

HIPAA Policy 5001

Notice of Privacy Practices

[PRINT VERSION](#) 

Responsible Office Office of the Provost
Responsible Official Privacy Officer

Effective Date April 14, 2003
Last Revision Oct. 25, 2013

Scope

This policy applies to the University's Covered Group Health Plan Component, including Yale Health and Yale University Group Health Plan

Policy Statement

The Yale Covered Group Health Plan Component will provide the Notice of Privacy Practices (“Notice”) to all enrolled individuals. The Notice will explain how protected health information may be used and disclosed.

Reason for the Policy

To provide a Notice of Privacy Practices to our enrollees in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Definitions

Confidential Communications

The ability of an individual to request that their health information be protected through the use of an alias or by using a different mailing address.

Covered Entity

An entity that is subject to HIPAA. Yale University is the covered entity for HIPAA compliance purposes. Because Yale is a Hybrid Entity, only Yale’s designated Covered Components are subject to HIPAA requirements.

Disclosure

The release, transfer, provision of access to, or divulging in any other manner of protected health information outside of the entity holding the information.

Health Care Operations

Any of the following activities of a covered entity that relate to its covered functions (i.e., acting as a health care provider and an employer group health plan): conducting quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; underwriting (except as prohibited when involving genetic information), premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits; conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; business planning and development; and business management and general administrative activities of the entity.

Legally Authorized Representative

A person authorized either by state law or by court appointment to make decisions, including decisions related to health care, on behalf of another person, including someone who is authorized under applicable law to consent on behalf of a prospective subject to the subject’s participation in the procedure involved in the research.

Payment

The activities undertaken by (1) except as prohibited when involving genetic information, a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan, including determinations of eligibility and adjudication of claims; risk adjusting; billing, claims management, and collection activities; review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; utilization review activities; and disclosure to consumer reporting agencies of certain PHI relating to collection of premiums or reimbursement; or (2) a covered health care provider or health plan to obtain or provide reimbursement for the provision of health care.

Protected Health Information (PHI)

Any individually identifiable health information, including genetic information and demographic information, collected from an individual, whether oral or recorded in any form or medium that is created or received by a covered entity (Yale School of Medicine (excluding the School of Public Health, the Animal Resources Center, and the basic science departments: Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, and Pharmacology), Yale School of Nursing, Yale Health, Department of Psychology Clinics and the Group Health Plan component)

PHI encompasses information that identifies an individual or might reasonably be used to identify an individual and relates to:

The individual's past, present or future physical or mental health or condition of an individual; OR

The provision of health care to the individual; OR

The past, present or future payment of health care to an individual.

Information is deemed to identify an individual if it includes either the patient's name or any other information that taken together or used with other information could enable someone to determine an individual's identity. (For example: date of birth, medical records number, health plan beneficiary numbers, address, zip code, phone number, email address, fax number, IP address, license numbers, full face photographic images or Social Security Number see [Policy 5039](#) for a list of [HIPAA Identifiers](#))

PHI excludes individually identifiable health information in education records covered by the Family Educational Right and Privacy Act (FERPA) (records described in 20 USC 1232g(a)(4)(B)(iv)) and employment records held by a covered entity in its role as employer. PHI also excludes information related to individuals who have been deceased for more than 50 years. (see also definitions of "health information" and "individually identifiable health information")

TPO

Treatment, Payment, and Healthcare Operations

Treatment

The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

Use

The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information within an entity that holds such information.

(See [HIPAA Glossary](#) for complete list of terms)

Procedures

[5001 PR1](#) - Notice of Privacy Practices – Group Health Plan

Contacts

Subject	Contact	Phone
HIPAA Compliance	Chief HIPAA Privacy Officer	432-5919
Information Security	Central Campus Help Desk	203-432-9000-
	Medical School Campus Help Desk	203-785-3200

Roles and Responsibilities

Office of the Provost

responsible for University compliance issues including HIPAA

Office of General Counsel

interprets HIPAA regulations; reviews and approves all HIPAA related contracts including contracts with Business Associates or for research contracts

University Information Security Officer

individual responsible for overseeing information security and ensuring compliance with security requirements of HIPAA

Chief HIPAA Privacy Officer

individual responsible for overseeing and ensuring HIPAA compliance throughout Yale University; coordinates compliance related activities through the following deputies in each of the covered schools, departments, or other entities:

- Deputy Privacy Officer, School of Medicine
- Deputy Privacy Officer, School of Nursing
- Deputy Privacy Officer, Yale Health Services
- Deputy Privacy Officer, Yale Health Plan/Group Health Plan
- Deputy Privacy Officer, Department of Psychology Clinics

Procurement Office

identifies Business Associates and ensures appropriate contracts in place

Grants & Contracts Administration

Responsible for negotiating data use agreements and research related contracts.

Institutional Review Boards (HIC, HSC, HSRRC)

Responsible for review and approval of waivers of authorization for research purposes.

Revision History

The official version of this information will only be maintained in an on-line web format. Any and all printed copies of this material are dated as of the print date. Please make certain to review the material on-line prior to placing reliance on a dated printed version.
