

TABLE OF CONTENTS

ADMINISTRATIVE REQUIREMENTS

1. Privacy Officer	3
2. Contact Person	9
3. Training	10
4. Safeguards	12
5. Complaint Process	15
6. Sanctions	17
7. Mitigation	18
8. Prohibition on Intimidating or Retaliatory Acts	19
9. Prohibition on Waiver of Rights	20
10. Policies and Procedures	21
11. Documentation	22

USES AND DISCLOSURES

1. Use or Disclosures of Protected Health Information for Treatment, Payment, or Health Care Operations	24
2. Authorization for Use or Disclosure of Protected Health Information	26
3. Public Responsibility Uses and Disclosures of Protected Health Information	30
4. Minimum Necessary Uses	33
5. Minimum Necessary Disclosures	35
6. Minimum Necessary Requests	37
7. Accounting for Disclosure of Protected Health Information	38
8. De-identification of Protected Health Information	39

INDIVIDUAL RIGHTS UNDER THE PRIVACY RULE

1. Right to Notice of Privacy Practice	42
2. Right to Access	45
3. Right to Request Amendment	48
4. Right to Accounting for Disclosures	51
5. Right to Request Restrictions	53
6. Right for Confidential Communications	55

BUSINESS ASSOCIATES

1. Business Associates	57
2. Business Associate Agreement	59

MARKETING AND FUNDRAISING

1. Marketing Restrictions	62
2. Fundraising Restrictions	64

ADMINISTRATIVE REQUIREMENTS

Privacy Officer	3
Contact Person	9
Training	10
Safeguards	12
Complaint Process	15
Sanctions	17
Mitigation	18
Prohibition on Intimidating or Retaliatory Acts	19
Prohibition on Waiver of Rights	20
Policies and Procedures	21
Documentation	22

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Privacy Officer*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center must hire or designate a Privacy Officer. The Julian Center will also maintain a HIPAA Compliance Team to advise and support the Privacy Officer. The Julian Center must document the appointment of the Privacy Officer by letter; the letter must remain on file for at least seven years beyond the resignation or termination of the appointee.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

PROCEDURE

The functions the Privacy Officer is required to perform are:

Policies and Procedures

1. Maintain the "HIPAA Policy and Procedures" manual.
2. Audit agency processes to insure the privacy policies and procedures are practiced.
3. Act as a resource person to the organization about The Julian Center's privacy practices.
4. Maintain all records pertaining to our privacy practices for a minimum of seven years.

Training

1. Train new members of the workforce on the Privacy Rule and The Julian Center's policies & procedures.
2. Retrain workforce members when the privacy policies and/or procedures are materially changed.
3. Receive "HIPAA Privacy Training Forms" and "HIPAA Privacy Rule Exam" and take appropriate actions if workforce members fail to complete. (Copies of each are attached to this policy).
4. Maintain a log documenting who has and who has not been trained in accordance with the Privacy Rule. (Copy of the log is attached to this policy).

Business Associates

1. Sign a contract with current Business Associates by April 14, 2003.
2. Issue and execute contracts with new Business Associates.
3. Maintain a log of the Business Associates and the date on which their contract was signed.
4. Maintain a copy of the signed Business Associates contracts for at least seven years beyond the termination of the contract.

Complaints & Mitigation

1. Receive, review, and document complaints relative to PHI and potential privacy violations.
2. Mitigate, to the extent practicable, any harmful effects of unauthorized uses or disclosures of PHI by any workforce member.

Requests

1. Receive, document, process, and respond to Individuals' requests to access their medical records. Refer to the Right to Access policy.
2. Receive, document, process, and respond to Individuals' requests for confidential communications. Refer to the Right to Confidential Communications policy.
3. Receive, document, process, and respond to Individuals' requests for amendment(s) to medical records. Refer to the Right to Request Amendment policy.
4. Receive, document, process, and respond to Individuals' requests to restrict use and disclosure of PHI. Refer to the Right to Request Restrictions policy.

Miscellaneous

Consult with staff on Minimum Necessary disclosures and requests when there are questions concerning a disclosure or request. Refer to Minimum Necessary Use, Minimum Necessary Disclosure, and Minimum Necessary Requests.



**HIPAA
PRIVACY TRAINING
FORM**

By signing this form, I attest to the fact that I have taken the following:

Course Name: HIPAA Privacy Training
Instructor: Online Web-based Instruction

.....

Printed Name: _____
Signature: _____
Job Title: _____
Date: _____

Upon completion, return this form to your Privacy Officer.

The Julian Center • 2011 North Meridian Street • Indianapolis, IN 46202
Voice 317.941.2200 • Fax: 317.941.2208 • www.juliancenter.org

HIPAA Privacy Rule Exam

Name: _____ Date: _____

Instructions:

1. Review The Julian Center's online HIPAA presentation at www.juliancenter.org/HIPAA.
2. Answer the following questions to the best of your ability.
3. Return the completed exam to your Privacy Officer.

By completing this self-assessment, you will be helping us meet our federally required training for HIPAA.

	ANSWER
1. What does HIPAA stand for? a. Health Inspectors Prove Access to Administration b. Short for Hippopotamus c. Health Insurance Portability Accountability Act of 1996 d. A, B, C e. None of the above	_____
2. HIPAA expects each of us to promote privacy protection to: a. Clients b. Fellow employees c. Volunteers d. A, B, C e. None of the above	_____
3. The Privacy Rule states, "that protected health information may not be used or disclosed unless the disclosure is either authorized by the client or is specifically permitted under the HIPAA regulations." a. True b. False	_____
4. The HIPAA privacy regulations, or Privacy Rule, addresses: a. The legal responsibilities of The Julian Center b. The legal rights of the Individual c. Both A and B d. None of the above	_____
5. The Julian Center must provide our clients with a copy of our Privacy Practices Notice prior to receiving services, unless an emergency makes this impractical. a. True b. False	_____

6. Protected health information may be used by The Julian Center for routine purposes associated with treatment, payment, and healthcare operations. _____
a. True
b. False
7. HIPAA requires that the use and disclosure of, or requests for, protected health information be limited to the minimum necessary to accomplish its intended purpose. _____
a. True
b. False
8. The Julian Center must take steps to assure that our business associates handle protected client information in a confidential and responsible manner and only for the purpose or purposes intended. _____
a. True
b. False
9. The Julian Center's Privacy Officer is: _____
a. Carlene Richardson
b. Mary Murphy
c. Ann DeLaney
d. Both A and B
e. None of the above
10. What rights of the Individual does the Privacy Rule cover? _____
a. Access to records
b. Amendments to records
c. Accounting of disclosures
d. Request for restrictions
e. All of the above
f. None of the above
11. There are only civil, but not criminal, penalties for not complying with HIPAA. _____
a. True
b. False
12. The HIPAA Security regulations address: _____
a. Confidentiality
b. Integrity
c. Availability
d. All of the above
e. None of the above
13. We must be in compliance with the HIPAA Privacy Regulations by April 14, 2003 and with the HIPAA Security Regulations by April 21, 2005. _____
a. True
b. False

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Contact Person*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center must designate a Contact Person, or persons, responsible for receiving complaints about possible privacy violations and who is, or are, able to provide further information about matters covered by The Julian Center's Notice of Privacy Practices.

PROCEDURE

1. The Contact Person for The Julian Center will be the same person designated as the Privacy Officer.
2. The HIPAA Compliancy Team will also advise and support the Contact Person as needed.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Training*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center must provide Privacy Training for all workforce members of its organization associated with the Counseling Center, Shelter and New Life Transitional Housing.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Privacy Training means informing workforce members of the requirements of the Privacy Rule as well as The Julian Center's HIPAA privacy policies and procedures.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

PROCEDURE

1. All current workforce members must receive Privacy Training no later than April 14, 2003.
2. All new workforce members must receive Privacy Training as part of their initial orientation.
3. All workforce members must receive retraining within a reasonable time when The Julian Center materially changes any privacy policy or procedure.
4. Privacy Training is available through a web-based application linked to our website for in-office or at-home viewing and training.
5. After taking the Privacy Training course, all workforce members must sign a "HIPAA Privacy Training Form" and complete the "HIPAA Privacy Rule Exam". Both forms are collected, reviewed, and logged by the Privacy Officer.

