

# Ψ THE UND PSYCHOLOGICAL SERVICES CENTER Ψ

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## HIPAA Compliance Policy PRIVACY & SECURITY ISSUE POSTED NOTICE

- Our Privacy Officer is responsible for our privacy and security program and associated policies.
- As a direct health care provider providers will make a "good faith effort" to obtain a written Acknowledgement (which we will call an Acknowledgement Form) of receipt of our Notice of Privacy Practices. We are required to obtain consent in order to provide treatment/assessment. We will use procedures and practices consistent with local laws and regulations to obtain informed and voluntary consent from all competent clients.
- Many uses and disclosures do not require an authorization under HIPAA but may under more stringent and local laws. It is our policy to discuss these situations with each client and then to seek a signed Authorization. The clinician involved with the client most recently, or in the absence of a clear clinical contact, the privacy officer, will discuss the nature of the PHI involved, those seeking the PHI, and other aspects of the disclosure with the client and obtain informed Authorization. There may be other circumstances of which we are presently unaware and we reserve the right to act and to adopt policies to fit these circumstances. The privacy officer will evaluate these circumstances as they arise.
- Because we receive requests for records of many kinds the PSC Director (with the assistance of the GSC and their supervisor) will evaluate each request and determine what is sought, by whom, for what purpose, and other related aspects, including verification of the requesting source. If a request does not seem reasonable because it asks for more or different information than seems needed by the requester to meet the stated needs, or you don't recognize the identity of the requester, or the request is for information in our records which was created by a person or entity outside of GSC, or anything else which raises any kind of suspicion, the request becomes a Non-Routine Disclosure.
- Since the Director of PSC and administrative staff arrange billing, review case records to disclose parts of them to other Covered Entities, and perform other functions as needed it is entirely reasonable for her or him to have access to the entire medical record of each client.
- Clients will not ever be required to waive or limit their rights described here or under other laws as a condition of TPO or in regard to filing a complaint.
- We will honor a client's rights to inspect his or her PHI in our record and obtain a copy of this PHI for as long as we have those records and the request conforms to the laws.
- We will honor clients' requests to amend their records if they believe the information is incomplete or incorrect as long as we maintain their records and unless there is a compelling reason, as indicated below, to not do so.
- We will honor client's requests for an accounting of the disclosures we made of their record during the last six years, but no earlier than April 14, 2003.
- As indicated in the HIPAA regulations and as part of our commitment to respecting the privacy of our clients we will endeavor to comply with all requests made by clients or their representatives to restrict the disclosure of their PHI. There should never be disclosures of EPHI as paper records are considered official records of PSC, and EPHI is only used in the preparation of these official records.
- Clients have the right to request some restriction on how and where their PHI is communicated and we will support all reasonable requests.
- Clients have the right to revoke any Authorization they have completed at any time.
- We will provide a way for clients to file a complaint if they come to believe that their privacy rights have been violated or want to comment or complain about our privacy policies and procedures even if they do not allege a violation.
- Employees who violate our privacy policies will receive disciplinary action, up to and including firing.
- We will make all appropriate and reasonable efforts to mitigate any harmful consequences of any violations of our client's privacy because of our or our business associates action or failure to act.
- We intend to train all staff to comply with the patient privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- As part of our commitment to protect the privacy of the PHI entrusted to us, we will monitor our compliance with the HIPAA and other privacy regulations over time.
- To gain access to our information systems, users must supply individual user passwords.
- Sending and receiving facsimile transmissions involve risks of unauthorized disclosures of PHI and so we will take all appropriate steps to assure their privacy.
- Both in receiving and in leaving messages that potentially could contain or reveal PHI, we will be careful and discreet.
- As soon as practicable all electronically maintained patient data will be encrypted to keep it from being read, used, shared, or exploited by any unauthorized persons. Digital or electronic signatures will be adopted as soon as practical to ensure the authenticity of the creator of electronic information (when records are maintained electronically).
- The privacy officer is responsible for developing, maintaining, and revising contingency, emergency, and disaster plans. Continuity priority: The most important functions to be protected or restored are those addressing PHI. Financial records and systems are secondary. Other business functions and systems are tertiary. All other systems come after these.
- As part of our policy to ensure the privacy and security of PHI we have developed a policy for the eventual destruction and/or disposal of records in any media. This policy will be consistent with federal and state laws.
- We reserve the right to add or change these policies and procedures at any time, as long as they are consistent with local, state, and federal laws. Other office policies and procedures may be kept in our general manual.