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What rights do patients have under HIPAA?

HIPAA affords patients certain rights with respect to their health information. Under HIPAA patients have the right to:

- Receive a notice regarding our privacy practices (NOPP)
- Request restrictions and confidential communication
- Request access to their health information
- Request corrections to their health information
- Request an accounting of people to whom their information was disclosed

For a detailed explanation of HIPAA policies and procedures see: <http://www.hipaa.yale.edu>. The information provided here does not supersede or take the place of the official HIPAA policies and procedures. This is intended solely as a reference guide. Version August 2014

NOTICE of PRIVACY PRACTICES (NOPP)

For detailed information, see HIPAA Policy and Procedure 5001

What is a Notice of Privacy Practices?

The Notice of Privacy Practices (NOPP) describes how Yale will protect patient information, when we can use or share this information without the patient's written authorization, and describes the patient's rights with respect to their health information. A copy of the Yale NOPP is available at <http://hipaa.yale.edu/>

How do we provide notice to patients?

HIPAA requires that we provide all patients with a copy of our Notice of Privacy Practices (NOPP) and that the NOPP be posted in clinical areas as well as on our web site. The NOPP was significantly revised in 2013 and is available at hipaa.yale.edu. New patients and those who request it must be given a copy of our NOPP. Returning patients may be provided with a summary of the changes.

Must all patients sign the NOPP acknowledgement?

We are required to provide a copy of the NOPP and to request that patients sign a form indicating that they have received the NOPP. They are not actually required to sign.

Must every clinical area that treats a given patient provide them with the NOPP?

During the course of treatment, a patient may have several appointments throughout Yale's clinical areas. There are some variations in practices between HIPAA covered components (YSM, YSN, Yale Health, Psychology clinics, and Benefits Office) such that each component is required to provide their own NOPP. However, within each of these components, the practices are the same and thus only one NOPP for that component is required.

For example, a patient seen in Orthopedics at YSM does not also have to get another YSM NOPP if they are also being seen in Diagnostic Radiology. This same patient, however, would need to receive a NOPP from Yale Health if they were seen there as well. Similarly, our close affiliation between YSM and YNHH allows us to use a single NOPP for visits to YSM and YNHH.

How do we know if a patient was already given a NOPP?

When a patient is given the NOPP they are asked to sign the "Acknowledgement of Receipt of the NOPP" form. If the patient doesn't wish to sign, the reason for not signing can be noted on

the form as well. Depending on the clinical area, the form itself may be stored in the medical record or the information may be entered into Epic.

REQUESTS for RESTRICTIONS or CONFIDENTIAL COMMUNICATION

For detailed information, see [HIPAA Policy and Procedure 5004](#)

What kind of restrictions can a patient put on their health information?

HIPAA allows a patient to ask that we limit how we use and disclose their information in the course of treatment, payment or our healthcare operations. A patient may also request that we not provide information to family members or friends that are involved in caring for that patient. For example, a patient may ask that we not share their information with a particular physician.

Won't restriction requests make it difficult to care for the patient?

Many requests would make it difficult for us to provide quality care and to receive payment for that care. Other requests, such as a request to not share information with those family members who will be caring for the patient may put the patient's health at risk. For these reasons, HIPAA does not require that we accept all requests to restrict uses and disclosures of health information. In fact, in most cases we can not in good conscience accept these requests.

When must we accept a patient's restriction request?

We are required to accept requests by a patient who has paid in full for their treatment and asks that we not disclose information regarding that paid treatment to the patient's health insurer.

What should I do if I get a restriction request?

Since our ability to abide by the requested restriction is determined on a case by case basis, requests for restrictions should be reviewed in collaboration with the Privacy Office.

What is a request for confidential communication?

Confidential communication requests relate to how we contact a patient. For example, a patient may ask that we send information to a P.O. Box rather than a street address or the patient may want to specify a different phone number.

Do we accept these requests?

Yes. Reasonable requests that do not hinder our ability to provide health care should be accommodated.

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REQUESTS for ACCESS to HEALTH INFORMATION

For detailed information, see HIPAA Policy and Procedure 5002

How does a patient request access to their health information?

A patient may make a request in writing or via our “Request Access to PHI Retained in the Designated Record Set” form or via signing up for MyChart in those areas where MyChart is available (see <https://mychart.ynhhs.org/MyChart-PRD>).