6. When a workforce member fails to properly complete the "HIPAA Privacy Rule Exam" the Privacy Officer must take appropriate actions to insure that the workforce member has the information and understanding necessary to correctly complete exam.
7. In accordance with the requirements of the Privacy Rule, the Privacy Officer must maintain a log documenting the date workforce members are trained. Included on this log must be the names of the workforce members who have not been trained.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Safeguards*

EFFECTIVE DATE: *April 14, 2003*

POLICY

Each office, area and facility of The Julian Center must keep in place appropriate administrative, technical, and physical safeguards to reasonably safeguard protected health information from intentional or unintentional unauthorized use or disclosure.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Protected Health Information (PHI) means individually identifiable information relating to 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.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

PROCEDURE

1. All workforce members of The Julian Center must practice the "Minimum Necessary Uses" standards (refer to the Minimum Necessary Uses policy).
2. Staff will ensure that all PHI is stored in a secure environment.
3. Staff will ensure that any files or ledger cards held temporarily in an administrative area will be turned so the name and other PHI is not visible.
4. Staff will not disclose PHI to any individuals where it is not necessary to perform the function for which the PHI was obtained.
5. All medical files will be stored in a locked room; only designated staff will have keys and access to this room.
6. No medical files or PHI should ever leave the building unless required to provide treatment at an alternative location.
7. Paper medical records pulled for shredding or incineration must be kept in a locked area until picked up by a vendor and disposed of in a secure manner.

8. All software used to process PHI will be password protected.
9. Security codes, locks, and/or key cards must be changed or reprogrammed as necessary when an employee terminates.
10. While working on a file that contains PHI, the designated personnel must keep those files secured at all times. If these personnel must leave their office, either at the end of the day or otherwise, the file must be locked in the desk, the office door locked, or the file returned to the secure storage area. No files, papers, disks, CD or any other materials containing PHI will be left unsecured at any time.
11. Employees with access to computer files containing PHI will utilize password protocols that protect the security of data stored on the network. Computers will not display PHI in a manner or at a time when it would allow for the inadvertent disclosure of PHI, and an employee's computer will never display PHI when the employee is not at the computer. For those computers used in a public area, a privacy screen must be attached.
12. Fax machines and printers will be located in an area accessible only by designated personnel. Printed materials or faxes containing PHI must be secured the same as medical records. If copying is required, materials containing PHI must not be left unattended on the copier. Anyone printing materials containing PHI to a printer in a common area must retrieve the printed copies immediately.
13. Any person wishing to put material containing PHI in someone's mailbox must first seal that information in an envelope.
14. Any person who erroneously receives a fax, e-mail, or other correspondence must promptly forward the correspondence to the designated personnel without reading it, and without disclosing it to anyone else.
15. All clients must be escorted to Counselors and/or Advocates offices.
16. While in public areas, conversations concerning clients should be exchanged in a hushed voice.
17. The following confidentiality notice should be added to the e-mail signature for all workforce members who process PHI.

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

18. The cover used for all faxes should include the following "Confidentiality Notice" at the bottom of the page:

Confidentiality Notice

If you have received this transmission in error, please (1) immediately notify the sender by telephone at the number indicated above, (2) make arrangements with the sender for the return of the faxed documents, and (3) destroy any and all copies of the faxed documents. The information contained in this transmission may be privileged and/or confidential information and is the property of the sender. Pursuant to I.C. 16-41-8, the HIPAA regulations, and any other applicable federal statutes and/or regulations, the recipient of this transmission accepts the medical

or epidemiological information contained herein with the knowledge that the information is highly confidential. The recipient further accepts this transmission and information on the condition that the medical or epidemiological information involving a communicable disease or other disease that is a danger to one's health may not be released or made public. Those responsible for recording, reporting, or maintaining such information also accept this transmission on the condition, and with the knowledge, that anyone who recklessly, knowingly, or intentionally discloses or fails to protect medical or epidemiological information commits a Class A misdemeanor. The information contained in these documents is privileged and is intended only for the use of the individual(s) or any entity(ies) whose name appears above. If you are not the intended recipient, be advised that any unauthorized use, review, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Complaint Process*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center must provide a process for Individuals to make complaints about The Julian Center's privacy-related policies and procedures and/or The Julian Center's compliance with those policies and procedures. The Julian Center must document all complaints received and the disposition of each.

DEFINITIONS

Grievance means a formal request for review of a complaint or for further review of any unresolved complaint that may be initiated orally or in writing.

Grievant means the person who initiates a complaint, grievance or appeal.

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

PROCEDURE

1. The Privacy Officer is the officially designated person to receive, review, and process complaints.
2. When a privacy-related complaint/grievance is communicated to any workforce member, that person must immediately notify the Privacy Officer. That person must also inform the grievant of the name and contact information for the Privacy Officer. If

the Privacy Officer is the subject of the complaint/grievance, the grievant shall be referred directly to the Executive Director or Board of Directors.

3. The Privacy Officer must give the grievant information about his/her right to file a complaint with the Secretary of the U.S. Department of Health and Human Services.
4. The Privacy Officer must investigate the circumstances of the alleged privacy violation in accordance with the Privacy Rule.
5. The Privacy Officer must communicate the results of the investigation and resolution of the complaint/grievance to the grievant within thirty working days unless a greater amount of time is necessary to complete the investigation. If greater time is necessary, the Privacy Officer shall, within thirty days, notify the grievant of the delay and inform the grievant of the expected time frame for completion of the investigation.
6. If the results of the investigation indicate that a workforce member made an unauthorized use or disclosure of PHI, or otherwise violated our privacy policies and procedures, the Privacy Officer must immediately resolve the matter with the workforce member's supervisor.
7. The Privacy Officer must document all privacy-related complaints/grievances, their resolution, and any actions resulting from them. This documentation must be maintained at least seven years from the date of final resolution.
8. Any documentation concerning privacy violations shall be submitted to the HIPAA Compliancy Team quarterly for review. The HIPAA Compliancy shall review the logs to determine if any pattern or systematic problems exists, and if so, shall take necessary steps to address the problem.
9. There shall be no retaliation against any person served or workforce member having filed or assisted in the filing of a complaint/grievance, or for investigating or acting on a complaint/grievance.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Sanctions*

EFFECTIVE DATE: *April 14, 2003*

POLICY

Any member of the workforce who violates the Privacy Rule or the privacy policies developed by The Julian Center will be sanctioned appropriately.

DEFINITIONS

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

PROCEDURE

1. Sanctions are uniformly applied against any workforce member who violates the Privacy Rule or our privacy policies and procedures.
2. Appropriate sanctions are determined based on the nature of the violation, its severity, and whether it was intentional or unintentional.
3. Sanctions may include verbal warnings, written warnings, probationary periods, or termination.
4. All workforce members are trained and retrained as necessary to ensure they understand privacy policies and procedures and the requirements of the Privacy Rule. The expectation that all workforce members must comply with them is also reinforced.
5. Any sanctions applied are documented and the documentation retained for at least seven years from the date of their application.
6. Sanctions are not applied against employees who lodge a complaint with any entity regarding a privacy violation or who refuse to follow a policy or procedure that they believe, in good faith, violates the Privacy Rule.
7. This policy includes exceptions for disclosures made by workforce members who qualify as whistleblowers or certain crime victims.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Mitigation*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center must mitigate, to the extent practicable, any harmful effects of unauthorized uses and/or disclosures of protected health information (PHI) by The Julian Center or any of our Business Associates.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Disclosure means divulging PHI, in any manner, to any person or entity outside of The Julian Center.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Use means the sharing, employment, application, utilization, examination, or analysis of PHI.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Prohibition on Intimidating or Retaliatory Acts*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center, nor any member of its workforce, shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against anyone who:

1. Participates in a process prescribed by the Privacy Rule,
2. Files a complaint, alleging a violation of the Privacy Rule, or
3. Opposes a practice that the person in good faith believes violates the Privacy Rule.

