

A CE must implement policies & procedures with respect to PHI that are designed to comply with the standards, implementation specifications, or other requirements of this subpart [164.500 et seq.]. See 45 CFR 164.530(i)(1)

HIPAA PRIVACY POLICY CHECKLIST

POLICY	Date Completed	Date Effective	Policy #	NOTES
DESIGNATION OF PERSONNEL (Document)				Should include job responsibilities for each position.
Privacy Official 164.530(a)(1)(i)				
<u>Contact Person or Office</u> 164.530(a)(1)(ii)				
<u>Title of persons or office to process access requests.</u> 164.524(e)(2)				
<u>Title of persons or office to process amendment to records requests.</u> 164.526(f)				
<u>Title of persons or office to process accounting of disclosures requests.</u> 164.528(d)(3)				
NOTICE OF PRIVACY PRACTICES 164.520				
NPP: Required header language included				
NPP: Description with example of types of uses & disclosures the CE is permitted to make for (1) treatment, (2) payment, and (3) health care operations.				
NPP: Description of each purpose for which CE is permitted or required to use or disclose PHI without patient's permission. (Regulatory authorization)				
NPP: Statement that other uses & disclosures will be made only with individual's authorization and that individual may revoke such authorization.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
NPP: Appointment reminders				
NPP: Treatment alternatives				
NPP: Fundraising				
NPP: Right to request restrictions statement but CE not required to agree. 164.522(a)				
NPP: Right to receive confidential communication. 164.522(b)				
NPP: Right to inspect & obtain copy of PHI. 164.524				
NPP: Right to amend PHI. 164.526				
NPP: Right to receive an accounting. 164.528				
NPP: Right to receive paper copy of NPP				
NPP: Statement that CE is required by law to maintain PHI.				
NPP: Statement that CE must provide individuals with notice of CE's legal duties and privacy practices.				
NPP: Statement that CE reserves right to change terms of its NPP - must describe how CE will provide individuals with revised NPP. (e.g. when requested)				
NPP: Complaint procedure to CE and to Secretary of HHS.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
NPP: Contact person or <u>office</u> with name or title and telephone number				
NPP: Effective Date of NPP				
NPP: OPTIONAL: If CE limits the uses or disclosures that it is permitted to make the CE must describe its more limited uses or disclosures. (Cannot limit use or disclosure that is required by law.)				
NPP: OPTIONAL: How CE will provide notice of change in its “more limited uses or disclosures.”				
NPP: Distribution of revised NPP when material change to uses or disclosures: Describe how the “distribution” will take place.				Can be limited to only posting any revised NPP if the NPP states such. The CE does not have to give the revised NPP to established patients or get a new acknowledgment form signed.
NPP: Availability of NPP on request to any person. (<i>Anyone can ask for a copy</i>)				
NPP: Provide NPP no later than date of the first service delivery after compliance date.				
NPP: Post NPP in clear & prominent location in public area of the facility.				
NPP: If CE has web site must prominently post NPP on the web site.				
NPP: If individual agrees to electronic notice (e-mail) of NPP and transmission has failed then must provide hard copy.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
NPP: <i>if applicable</i> JOINT NOTICE: Organized Health Care Arrangement is in place.				<i>Use the JOINT NOTICE provisions only if applicable</i>
NPP: JOINT NOTICE: Participating CEs agree to abide by the NPP terms.				
NPP: JOINT NOTICE: All CEs are named in the Joint NPP.				
NPP: JOINT NOTICE: All physical delivery sites are named in the Joint NPP.				
NPP: JOINT NOTICE: If applicable state that participating CEs will share PHI for TPO relating to the OHCA.				
NPP: All notices are maintained for 6 years. 164.530(j)				
MINIMUM NECESSARY 164.502(b) & .514				
Use or disclosure of PHI is restricted to minimum necessary. (<i>Incidental disclosure</i>)				
Exception made for treatment.				
Exception made for uses or disclosures to an individual.				
Exception made for access & accounting.				
Exception made for disclosures to HHS.				
Exception made for uses or disclosures required by law under 164.512(a).				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
MINIMUM NECESSARY (Continued)				
Identify those person or classes of persons in workforce who need access to PHI to carry out their duties. 164.514(d)(2)(A)				
For each person or class of persons identify the category of PHI to which access is needed and any conditions appropriate to such access.				
Policy that makes reasonable effort to limit access of such persons or classes to categories of PHI.				
Policy for routine & recurring disclosures that limits the PHI disclosed to the amount reasonable necessary to achieve the purpose of the disclosure.				
Policy that addresses “all other disclosures” (non-routine) that uses criteria designed to limit the PHI to accomplish the purpose for which the disclosure is sought.				
Policy that reviews request for non-routine disclosures on an individual basis in accordance with such criteria.				
Policy that CE will limit request for PHI to minimum necessary for the stated purpose when making request from another CE.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
DE-IDENTIFIED PHI 164.502(d) & 164.514(a)				
Policy to define PHI and de-identification of PHI.				
