/2019, 10/2018, 07/2017, 06/2012

Attachments

[MHS Privacy Policy Training Checklist.docx](#)

[Notice of Privacy Practices and Patient Rights \(HIPAA\) - English 9-2018 -Version 9.doc](#)

[Notice of Privacy Practices and Patient Rights \(HIPAA\) - Spanish 10.16.2018.rtf](#)

Approval Signatures

Step Description	Approver	Date
BOD Approval	Rebecca Dyer: Chairman of the Board	11/2020
Compliance	Margaret Owens: CCO	11/2020
Exec Mngt Team & CEO approval	Cindy Siler: CEO	11/2020
Owner	Margaret Owens: CCO	09/2020