DEFINITIONS

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Prohibition on Waiver of Rights*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center, or any member of its workforce, may not require individuals to waive any right under the Privacy Rule, including their right to file complaints with the Secretary of the U.S. Department of Health and Human Services, as a condition of treatment, payment, benefit eligibility, or enrollment into any program.

DEFINITIONS

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Policies and Procedures*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center must implement privacy policies and procedures with respect to protected health information (PHI) designed to comply with the standards, implementation specifications, or other requirements of the Privacy Rule. The policies and procedures must be reasonably designed to ensure compliance. Where State law is more stringent than the Privacy Rule, the State law will take precedence.

DEFINITIONS

Protected Health Information (PHI) means individually identifiable information relating to 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.

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

PROCEDURE

1. The Julian Center must change its policies and procedures as necessary to comply with changes in the regulations. Whenever there is a change in law that necessitates a change to our policies and procedures, we must document and implement the revised policy or procedure; if the change materially affects the content of the Notice of Privacy Practices, The Julian Center must make appropriate revisions to the notice accordingly.
2. When The Julian Center changes its privacy practices as stated in its Notice of Privacy Practices, changes will not affect PHI created or received prior to the effective date of the changes.
3. The Julian Center may change policies and procedures that do not materially affect the content of the Notice of Privacy Practices provided that the revised policies and procedures comply with the regulations and are properly documented.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Documentation*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center must maintain:

1. The required policies and procedures in written or electronic form; and
2. Written or electronic copies of all communications, actions, activities, or designations required under the Privacy Rule.

All documentation is to be kept for at least seven years from the later of the date of creation or the last effective date.

DEFINITIONS

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

USES AND DISCLOSURES

Use or Disclosures of Protected Health Information for Treatment, Payment, or Health Care Operations	24
Authorization for Use or Disclosure of Protected Health Information	26
Public Responsibility Uses and Disclosures of Protected Health Information	30
Minimum Necessary Uses	33
Minimum Necessary Disclosures	35
Minimum Necessary Requests	37
Accounting for Disclosure of Protected Health Information	38
De-identification of Protected Health Information	39

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Use or Disclosures of Protected Health Information for Treatment, Payment, or Health Care Operations*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center must obtain an Individual's authorization prior to using or disclosing protected health information (PHI) except to carry out treatment, payment, or health care operations as specified below, or when an emergency occurs. Should an emergency occur, The Julian Center will disclose only the information necessary for treatment and must make an attempt to obtain consent for the disclosure as soon as practicable after the delivery of treatment.

1. **Treatment:** The Julian Center may use and disclose PHI within the Center to provide, coordinate, or manage an Individual's health care and any related services. For example, the client's PHI may be provided to a doctor or therapist to whom the client has been referred to ensure that they have the necessary information to diagnose or treat the client.
2. **Payment:** With your signed Registration Form, The Julian Center may use and disclose a client's health information so that we may bill and receive payment from an insurance company or third party. We may also inform the client's health plan about his/her treatment in order to obtain pre-certification for services or to determine whether his/her health plan will cover the treatment.
3. **Health Care Operations:** The Julian Center may use and disclose, as needed, PHI in order to support our business activities. For example, when we review employee performance, we may need to look at how an employee has documented in the client's medical record.
4. **Business Associates:** The Julian Center may share PHI with a business associate that performs various activities (e.g., billing, transcription services). Whenever an arrangement between The Julian Center and a business associate involves the use or disclosure of PHI, we must have a written contract that contains terms protecting the privacy of the client's PHI. (Refer to the Business Associates policy.)
5. **Marketing:** The Julian Center may contact an Individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the Individual. The Individual may contact us to request that these materials not be sent. We do not provide client information to other organizations. (Refer to the Marketing policy.)

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Health Care Operations include functions such as general business and administrative activities, financial and auditing functions, legal services, peer review, education and training, quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, business planning and development.

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Payment means activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collection activities, medical necessity.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Treatment means the provision, coordination, or management of health care and related services, consultation between providers relating to an individual, or referral of an individual to another.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Authorization for Use or Disclosure of Protected Health Information*

EFFECTIVE DATE: *April 14, 2003*

POLICY

Unless authorized by an Individual, The Julian Center may not use or disclose the Individual's protected health information (PHI) for purposes other than the permitted uses and disclosures specified in the Privacy Rule and under State law. The Julian Center must obtain a separate authorization for each entity to use or receive PHI.

DEFINITIONS

Disclosure means divulging PHI, in any manner, to any person or entity outside of The Julian Center.

Health Care Operations include functions such as general business and administrative activities, financial and auditing functions, legal services, peer review, education and training, quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, business planning and development.

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Use means the sharing, employment, application, utilization, examination, or analysis of PHI.

PROCEDURE

1. An authorization must be acquired for all uses and disclosures other than normal and regular health care operations.
2. An authorization from an Individual is not required by The Julian Center in instances where we are required to disclose the Individual's PHI including:
 - a. Public health activities;
 - b. Information regarding victims of abuse, neglect, or domestic violence;
 - c. Health oversight activities;
 - d. Judicial and administrative proceedings;
 - e. Law enforcement purposes;
 - f. Research purposes under certain circumstances;
 - g. National security and intelligence;
 - h. Correctional institutions; and
 - i. Worker's Compensation.
3. When authorization is needed, no PHI will be used or disclosed until the Individual is provided with a copy of the authorization form and has signed it.
4. A copy of the signed authorization must be provided to the Individual and the Individual must initial the original copy to confirm they received a copy.
5. Signing the authorization form is voluntary and the Individual may refuse to sign it
6. The Individual may revoke the authorization, in writing, at any time.
7. The permissions granted in the authorization are not acted upon if the authorization has been revoked or if the authorization has expired.
8. The authorization is documented and retained for at least seven years after it expires.
9. The Authorization form must be written in plain language and must include at least the following information:
 - a. A description of the information to be used or disclosed;
 - b. The name or identification of the person authorized to make the use or disclosure;
 - c. The name or identification of the person to whom the requested use or disclosure may be made;
 - d. Purpose of the disclosure or statement that disclosure is at request of the individual;
 - e. An expiration date and/or an expiration event;
 - f. A statement of the individual's right to revoke the authorization in writing, and exceptions to the right to revoke, together with a description of how the individual may revoke the authorization;
 - g. A statement that the information may only be re-released with the written authorization of the individual, except as required by law;
 - h. The dated signature of the individual, and;
 - i. If the authorization is signed by a personal representative of the individual, a description of the representative's authority to act on behalf of the individual.
10. A copy of "Authorization for Release of Information" is attached to this policy.



AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the use or disclosure of my individually identifiable health information as described below. I understand this authorization is voluntary. I understand that if the person / entity authorized to receive the information is not a health plan or health care provider, then the released information may no longer be protected by federal privacy regulations.

Client Name: _____
 Client Address: _____
 Client City: _____ State: _____ Zip: _____
 Date of Birth: _____ SSN: _____

Personal Health Information to be Disclosed: Describe the personal information you are authorizing to be disclosed.

