

AVS Distribution – best practices for HIPAA compliance
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Distribution of after visit summaries (AVS) allow patients to leave their treatment visits with a brief description of their health status, treatment plans and follow-up activities. Unfortunately, these documents also create a privacy breach risk when the documents are provided to the wrong patient, either in person or through mis-directed mailing. Please consider the following steps to reduce this risk:

In person distributions:

- Always ask the patient their name and their date of birth in order to confirm that it matches the name on the AVS before handing the document to the patient.
- Always review all pages of the AVS to be sure they all belong to the same patient. This is a particular concern in cases where printers are shared by several staff members.
- Mark each page by either highlighting the patient's name or by initialing next to the patient's name at the bottom of the page to document that the correct patient was confirmed.
- Consider adding additional printers in busy areas to reduce the risk of multiple patients' AVS's being printed and either distributed to a single patient or to the wrong patient.

Distribution by mail

- Always review all pages of the document to be sure they all belong to the same patient before putting the AVS into the envelope.
- Mark each page by either highlighting the patient's name or by initialing next to the patient's name at the bottom of the page to document that the correct patient was confirmed.
- Consider using window envelopes, allowing the address on the AVS to be that used to address the envelope.
- If using non-window envelopes, be sure to confirm that the patient's name on the AVS matches the name on the envelope.

We recognize that taking the time to confirm the documents can be time consuming in the context of a busy clinical practice, however, the time is well spent in comparison to the time lost in investigating a potential breach and the erosion of trust created through notifying patients that their information has gone to another patient.