Patients may ask for either a copy (paper or electronic if available) of their records or for the opportunity to view their records. With 30 days of receiving the request, we are required to provide access to the records or to explain why we cannot provide access.

What is the “designated record set”?

For clinical areas, the designated record set includes all medical and billing records related to the individual that we maintain and which we use as the basis for making treatment decisions. For health plans, the designated record set includes all enrollment, payment, claims adjudication, and case record systems maintained by the health plan. For a more detailed list of what should be included in the designated record set see [Exhibit 5002 of HIPAA Policy 5002](#).

Are there any limits to what information we provide to the patient?

Yes. We are only required to provide the information maintained in the designated record set. Other information we have related to a patient may not be included in the designated record set and we would not be required to provide this information. For example research data which is not related to treatment can be excluded from the designated record set.

Can we ever deny access?

There are a few limited circumstances in which we can deny access to a patient’s records or a portion of their records. Decisions to deny access must be made in consultation with the Privacy Office.

Who can request access to a child’s information?

In Connecticut children are generally those under 18 years of age and requests may be made by a parent to obtain access to the child’s records. State law limits parental access to some information for adolescents, such as mental health and reproductive health records. For more

detailed information regarding who can act on behalf of a child, see [HIPAA policy and procedure 5038 “Personal Representatives.”](#)

Are there other people who can request access on behalf of a patient?

The patient’s personal representative may act on their behalf regarding access to the patient’s health information. Personal representatives are defined under state law such as an individual’s guardian or conservator. See [HIPAA policy and procedure 5038 “Personal Representatives.”](#)

As an employee how do I access my information?

Employees who are also patients and who have access to the electronic health record due to their position at Yale may access their own electronic record for the sole purposes of reviewing and/or printing their health information. Employee access and safeguarding of information must be conducted in accordance with all applicable HIPAA Privacy and Security policies. Access to Protected Health Information of a family member, including a family member who the employee is an authorized representative of (minor children, etc.) must be obtained by following standard patient access processes and may not be obtained by direct access to the electronic record by the requesting employee.

REQUESTS for CORRECTIONS to HEALTH INFORMATION

For detailed information, see [HIPAA Policy and Procedure 5002](#)

If a patient finds a mistake in their record, can we just change it?

Patients can request a change to their record using the “Request Amendment of PHI Retained in Designated Record Set” form. If the requested change is valid, then the change can be made. Good medical records practice however requires that the change be appropriately documented. In the case of medical records, the incorrect information can be crossed out and the correct information added. The individual making the change should note their name in the record as the individual correcting the record. If the form is used, the form should be filed/uploaded with the record.

What if the correction requested isn’t right?

We can deny a requested change to the record in defined circumstances such as when we did not create the record or we believe that the information is accurate and complete. Denial of an amendment request requires that we notify the patient in writing of the reason for denial. A decision to deny an amendment should be made in consultation with the Privacy Office.

ACCOUNTING of DISCLOSURES

For detailed information, see [HIPAA Policy and Procedure 5003](#)

What information are we required to account for?

We are required to keep a listing of individuals outside of the Yale covered components (YSM, YSN, YUHS, YUHP, Psychology clinics, and Benefits Office) to whom we have provided PHI if that disclosure was not for treatment, payment, healthcare operations or as authorized by the patient.

Some examples of disclosures subject to accounting include:

- Public health activities such as communicable disease reporting
- Health oversight activities and audits
- Workers compensation disclosures if not accompanied by an authorization
- Misdirected mailings and faxes and other errors
- Lost records

What information must we include in the listing?

We need to keep a list of what information was disclosed, when, to whom and why we disclosed the information. An [excel form](#) is available for recording this information.

How do we keep this information?

Each clinical area has slightly different procedures for maintaining the accounting logs. At YSM, the log is maintained by the Deputy HIPAA Privacy Officer and spreadsheets should be submitted to hipaa@yale.edu. In other areas, the log is maintained in the medical record. Check with your supervisor regarding appropriate processes in your area.

How do we respond to a patient's request for an accounting of disclosures?

Patients should provide their request in writing, preferably via the "[Request for Accounting of Disclosures form](#)" and a copy of the completed form should be forwarded to the appropriate Deputy HIPAA Privacy Officer or to the Privacy Office who will assist in generating the appropriate list. We are required to respond within 60 days of the request.