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Initial Evaluation | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psychological Tests | <input type="checkbox"/> School Records | _____ |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Medical / Labs | _____ |
| <input type="checkbox"/> Treatment Progress | <input type="checkbox"/> Verbal Exchanges | _____ |
| <input type="checkbox"/> Clinical Notes | <input type="checkbox"/> Entire Record | _____ |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> View Record Only | _____ |

I understand that if all items above or entire record are checked, the requesting person may receive the complete contents of my record, and that The Julian Center cannot under a full release take responsibility for the disclosure of this information. It is assumed by The Julian Center that parties to whom information is released will be discrete in disclosing information.

Person/Entity Authorized to Receive: Name the person or entity you are authorizing to use the information described above.

I hereby give my permission to The Julian Center to:

<input type="checkbox"/> Release to
<input type="checkbox"/> Receive from
<input type="checkbox"/> Exchange information

(Name of Person or Entity)

(Address)

(City, State, Zip)

(Telephone & Fax Numbers)

Purpose of the Disclosure: Note the reason the disclosure is being made.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Diagnosis & Evaluation | <input type="checkbox"/> Insurance / Billing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Personal Information | <input type="checkbox"/> Relocation / Exit Planning | _____ |
| <input type="checkbox"/> Medication Management | | _____ |
| <input type="checkbox"/> Treatment Assessment & Planning | | _____ |
| <input type="checkbox"/> Psychiatric / Psychological Evaluation & Assessment | | _____ |
| <input type="checkbox"/> Compliance with Court-Ordered Evaluation | | _____ |

Right to Revoke: I understand that I may revoke this authorization at any time (except to the extent that action has already been taken based on this authorization) by written notification to The Julian Center, HIPAA Privacy Officer, 2011 North Meridian Street, Indianapolis, IN 46202.

Expiration: I understand this authorization will expire 180 days from the date written below according to the State of Indiana provisions, unless otherwise specified. Please specify date or event upon which this consent expires (if different from above):

SIGNATURE:

I, _____, have had full opportunity to read and consider
(Printed Name)
the contents of this authorization and I confirm the contents are consistent with my direction.

Signature: _____ *Date:* _____

Witness: _____ *Date:* _____

If a personal representative on behalf of this individual signs this authorization, complete the following:

Printed Name of Personal Representative: _____

Relationship to Individual: _____

**A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL
YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT**

Please initial to indicate you received a copy: _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by Federal and/or State Law. If the records are so protected, Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Public Responsibility Uses and Disclosures of Protected Health Information*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center may, to the extent permitted by the Privacy Rule, use or disclose protected health information (PHI) without a) the written authorization of the Individual, or b) the opportunity for the Individual to agree or object. Permitted use and disclosures include:

- 1) **To Avert a Serious Threat to Health or Safety:** The Julian Center may use and disclose PHI to prevent a serious threat to a client's health and safety or the health and safety of the public or another person.
- 2) **Abuse, Neglect, Exploitation:** The Julian Center may disclose a client's PHI to the appropriate governmental authority to report child or elder abuse, neglect, or exploitation, if we believe that the client or a dependent has been a victim of abuse, neglect, or exploitation.
- 3) **Public Health:** As required by law, The Julian Center may disclose a client's PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- 4) **Health Oversight:** The Julian Center may disclose a client's PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- 5) **Food and Drug Administration (FDA):** The Julian Center may disclose to the FDA health information concerning adverse events with respect to food, supplements, product, and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- 6) **Medical Examiners, Coroners and Funeral Directors:** The Julian Center may disclose health information to medical examiners, coroners, and funeral directors consistent with applicable law to carry out their duties.
- 7) **Lawsuits and Disputes:** If a client is involved in a lawsuit or legal dispute, we may disclose their PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, subject to all applicable legal requirements.
- 8) **Law Enforcement:** The Julian Center may disclose PHI for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime, or as required by law or in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- 9) **Required by Law:** The Julian Center will disclose PHI when required to do so by federal, state, or local law.

- 10) **Workers' Compensation:** The Julian Center may disclose PHI to the extent authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or other similar programs established by law.
- 11) **Specific Government Functions:** The Julian Center may disclose PHI of military, national security, or intelligence personnel and veterans, in certain situations, as required by military command or other government authorities; to correctional facilities in certain situations; to government benefit programs relating to eligibility and enrollment; and for national security reasons, such as protection of the President. We may also release information about foreign military personnel to the appropriate foreign military authority.
- 12) **Research:** The Julian Center may use and disclose PHI for research projects with established research protocols and that are subject to an institutional review process. We must ask for written authorization if the researcher will have access to a client's name, address, or other information that reveals their identity or their health care provider.
- 13) **Family and Friends:** The Julian Center may disclose PHI about a client to their family members or friends if we obtain a client's verbal agreement to do so, or if we give the client an opportunity to object to such a disclosure and they do not raise an objection.
- 14) **Compliance:** The Julian Center may disclose PHI to the U.S. Department of Health and Human Services (HHS) to investigate our compliance.

DEFINITIONS

Disclosure means divulging PHI, in any manner, to any person or entity outside of The Julian Center.

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Use means the sharing, employment, application, utilization, examination, or analysis of PHI.

PROCEDURE

1. If the issue of disclosure under this policy arises, The Julian Center must refer to the appropriate section of the Privacy Rule (45 CFR Section 164.512) and ascertain the circumstances under which the PHI may lawfully be disclosed without authorization or agreement.
2. If it is practicable to contact the Individual and obtain his/her authorization, or to obtain his/her agreement or give him/her an opportunity to object, The Julian Center will do so, even if disclosure would be permitted without such authorization, consent or opportunity to object.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Minimum Necessary Uses*

EFFECTIVE DATE: *April 14, 2003*

POLICY

Workforce members of The Julian Center must limit their use of protected health information (PHI) to the minimum amount necessary to accomplish the purpose of the use.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Disclosure means divulging PHI, in any manner, to any person or entity outside of The Julian Center.

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Use means the sharing, employment, application, utilization, examination, or analysis of PHI.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

PROCEDURE

1. The Julian Center will only use PHI in accordance with the "Minimum Necessary Access" chart attached to this policy. The chart identifies by staff position, the categories of PHI the person needs to access and the reason why their job function requires access.
2. The Julian Center must make reasonable efforts to ensure that the persons or classes of persons identified in the attached "Minimum Necessary Access" restrict their access to PHI accordingly.

3. Workforce members who hold more than one position or job classification should only use PHI in accordance with that member's job function being performed at the time he or she accesses the PHI.
4. The Minimum Necessary rule applies to all uses of PHI except in the following situations:
 - a. Disclosures to, or requests by, a health care provider for treatment;
 - b. Uses or disclosures made to an Individual;
 - c. Uses or disclosures made pursuant to an authorization;
 - d. Disclosures to the U. S. Department of Health and Human Services;
 - e. Uses or disclosures required by law;
 - f. Uses or disclosures required by the Privacy Rule, 45 CFR Parts 160, 164.