Procedures in place to de-identify PHI. & re-identify PHI.				
Procedures in place for release of de-identified information.				
BUSINESS ASSOCIATES 164.504(e)				
All Business Associates (BA) identified.				
Business Associate Contract (BAC) drafted.				
BAC Addendum drafted (<i>if applicable</i>).				
All BAs have Contract/Addendum in place.				
Procedure in place to identify Business Associates and implement BAC after the compliance date.				
Procedure in place to track BAs. (Pattern of practice of the BA that constitutes a material breach or violation of the BA).				
Termination procedure of BAC in place to include return or destruction of PHI.				
Procedure in place for disclosure of PHI to government agencies with satisfactory assurances.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
DECEASED INDIVIDUALS 164.502(f)				
Policy to treat PHI of deceased individual as PHI of any other individual.				
Policy to identify and verify the authority of person claiming to be personal representative (e.g. executor or administrator).				
Procedure in place to make notifications of communicable diseases / death.				
PERSONAL REPRESENTATIVES 164.502(g)				
Procedure in place to identify and verify the authority of persons claiming to be personal representatives of an individual.				
Procedures in place regarding unemancipated minors and personal representatives.				
Procedures in place regarding unemancipated minors and what permission an unemancipated minor can give.				
Procedures are in places regarding abuse, neglect and endangerment situations and disclosure of PHI to a personal representative.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
CONFIDENTIAL COMMUNICATIONS 164.522(b)				
Policy to allow for request for alternative confidential communications.				
Policy to accept reasonable request for alternative confidential communications.				
WHISTLEBLOWER 164.502(j)				
Policy regarding workforce member report to health oversight agency or public health authority or accreditation organization.				
WORKFORCE CRIME VICTIM 164.502(j)				
Policy in place regarding workforce crime victim and reporting of criminal act to law enforcement official.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
AFFILIATED COVERED ENTITIES - If Applicable 164.504(d)				
If applicable - analysis of affiliated covered entity status (legally separate CEs that are affiliated) to be considered a single CE.				
Documentation of affiliated CE is maintained for 6 years if affiliated CE.				
CONSENTS 164.506 - OPTIONAL (Consents are not required. They may be used but are not a substitute for an “acknowledgment” - which is required.)				OPTIONAL - Recommended that “consent” not be used. Must use “acknowledgment” process (e.g. special form signed by individual or signature of individual on NPP) Evidence of acknowledgment retained by CE
Consent drafted and in place. 164.506 [Requirement under 164.506(c) met.]				
Policy regarding TPO without Consent in indirect treatment relationship.				
Policy regarding TPO without Consent as to inmate’s health care.				
Policy regarding TPO without PRIOR Consent in emergency treatment situations.				
Policy regarding TPO without PRIOR consent in emergency treatment situation as to obtaining Consent as soon as reasonably practicable after delivery of such treatment.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
CONSENT (Continued) OPTIONAL				
Policy regarding TPO when CE is required by law to treat the individual and the CE attempts to obtain Consent but is unable to do so.				
Policy regarding TPO and unable to obtain Consent due to substantial communication barrier but treatment is clearly inferred from the circumstances.				
Policy to document attempt to obtain Consent and document the reason why Consent not obtained in emergency treatment, required by law, or substantial communication barrier situation.				
Policy regarding defective Consents. 164.506(d)				
Policy regarding conflict between Consents and Authorizations and resolving any such conflict. 164.506(e)				
Policy regarding revocation of Consent.				
Policy regarding who to notify to revoke a Consent.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
JOINT CONSENTS - “old” 164.506(f)				Cross reference to Joint NPP if Joint Consent is used
<i>If applicable</i> - Joint Consent drafted with names of each CE.				
<i>if applicable</i> - Joint Consent matches information in Joint NPP.				
<i>If applicable</i> - Policy in place regarding revocation of Joint Consent and notification to other CEs in Joint Consent.				
AUTHORIZATIONS 164.508				
Policy regarding Authorizations form types (Types are either “General medical records” form , “psychotherapy notes” records form, or “marketing” form) and when each is needed.				
Policy regarding Psychotherapy Notes and separate Authorizations. (<i>Psychotherapy Notes require their own “form”and can only be combined with another psychotherapy note authorization</i>) 164.508(a)(2)				
Authorization Form drafted that contains core elements and required statements. 164.508(c)(1) and (2)				
Special <i>Marketing</i> Authorization form drafted and instructions in place for its use. 164.508(a)(3)				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
AUTHORIZATIONS (Continued)				
Policy regarding revocation of Authorizations. (How to do it)				
Policy regarding who to notify to revoke an Authorization.				
ACKNOWLEDGMENTS 164.520(c)(2)				
Policy that addresses use of / signing of “Acknowledgment” form at same time as NPP provided.				
