

**Series:** Operating Procedures **COA:** CR 2  
**CFOP:** 60-17

**Procedure Name:** HIPAA Procedure  
**Procedure Number:** OP-1145  
**Revision #/Date:** NA  
**Effective Date:** 3/16/09

**Applicable to:** All CBCB Staff and Providers

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**SUBJECT:** Notice of Privacy and Management of Protection of Personal Health Information

**PURPOSE:** To establish a uniform process for disseminating privacy standards and policies required by the Health Insurance Portability and Accountability Act (HIPAA) regulations within CBC of Brevard.

**PROCEDURE:**

### References

Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
Title 45 C.F.R. Subparts 160, 162, and 164, Security and Privacy of Individually Identifiable Health Information  
CBCB Policies/Procedures: HR2417

This procedure is developed in accordance with the Privacy Standards for Individually Identifiable Health Information

### Overview

- a. This operating procedure is developed in accordance with the Privacy Standards for individually Identifiable Health Information in federal regulations promulgated pursuant to a HIPAA requirement to maintain the process, in writing, that designates to whom, how, and when the Notice of Privacy Policy and Management and Protection of Personal Health Information Policy will be distributed.
- b. HIPAA requires CBC of Brevard to ensure the privacy and confidentiality of protected personal health information of clients and patients. Employees and volunteers shall not permit the unauthorized disclosure of protected health information except as permitted or required by law. Each CBCB employee and volunteer shall be furnished a paper or electronic copy of this operating procedure and is expected to read and comply with the CBCB policy. Each employee and volunteer shall sign the Notice of Privacy Policy, Attachment 1 to this chapter, a copy of which shall be maintained in the employee's or volunteer's file.
- c. CBC of Brevard employees and/or contracted providers are responsible for ensuring that employees are provided a Notice of Privacy Policy and that all clients, and parents and

guardians of clients, with the exception of forensic clients, are provided a Management and Protection Health Information Policy Practice Statement (attached).

1. The Notice of Privacy Policy shall be maintained and visible at all times in an area or areas that result in the Notice being accessible to all employees.
2. The Management and Protection of Personal Health Information Policy Statement shall be visibly posted at each facility, program and service center, and in waiting rooms and client interviewing rooms at facilities serving clients.
3. All patients/clients/parents or guardians of the client/patient, caregivers, foster and adoptive parents, will receive the Management and Protection of Personal Health Information Policy at the time of initial contact with CBC of Brevard and/or its Network Partners and will sign a HIPAA acknowledgement form.
4. The requirement to ensure that each client/patient/parent or guardian of the client/patient, caregiver, foster and adoptive parent will receive a copy of the Management and Protection of Health Information Policy shall be included in each provider's contract as a compliance requirement.

### **Training Requirements**

- a. Each employee and volunteer shall attend training at initial hire and annually thereafter to ensure knowledge of and compliance with HIPAA privacy requirements. Proof of attendance shall be maintained in the employees personnel file.
- b. New employees and volunteers will receive training within 10 calendar days, and will receive a copy of the Notice of Privacy Procedure.
- c. Training is mandatory and will be conducted through online training.

### **Accessibility of Material**

- a. The Notice of Privacy Policy and the Management and Protection of Personal Health Information Policy are available electronically on the Department of Children and Families website.
- b. The Notice of Privacy Policy and the Management and Protection of Personal Health Information Policy will also be made available in alternative formats upon request and is available at all CBC of Brevard sites.

### **Monitoring**

The Privacy Officer will collect and analyze information from centers annually to determine compliance with this procedure.

**Community Based Care of Brevard, Inc.      Policy and Procedure Manual**

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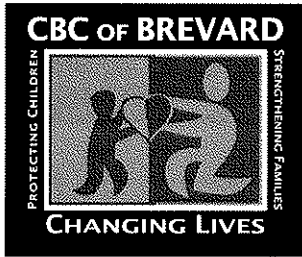
BY DIRECTION OF THE CHIEF EXECUTIVE  
OFFICER:



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DR. PATRICIA NELLIUS-GUTHRIE  
Chief Executive Officer  
CBC of Brevard, Inc.

APPROVAL DATE: 3/19/09



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760 North Drive Suite A  
Melbourne, Florida 32934  
(321) 752-4650 – Office  
(321) 752-3165 – Fax  
350-3183 – Suncom

## HIPAA Acknowledgement Form

Community Based Care of Brevard's Policy complies with 45 C.F.R. Parts 160, 162, and 164, federal regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable Florida Statutes.