MINIMUM NECESSARY ACCESS

Position	Allowed Access To	Why Access is Needed
Administrative Asst: Administration	No medical files.	
Administrative Asst: Counseling Center	All Counseling Center files and Shelter Database files.	<i>Daily operations and office administration.</i>
Administrative Asst: Shelter	All Shelter Database files.	<i>Daily operations and office administration.</i>
Advocates: Women and Children	All Shelter Database files.	<i>Case management.</i>
Clinical Director	All Counseling Center files and Shelter Database files.	<i>Case management and consulting.</i>
Community Relations Associate	All Shelter Database client files; no health information.	<i>Children's programming, adopt-a-family, and daily operations.</i>
Community Relations Director	All Shelter Database client files; no health information.	<i>Literacy program and daily operations.</i>
Counselors: Shelter & Transitional Housing	All Counseling Center files and Shelter Database files.	<i>Counseling and case management.</i>
Crisis Call Managers	No medical files.	
Development Associate Director	No medical files.	
Development Director	All Shelter Database client files.	<i>Daily operations of the Transitional Housing, Grant Writing and Reporting.</i>
Directors: Shelter & Transitional Housing	All Shelter Database files.	<i>Case management, daily operations, and administration.</i>
Executive Director	No medical files.	
Facility Maintenance & Housekeeping	No medical files.	
Information Technologist	All Counseling Center files and Shelter Database files; except Psychological Notes.	<i>Software maintenance, software development, database integrity, account audits.</i>
Office Manager: Administrative	No medical files.	
Office Manager: Counseling Center	All Counseling Center files and Shelter Database files; except Psychological Notes.	<i>Billing, office administration, file audits, and daily operations.</i>
Physician	All Counseling Center files and Shelter Database files.	<i>Treatment, case management and consulting.</i>
Privacy Officer	All Counseling Center files and Shelter Database files.	<i>HIPAA compliancy audits and case reviews.</i>
Receptionist: Counseling Center	All Counseling Center files and Shelter Database files; except Psychological Notes.	<i>Daily operations and office administration.</i>
Therapist	All Counseling Center files and Shelter Database files.	<i>Treatment, counseling, case management and consulting.</i>

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Minimum Necessary Disclosures*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center will disclose only the minimum amount of protected health information (PHI) necessary to achieve the purpose of the disclosure.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Disclosure means divulging PHI, in any manner, to any person or entity outside of The Julian Center.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Use means the sharing, employment, application, utilization, examination, or analysis of PHI.

PROCEDURE

1. Routinely, on a case-by-case basis, The Julian Center will carefully review disclosures of PHI to determine if it meets our minimum necessary standard. Where there is question, the Privacy Officer must be consulted. When necessary, the Privacy Officer will speak with a representative from the entity making the request to get clarification and/or modifications.
2. The Julian Center trusts that the PHI requested is the minimum amount necessary if the request is for a permitted disclosure from a public official, a Health Care Provider, a Health Plan, or a Business Associate.
3. The Julian Center does not disclose a client's entire medical record in response to any request for any reason unless a specific justification for such a disclosure is documented.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Minimum Necessary Requests*

EFFECTIVE DATE: *April 14, 2003*

POLICY

When requesting protected health information (PHI) from other covered entities, The Julian Center will only request the minimum amount necessary to achieve its purpose.

DEFINITIONS

Protected Health Information (PHI) means individually identifiable information relating to 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.

PROCEDURE

The Julian Center will not request a client's entire medical record for any purpose unless a sufficient justification for such a disclosure is documented.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Accounting for Disclosure of Protected Health Information*

EFFECTIVE DATE: *April 14, 2003*

POLICY

Individuals have the right to receive an accounting of certain disclosures we have made of their protected health information (PHI). This right applies to disclosures for purposes other than treatment, payment or healthcare operations. This right excludes disclosures we made to the Individuals; to their family members or friends authorized to receive information; or for notification purposes. Individuals have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations. Refer to the Right to Accounting for Disclosures policy.

DEFINITIONS

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Protected Health Information (PHI) means individually identifiable information relating to 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.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *De-Identification of Protected Health Information*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center may use protected health information (PHI) to create information that does not identify an individual. We may also disclose PHI to a business associate for such purpose. The de-identified information can be used without limitations by The Julian Center or provided to other entities.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Identifier means a piece of information that, alone or in combination with other pieces of information, enables identification of an Individual (e.g., name, address, date of birth, telephone number, VIN, certificate/license numbers, etc.).

Protected Health Information (PHI) means individually identifiable information relating to 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.

PROCEDURE

1. In appropriate circumstances, The Julian Center must de-identify a client's PHI in a way that reduces the risk the information could be used, alone or in combination with other available information, by an anticipated recipient, to identify the client.
2. The person de-identifying the information will document the methods used to de-identify the information.
3. The following identifiers of a client or of relatives, employers, or household members of the client, will be removed in order to de-identify the information:
 - a. Names;
 - b. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code (in certain circumstances The Julian Center may be able to use the first three digits of the zip code);

- c. The month and day from dates directly related to an individual, including birth date, admission date, discharge date, and date of death;
 - d. Telephone Numbers;
 - e. Fax numbers;
 - f. Electronic mail addresses;
 - g. Social Security Numbers;
 - h. Medical record numbers;
 - i. Health plan beneficiary numbers;
 - j. Account numbers;
 - k. Certificate/license numbers;
 - l. Vehicle identifiers and serial numbers, including license plate numbers;
 - m. Device identifiers and serial numbers;
 - n. Web Universal Resource Locators (url);
 - o. Internet Protocol address numbers;
 - p. Biometric identifiers, including finger and voice prints;
 - q. Full face photographic images and any comparable images; and
 - r. Any other unique identifying number, characteristic, or code.
4. Health information that does not identify a client, and there is no reasonable basis to believe that the information can be used to identify a client, will not be treated as PHI.

INDIVIDUAL RIGHTS UNDER THE PRIVACY RULE

Right to Notice of Privacy Practice	42
Right to Access	45
Right to Request Amendment	48
Right to Accounting for Disclosures	51
Right to Request Restrictions	53
Right for Confidential Communications	55

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Right to Notice of Privacy Practices*

EFFECTIVE DATE: *April 14, 2003*

POLICY

An Individual has a right to adequate notice of the uses and disclosures of his/her protected health information (PHI) that may be made by or on behalf of The Julian Center. The Individual also has a right to adequate notice of The Julian Center's legal duties with respect to his/her PHI. These rights are met by providing each client a notice of our privacy practices.

DEFINITIONS

Disclosure means divulging PHI, in any manner, to any person or entity outside of The Julian Center.

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Use means the sharing, employment, application, utilization, examination, or analysis of PHI.

PROCEDURE

- 1) The Notice of Privacy Practices must be written in plain language and must contain the following elements:

- a) The following statement in a header or otherwise prominently displayed: "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".
 - b) A description, including at least one example, of the types of uses and disclosures that The Julian Center is permitted to make for purposes of treatment, payment, and health care operations, with sufficient detail to place an Individual on notice of the uses and disclosures permitted or required;
 - c) A description of each of the other purposes for which The Julian Center is permitted or required to use or disclose PHI without an Individual's consent or authorization, with sufficient detail to place an Individual on notice of the uses and disclosures permitted or required;
 - d) A statement that other uses or disclosures will be made only with the Individual's written authorization, and that the authorization may be revoked in accordance with the policy on authorizations;
 - e) If the provider intends to contact the Individual for appointment reminders, treatment alternatives or other health related benefits, a separate statement describing such contacts;
 - f) A statement of the Individual's rights with respect to his/her PHI, and a brief description of how the Individual may exercise those rights, including: the right to request restrictions on certain uses/disclosures of PHI, and the fact that The Julian Center does not have to agree to such restrictions; the right to receive confidential communications of PHI; the right to inspect and copy PHI; the right to amend PHI; the right to receive an accounting of disclosures of PHI; and, the right to receive a paper copy of the privacy notice (each of the above in accordance with relevant policies);
 - g) A statement of The Julian Center's duties with respect to PHI, including statements that: The Julian Center is required by law to maintain the privacy of PHI and to provide Individuals with notice of its legal duties and privacy policies; The Julian Center is required to abide by the terms of the currently effective privacy notice, and; The Julian Center reserves the right to change the terms of the notice and make the new notice provisions effective for all PHI maintained, along with a description of how The Julian Center will provide Individuals with the revised notice;
 - h) A statement that Individuals may complain to The Julian Center and to the Secretary of the U.S. Department of Health and Human Services about privacy rights violations, including a brief statement about how a complaint may be filed and an assurance that the Individual will not be retaliated against for filing a complaint;
 - i) The name, or title, and telephone number of the person or office to contact for further information;
 - j) The effective date of the notice, which may not be earlier than the date printed or published.
- 2) The Julian Center will promptly revise and distribute the privacy notice whenever there is a material change to the uses or disclosures, the Individual's rights, our legal duties, or other privacy practices described in the notice. Except when required by law, a material change to any term may not be implemented prior to the effective date of the notice reflecting the change.

- 3) If deemed necessary, The Julian Center will develop a standardized Notice of Privacy Practices for all facilities and programs under its direction.
- 4) The Julian Center must provide Individuals with the notice, and obtain the Individual's written acknowledgement of receipt, or document attempts to obtain such acknowledgement, no later than the date of the first service delivery.
- 5) The receipt of acknowledgement will be maintained in the medical record.
- 6) The notice in effect (original notice or any subsequent revisions) must be prominently posted and copies must be available for Individuals to take.
- 7) The privacy notice will also be prominently posted on The Julian Center's web site and available electronically from the web site.
- 8) The Julian Center will retain copies of notices issued for a period of at least seven years from the last effective date and each administrative area will retain documentation of Individual's acknowledgement of receipt, or refusal to acknowledge receipt of the privacy notice, for a period of at least seven years.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Right to Access*

EFFECTIVE DATE: *April 14, 2003*

POLICY

Individuals have a right to access and obtain a copy of their protected health information (PHI) and any information in their medical records except when the information is:

- a. Compiled in anticipation of a civil, criminal, or administrative action or other proceeding;
- b. Held by clinical laboratories where access is denied in accordance with the Clinical Laboratory Improvements Amendments of 1988 (CLIA) or the Privacy Act (5 USC 552a);
- c. Created or obtained by a health care provider involved in research where the Individual consented to the denial of access when consenting to participate in the research; or
- d. Obtained from someone other than a health care provider under a promise of confidentiality and the access would be likely to reveal that person as the source (e.g. a former sex partner).

DEFINITIONS

Designated Licensed Health Care Professional ("LHP") means the licensed Health Care professional The Julian Center designates who will review all requests for access to PHI denied on reviewable grounds. This person cannot participate in any initial decisions to grant or deny access.

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Protected Health Information (PHI) means individually identifiable information relating to 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.

PROCEDURE

1. The Julian Center can deny an Individual's request to access on several grounds. Once a request is denied, an Individual, depending on the reason for denial, may be entitled to a review of the denial. The reviewable grounds on which The Julian Center can deny access is when a licensed health care professional using professional judgment determines that:
 - a. Access is likely to endanger the life or physical safety of the Individual or another person;
 - b. Access will be detrimental to the physical or mental health of the client;
 - c. Access will likely cause the client to harm himself/herself or another;
 - d. The PHI references another person (excluding other licensed health care professionals) and the access requested is likely to cause substantial harm to the other person; or
 - e. The request is made by the Individual's personal representative and the access by the personal representative is likely to cause substantial harm to the Individual or another person.
2. To request access to PHI or medical records, the Individual must submit the request in writing to the Privacy Officer at The Julian Center, 2011 North Meridian Street, Indianapolis, Indiana 46202.
3. The Privacy Officer, in consultation with the appropriate staff, must determine whether a request will be granted or denied.
4. The Privacy Officer must act to grant or deny access, and provide the appropriate access, or written denial, no later than 30 days after receipt of the Individual's request. If the PHI is stored off-site and not readily available, the response may be extended to 60 days.
5. To prepare for an occurrence of a denial, The Julian Center must designate a licensed health care professional (Designated LHP) who will serve as the reviewing official for reviewable denials.
6. When access is granted, The Julian Center will provide Individuals the access requested either through inspection, copying or both. The Julian Center may charge a reasonable cost-based fee for copying (including labor, copy costs, and supply costs), postage, and the preparation of any summary or explanation.
7. When access is denied, The Julian Center must determine whether the Individual is entitled to a review of the denial. The Julian Center must then provide a written notice stating in plain language (i) the ground(s) for the denial; (ii) the review rights, if any, available to the Individual including a description of how they may initiate a review; and (iii) a description of the complaint process that an Individual may follow concerning his/her request, including the title and telephone number of the Privacy Officer and that of the Secretary of the U.S. Department of Health and Human Services.
8. If an Individual requests a review of a denial, The Julian Center must promptly refer the "request to review" to the Designated LHP. The Designated LHP must determine, within a reasonable length of time, whether or not to deny the access requested. The Julian Center is bound by the Designated LHP's determination and must respond promptly and take the appropriate action, if any.

9. In all cases, the Privacy Officer must document and track each request, the response, and the outcome. This documentation must be kept for at least seven years after a request occurred.

The Julian Center HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Right to Request Amendment*

EFFECTIVE DATE: *April 14, 2003*

POLICY

If an Individual feels the protected health information (PHI) The Julian Center has about them is incomplete or incorrect, the individual has the right to request an amendment to their records. The Julian Center has the right to deny a request for amendment. If the request is denied, the Individual has the right to file a statement of disagreement in which case their medical record will note the disputed information.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Psychotherapy Notes means notes kept by a mental health professional that analyze conversations during a counseling session and that are kept separate from the rest of the Individual's medical record.

PROCEDURE

1. Requests to amend PHI must be made in writing and must include a reason to amend the PHI and, if possible, documentation supporting the request.

2. The written request must be submitted to the Privacy Officer at The Julian Center, 2011 North Meridian Street, Indianapolis, Indiana 46202.
3. If the request for amendment is not received in writing, or if the written request does not include a reason for the request, The Julian Center will not act upon the request.
4. Upon receipt, The Julian Center has up to 60 days to respond. If necessary, the time frame may be extended by thirty days provided the Individual requesting the amendment is informed in writing of the reason(s) for the delay and the date by which action will be taken on the request.
5. The Julian Center must document the titles of the persons responsible for receiving and processing requests for amendment and retain that documentation for at least seven years.
6. A request for amendment that would make the client's PHI correct or more complete will generally be granted.
7. A request to amend information held within psychotherapy notes will be denied.
8. The Julian Center may also deny the amendment request if:
 - a. The information was not created by us,
 - b. The information is no longer available (i.e., more than seven years have passed since the record was last used),
 - c. The information is not part of the information the client would be permitted to inspect or copy, or
 - d. We believe the information is accurate and complete.
9. When a request for amendment is denied:
 - a. The Individual is given a notice written in plain language that:
 1. Includes a permissible basis for denial;
 2. Informs the Individual of the right to submit a statement of disagreement, and how to file the statement;
 3. States that if the Individual does not file a statement of disagreement he/she may request that The Julian Center include in all future releases of the disputed PHI the request for amendment and the denial; and
 4. Includes an explanation of how to file a complaint with either The Julian Center or the U.S. Department of Health and Human Services (DHHS).
 - b. If the Individual chooses to write a statement of disagreement with the denial decision:
 1. The Julian Center may write a rebuttal statement and will provide a copy to the participant; and
 2. The Julian Center will include the request for amendment, denial letter, statement of disagreement, and rebuttal, if any, with any future disclosures of the disputed PHI.
 - c. If the Individual does not choose to write a statement of disagreement with the denial decision, The Julian Center is not required to include the request for amendment and denial decision letter with future disclosures of the disputed PHI unless requested by the participant.
10. When a request for amendment is accepted (in whole or in part):
 - a. The Julian Center will append the amendment to our records; the original information can never be changed or deleted.