As defined by the Act, *protected health information* is information which can be used to identify an individual and which relates to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

As defined by the Act, *disclosure* means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

HIPAA Privacy Notice: The federal Health Insurance Portability Act and Accountability Act (HIPAA) of 1996 provides privacy protection of an individual's verbal, written and electronic health information. Community Based Care of Brevard will comply with all HIPAA requirements in order to protect your health information. By signing below you are acknowledging receipt of the Federal HIPAA policy.

**Client Signature:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**CBCB Program Staff Signature:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# MANAGEMENT AND PROTECTION OF PERSONAL HEALTH INFORMATION POLICY

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

Please *review it carefully*.

## **I. Our Duties As They Relate to Your Personal Health Information (PHI).**

Our records about you contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard your Protected Health Information (PHI) which includes individually identifiable information about:

- Your past, present, or future health or condition,
- Provision of health care to you,
- Payment for the health care considered PHI

We are required to:

- Safeguard the privacy of your PHI,
- Give you this Notice which describes our privacy practices,
- Explain how, when and why we may use or disclose your PHI

Except in very specific circumstances, we must use or disclose only the minimum PHI that is necessary to accomplish the reason for the use or disclosure.

We must follow the privacy practices described in this Notice; however, **we reserve the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all protected health information that we receive, disclose or maintain.** Should our Notice change, we will post a new Notice at Community Based Care of Brevard. You may request a copy of the new Notice from Community Based Care of Brevard.

## **II. Why We May Need to Use or Disclose Your PHI:**

We use or disclose PHI for a variety of reasons. For some of these uses or disclosures, we must have your written authorization. For some, the law permits us to make some uses or disclosures without your authorization.

Generally these uses or disclosures are related to treatment, payment, or health care operations. Some examples of these uses or disclosures are:

- For Treatment: Your PHI will be shared among members of your treatment team.
- To Obtain Payment: We may release portions of your PHI to Medicaid to get paid for services that we have given or provided for you.

### **Uses and Disclosures for Which We Require Your Authorization (consent):**

- When the use or disclosure goes beyond treatment, payment, or health care operations, we are required to have your written authorization. There are exceptions to this rule, and they are listed below.
- Authorizations can be revoked by you at any time to stop future uses or disclosures, except where we have already used or disclosed your PHI in reliance upon your authorization.

### **Uses and Disclosures for Which We Do Not Require Your Authorization:**

The law permits us to use or disclose your PHI *without written authorization* in the following circumstances:

- When a Law Requires Disclosure: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or in response to a court order, or to a law enforcement official. We must also disclose PHI to authorities who monitor our compliance with these privacy requirements.
- For Public Health Activities: We may disclose PHI when we are required to collect information about diseases or injuries, or to report vital statistics to a public health authority.
- For Health Oversight Activities: We may disclose PHI for health oversight activities such as audits, inspections, civil or criminal investigations or actions.
- Relating To Death: We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors.
- For Organ, Eye or Tissue Donations Purposes: We may disclose PHI to organ Procurement organizations relating to organ, eye or tissue donations or transplants.
- For Research Purposes: In certain circumstances, and under supervision of a privacy board or institutional review board, we may disclose PHI for research purposes,
- To Avert Threat to Health or Safety: In order to avoid a serious threat to health of safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonable prevent or lessen the threat of harm,
- For Specialized Government Functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
- For Workers' Compensation: We may disclose PHI to comply with workers' compensation laws
  - (ii) not created by us or not part of our records; or,
  - (iii) not permitted to be disclosed.

A denial will state the reasons for denial. It will also explain your rights to have your request, our denial, and any statement in response that you provide, added to your PHI.

If we approve the request for amendment, we will change the PHI and inform you, as well as tell others who need to know about the change in the PHI.

- To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose and what content of your PHI has been released, except for instances of disclosure that were made for treatment, for payment, for health care operations, to you, per a written authorization, for national security of intelligence purposes, to correctional institutions or law enforcement officials, or for the facility directory.

We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

- To receive a copy of this notice: You have a right to receive a paper copy of this Notice or an electronic copy by email upon request.

### **III. How to Complain about our Privacy Practices**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services at the following address: United States Department of Health and Human Services (HHS), Attention: Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW, Atlanta, Georgia 32303-8909. We will take no retaliatory action against you if you make such complaints.

### **IV. Contact Personal for Additional Information, or to Submit a Complaint**

If you have questions about this Notice, need additional information, or have any complaints about our privacy practices, please contact: Community Based Care of Brevard, Attn: James Carlson, 760 North Drive, Suite E, Melbourne, FL 32934.