- b. The Julian Center will inform the participant that his or her request for amendment has been accepted and request the identification of and permission to contact other individuals or health care entities that need to be informed of the amendment(s).
 - c. The Julian Center will make reasonable efforts to provide the amendment within a reasonable time to the persons/entities identified by the participant as well as persons and Business Associates who we know have the disputed PHI and may rely on it to the participant's detriment.
- 11. When The Julian Center receives notification from another Covered Entity that a participant's PHI has been amended:
 - a. The Julian Center will ensure that the amendment is appended to all applicable records of the participant, and
 - b. The Julian Center will inform its Business Associates that may use or rely on the participant's PHI of the amendment and require them to make the necessary corrections.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Right to Accounting for Disclosures*

EFFECTIVE DATE: *April 14, 2003*

POLICY

An individual has a right to receive an accounting of disclosures made by The Julian Center of their protected health information (PHI) over time. The requested time period specified by the Individual cannot be longer than seven years or include dates prior to April 14, 2003. The disclosures not subject to accounting requirements are:

- Disclosures made to the client;
- Disclosures made for health care operations;
- Disclosures made with the Individual's authorization;
- Disclosures covered by a Business Associate Agreement;
- Disclosures made for national security or intelligence purposes;
- Disclosures made to correctional institutions or law enforcement officials;
- Disclosures made prior to April 14, 2003; and
- Disclosures made to authorized persons involved in the client's care, or other notification purposes permitted under law.

It is important that we track all disclosures other than those listed above to meet the individual's right. Specifically, the disclosures we must record are those listed in our "Notice of Privacy Practices" under the heading of *Without Opportunity to Object*.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Protected Health Information (PHI) means individually identifiable information relating to 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.

PROCEDURE

1. The "accounting of disclosures" is a list of certain disclosures The Julian Center made of the Individual's PHI over time. The request must be written and must specify the time period in which they are interested.
2. The Individual's request for an accounting must be acted upon no later than sixty days after receipt.
3. If The Julian Center is unable to provide the accounting within sixty days, the time for response may be extended by an additional thirty days provided that within the first sixty days the Individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.
4. The first accounting in any 12-month period must be provided to the individual without charge. For any additional accountings within that 12-month period the Individual may be charged a cost-based fee provided the individual is informed in advance of the fee, and is permitted an opportunity to withdraw or amend the request.
5. The written accounting must include:
 - a. Date of disclosure;
 - b. Name of entity or person who received the PHI, and, if known, the address of the entity or person;
 - c. A brief description of the PHI disclosed;
 - d. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or in lieu thereof, a copy of the individual's authorization or the request for a disclosure;
 - e. If the accounting includes multiple disclosures to the same person/entity for a single purpose, the accounting will include only the frequency or number of disclosures and the date of the last disclosure made during the accounting period for all disclosures after the first disclosure.
6. The Julian Center must document and retain documentation in written or electronic format for:
 - a. All information for the accounting of disclosures;
 - b. All written accountings provided to individuals, and;
 - c. Titles of persons responsible for receiving and processing requests for an accounting from Individuals.
7. All documentation for accounting must be kept for at least seven years from the date it originated.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Right to Request Restrictions*

EFFECTIVE DATE: *April 14, 2003*

POLICY

Individuals have the right to request restrictions on how their protected health information (PHI) is used and/or disclosed when the use or disclosure is for treatment, payment and health care operations. Individuals also have the right to request restrictions when communicating with family members and friends involved in their care. The Julian Center is not required to agree to request restrictions, but if we do agree, we must comply with it unless the information is needed to provide emergency treatment. The restrictions may be terminated either by The Julian Center or the Individual. If The Julian Center terminates the restriction, the termination is effective only for PHI created or received after the termination date.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Disclosure means divulging PHI, in any manner, to any person or entity outside of The Julian Center.

Health Care Operations include functions such as general business and administrative activities, financial and auditing functions, legal services, peer review, education and training, quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, business planning and development.

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Payment means activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collection activities, medical necessity.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Treatment means the provision, coordination, or management of health care and related services, consultation between providers relating to an individual, or referral of an individual to another.

Use means the sharing, employment, application, utilization, examination, or analysis of PHI.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

PROCEDURE

1. Individuals are informed of their right to request restrictions on the use and disclosure of their PHI in our Notice of Privacy Practices.
2. All requests by Individuals for restrictions on the use and disclosure of their PHI must be submitted to the Privacy Officer or designee for approval or declination.
3. Without prior authorization from the Privacy Officer, other workforce members or Business Associates may not grant or deny a participant's request for restrictions.
4. The "request to restrict" must be submitted in written form and explain:
 - a. What information the Individual wants to limit,
 - b. Whether the Individual wants to limit our use, our disclosure, or both, and
 - c. To whom the limits apply.
5. When "request for restrict" is accepted:
 - a. The Individual will be informed of any potential consequences of the restriction;
 - b. A notation will be made in the client's records;
 - c. The Julian Center will not use or disclose PHI contrary to the agreed restriction, nor will its Business Associates;
 - d. The Individual will be informed that The Julian Center is not required to comply with the agreed upon restriction(s) in emergency treatment situations when the restricted PHI is needed for treatment;
 - e. If the agreed upon restriction hampers treatment, The Julian Center will ask the participant to modify or revoke the restriction and get written agreement to the modification or revocation or document an oral agreement;
 - f. The use and/or disclosure of PHI will be consistent with the status of the restriction in effect on the date it is used or disclosed; and
 - g. Written documentation of the agreement to restriction will be maintained for seven years from the date when it was last in effect.
6. When "request for restrict" is denied:
 - a. The Individual will be given the opportunity to discuss his or her privacy concerns, if desired; and
 - b. Efforts will be made to assist the participant in modifying the request for restrictions to accommodate his or her concerns and obtain acceptance.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Request for Confidential Communications*

EFFECTIVE DATE: *April 14, 2003*

POLICY

Individuals have the right to request we communicate with them about their protected health information (PHI) in a certain way or at a certain location. For example, clients can ask that we only contact them at work or by mail. Unless the request imposes an unreasonable administrative burden, The Julian Center must attempt to accommodate all special requests. The Julian Center will not discriminate or retaliate against any Individual for making such a request. We may also condition this accommodation by asking the individual for information as to how payment will be handled or specification of an alternative address or other method of contact.

DEFINITIONS

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Protected Health Information (PHI) means individually identifiable information relating to 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.

PROCEDURE

1. All requests for special communication alternatives will be documented and included in a client's medical record.
2. At no time will clients be asked to explain their request.
3. The request must be written and submitted to the Privacy Officer at The Julian Center, 2011 North Meridian Street, Indianapolis, Indiana 46202.

BUSINESS ASSOCIATES

Business Associates	57
Business Associate Agreement	59

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Business Associates*

EFFECTIVE DATE: *April 14, 2003*

POLICY

The Julian Center must obtain specific satisfactory assurances, in the form of a written contract, for each of its Business Associates that they will protect protected health information (PHI). The Julian Center does not have to sign a contract with associates who are a health care provider and the disclosure of PHI concerns treatment of the client.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Protected Health Information (PHI) means individually identifiable information relating to 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.

PROCEDURE

1. The Privacy Officer must have a contract signed with all current Business Associates no later than April 14, 2003.
2. The Privacy Officer must have a contract signed with all new Business Associates before they provide the initial service or function.
3. The Privacy Officer must maintain a copy of the signed Business Associate contract for at least seven years beyond the termination of the contract.
4. Business Associates are not permitted to use or disclose PHI in ways that would not be permitted by The Julian Center or the Privacy Rule.
5. The contract must provide provisions set forth in the Privacy Rule.

6. A sample of The Julian Center's Business Associate Agreement is attached to this policy.
7. The Privacy Officer must keep a log of who has or has not signed a contract and the date on which the contract was signed.
8. If The Julian Center knows of a pattern or practice of the Business Associate that amounts to a material violation of the agreement, The Julian Center must attempt to cure the breach or end the violation, and if such attempt is unsuccessful, terminate the agreement, if feasible, and, if not, report the problem to the Secretary of the U.S. Department of Health and Human Services.

**THE JULIAN CENTER HIPAA PRIVACY
BUSINESS ASSOCIATE AGREEMENT**

THIS CONTRACT is entered into effective as of _____, 2003 between **The Julian Center** and **[Business Associates Name]** (herein "Business Associate") in order to comply with 45 C.F.R. §164.502(e) and §164.504(e), governing protected health information ("Information") and business associates under the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq., and regulations promulgated thereunder, as amended from time to time (statute and regulations hereafter collectively referred to as "HIPAA").

WHEREAS, The Julian Center will make available to Business Associate certain Information that is confidential and must be afforded special treatment and protection.

WHEREAS, Business Associate will have access to and/or receive from The Julian Center certain confidential Information that can be used or disclosed only in accordance with this Contract and the Department of Health and Human Services (HHS) Privacy Regulations.

NOW, THEREFORE, The Julian Center and Business Associate agree as follows:

1. The term of this Contract shall commence effective April 14, 2003, or the date on which The Julian Center receives services from the Business Associate, whichever is later, and shall expire when all of the Information provided by The Julian Center to Business Associate is destroyed or returned to The Julian Center.
2. The Parties hereby agree that Business Associate shall be permitted to use and/or disclose Information provided or made available from The Julian Center for the following stated purposes:

3. Business Associate Obligations:
 - a. Business Associate agrees that the Information provided or made available by The Julian Center shall not be further used or disclosed other than as permitted or required by the Contract or as required by law and that appropriate safeguards will be in place.
 - b. Business Associate agrees to report to The Julian Center within two (2) days of discovery any use or disclosure of Information not provided for or allowed by this Contract.
 - c. Business Associate agrees that anytime Information is provided or made available to any subcontractors or agents, Business Associate must enter into a subcontract with the subcontractor or agent that contains the same terms, conditions and restrictions on the use and disclosure of Information as contained in this Contract.

- d. Business Associate agrees to make available and provide a right of access to Information by an Individual, to make Information available for amendment and to incorporate any amendments to Information, and to provide an accounting of disclosures in accordance with the Privacy Rule.
- e. Business Associate agrees to make its internal practices, books, and records relating to the use or disclosure of Information received from, or created or received by Business Associate on behalf of The Julian Center, available to HHS for purposes of determining compliance with the HHS Privacy Regulations.
- f. Business Associate agrees to have procedures in place for mitigating, to the maximum extent practicable, any deleterious effect from the use or disclosure of Information in a manner contrary to this Contract or the HHS Privacy Regulations.
- g. Business Associate agrees that The Julian Center has the right to immediately terminate this Contract and seek relief if The Julian Center determines that Business Associate has violated this Contract.

IN WITNESS OF THIS, Business Associate and The Julian Center have caused this Contract to be signed and delivered by their duly authorized representatives, as of the date set forth above.

BUSINESS ASSOCIATE

By: _____	Date: _____
Print Name: [Business Associates Name]	
Title: <i>[Title]</i>	
Address: [Street Address]	Voice: [Phone Number]
[City, State, Zip Code]	Fax: [Fax Number]

THE JULIAN CENTER

By: _____	_____
Print Name: Ann M. DeLaney	Date
Title: <i>Executive Director</i>	
Address: 2011 North Meridian Street	Voice: (317) 941-2200
Indianapolis, Indiana 46202	Fax: (317) 941-2208

MARKETING AND FUNDRAISING

Marketing Restrictions 62
Fundraising Restrictions 64

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Marketing Restrictions*

EFFECTIVE DATE: *April 14, 2003*

POLICY

This policy ensures that The Julian Center workforce members who engage in marketing activities comply with the Privacy Rule and The Julian Center's related policies and procedures.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Marketing means a communication about a product or service by a Covered Entity that encourages recipients of the communication to purchase or use the product or service, although certain exceptions apply, or an arrangement between a Covered Entity and any other entity whereby the Covered Entity Discloses PHI to the other entity, in exchange for direct or indirect remuneration, for the other entity or its affiliates to make a communication about its own product or service that encourages recipients of the communication to purchase or use the product or service.

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

PROCEDURE

1. The Julian Center's Notice of Privacy Practices must always contain a statement that The Julian Center may contact an Individual to provide information about treatment alternatives or other health-related products and services.
2. The Julian Center may not use or disclose PHI to create or make marketing communications without an acceptable authorization. If the marketing communication involves direct or indirect remuneration to The Julian Center from a third party, the authorization must state that such remuneration is involved.
3. The Julian Center is not required to obtain prior authorization from the Individual for the following communications in which PHI is used or disclosed for marketing purposes:
 - a. Face-to-face communications made by The Julian Center to an Individual (e.g., sample products may be provided to an Individual during an office visit);
 - b. Communications that concern a promotional gift of nominal value provided by The Julian Center.
4. Marketing does not include the following communications made by The Julian Center to an Individual:
 - a. To describe a health-related product or service (or payment for such product or service) that is provided by or included in a plan of benefits;
 - b. Treatment of that Individual; or
 - c. For case management or care coordination for that Individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to that Individual.
5. The Julian Center may disclose PHI of an Individual, with the Individual's authorization to Business Associates that are undertaking marketing activities on behalf of The Julian Center. The Julian Center must obtain a Business Associates Agreement from the Business Associate agreeing that it will only use PHI for The Julian Center's marketing activities. The Julian Center may engage a Business Associate, as long as a Business Associate Agreement has been obtained, to assist us in communicating with an Individual about our health-related products or services; the Individual's treatment; or case management or care coordination of the Individual.

THE JULIAN CENTER HIPAA POLICIES & PROCEDURES

DOCUMENT TITLE: *Fundraising Restrictions*

EFFECTIVE DATE: *April 14, 2003*

POLICY

This policy ensures that The Julian Center workforce who engage in fundraising activities complies with the Privacy Rule and The Julian Center's related policies and procedures.

DEFINITIONS

Business Associates means a person, organization, or agency that performs functions or activities on behalf of, or provides services to, The Julian Center that involves the use or disclosure of protected health information (PHI).

Demographic information includes an Individual's name, address, and other contact information, age, gender, and insurance status. It does not include information about a diagnosis, nature of the services received, or treatment.

Individual means the person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or court appointed representative or any other person authorized by State law. If the minor can consent on his or her own behalf under state law, the minor is considered emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate under State law.

Privacy Rule or Privacy Regulations means the Standard for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services (65 Fed. Reg. 82462 et seq. (December 28, 2000) and 67 Fed. Reg. 53182 et seq. (August 14, 2002)), as may be amended from time to time.

Protected Health Information (PHI) means individually identifiable information relating to 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.

Workforce Members means employees, interns, volunteers, business associates, and Board of Directors members.

PROCEDURE

1. The Julian Center's Notice of Privacy Practices must always contain a statement that Individuals (except those receiving mental health services) may be contacted for purposes of raising funds on behalf of The Julian Center.
2. The Julian Center may not use or disclose PHI for fundraising purposes without the Individual's prior authorization.
3. The Julian Center may use or disclose to a Business Associate, or to an institutionally related foundation, the following PHI for the purpose of raising funds for The Julian Center's own benefit, without prior authorization from the Individual:
 - a. Demographic information relating to an Individual;
 - b. Dates of health care services provided to an Individual.
4. All fundraising material The Julian Center sends to Individuals must include a description of how the Individual may opt out of receiving future fundraising communications.
5. The Julian Center must make reasonable efforts to ensure that Individuals who decide to opt out of receiving future fundraising communications are not sent such communications.
6. For all uses or disclosures of PHI for fundraising purposes, except uses or disclosures of demographic information and dates of health care services, an Individual's authorization must be obtained prior to such use or disclosure of PHI (i.e. targeted fundraising).
7. If The Julian Center discloses PHI while engaging in fundraising on behalf of another entity, it must track such disclosure of PHI for disclosure accounting purposes.
8. The Julian Center may disclose PHI for fundraising purposes to Business Associates that are performing fundraising activities on behalf of The Julian Center. The Julian Center must obtain a Business Associates Agreement from the Business Associate agreeing that it will only use PHI for The Julian Center's fundraising activities.