Policy in place that addresses “good faith” effort made to obtain acknowledgment.				
Policy in place that addresses recording of “good faith efforts” made if acknowledgment if not obtained.				
Policy that addresses when and if a new acknowledgment form must be obtained.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
FACILITY DIRECTORY 164.510(a)				
Policy regarding Facility Directory content and "opt out" procedure in advance of information being placed in the Facility Directory.				
Policy regarding "oral" notification and "oral" permission for Facility Directory.				
Policy for disclosure of limited PHI when patient asked for by correct name (non-clergy).				
Policy for disclosure of limited PHI when clergy makes inquiry.				
Policy regarding emergency situations and prior expressed preference of the individual.				
Policy regarding disclosure / non-disclosure when media makes inquiry.				
Policy regarding disclosure / non-disclosure when law enforcement makes inquiry.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
FAMILY AND FRIENDS NOTIFICATION 164.510(b)				
Policy regarding disclosure of PHI to family member, other relative or close personal friend and any other individual identified by the patient who is involved in individual's care or payment of health care.				
Policy regarding disclosures when patient is present and has capacity to make decision.				
Policy regarding disclosures when patient is not present or patient has incapacity to make decisions.				
Policy to notify family members, personal representative or another person responsible for care of patient's location, general condition, or death.				
Policy to use or disclose PHI for disaster relief efforts.				
Policy regarding attempt to obtain permission by "orally" informing the individual and "oral" agreement or objection by individual.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
PUBLIC POLICY USES & DISCLOSURES 164.512				
Policy regarding use or disclosure as “required by law.” 164.512(a)				
Policy as to use or disclosure for public health activity -- reporting of disease, injury, vital events, and public health investigations, public health surveillance, or public health interventions. 164.512(b)(1)(i)				
Policy regarding use or disclosure for report to public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect. 164.512(b)(1)(ii)				
Policy regarding use or disclosure for persons subject to Food and Drug Administration jurisdiction. 164.512(b)(1)(iii)				
Policy regarding use or disclosure for notification to person who may have been exposed to communicable disease. 164.512(b)(1)(iv)				
Policy regarding use or disclosure for disclosure to an employer about a employer’s workforce member as to medical surveillance of the workplace, work-related injury, employer needs PHI to comply with law. 164.512(b)(1)(v)				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
PUBLIC POLICY USES AND DISCLOSURES 164.512 (Continued)				
Policy regarding reporting of abuse or neglect. 164.512(c)				
Policy regarding reporting of domestic violence. 164.512(c)				
Policy regarding notification to the patient that report is made & disclosure is necessary to prevent serious harm to patient or other potential victim or obtaining agreement from the patient as to the disclosure or law enforcement or other public official represents that PHI will not be used against the patient & that immediate enforcement activity depends on disclosure. 164.512(c)				
Policy regarding disclosure for health oversight activities - government agencies involved in civil, administrative, or criminal investigations, inspections, licensure or disciplinary activities, or oversight of health care system. 164.512(d)				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
PUBLIC POLICY USES AND DISCLOSURES 164.512 (Continued)				
Policy regarding disclosure of PHI in judicial or administrative proceeding when an “order” is provided. 164.512(e)				
Policy regarding disclosure of PHI in judicial or administrative proceeding when an “order” is NOT provided and it involves a subpoena or discovery request. 164.512(e)				
Policy that “satisfactory assurances” have been obtained when no “order” is involved. 164.512(e)				
Policy for disclosure to law enforcement when pursuant to process and as required by law. (E.g. grand jury subpoena, court order, court warrant, judicial officer subpoena or summons, wound reporting, child abuse, or abuse, neglect or domestic violence) 164.512(f)				
Policy for disclosure to law enforcement request to identify or locate a suspect, fugitive, material witness or missing person with limitation as to disclosure of limited PHI. 164.512(f)(2)				
Policy for disclosure to law enforcement request about a patient who is or is suspected to be victim of crime if patient agrees to disclosure or if LEO makes specific representations.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
PUBLIC POLICY USES AND DISCLOSURES 164.512 (Continued)				
Policy for disclosure of PHI about patient who has died to law enforcement for purpose of alerting law enforcement of the health is CE believes death resulted from criminal conduct. 164.512(f)(4)				
Policy for disclosure to LEO of PHI that CE believes in good faith constitutes evidence of criminal conduct on the CE's premises. 164.512(f)(5)				
Policy for disclosure of PHI to LEO when CE provided emergency health care in a medical emergency (not on CE's premises) and CE needs to alert LEO as to commission and nature of a crime, the location of the crime, location of crime victim, or the identity, description, & location of the perpetrator of the crime. 164.512(f)(6)				
Policy for disclosure of PHI to coroner or medical examiner for purpose of identifying the deceased, determining the cause of death, or other duties authorized by law. 164.512(g)				
Policy for disclosure of PHI to Funeral Director as is consistent with applicable law. 164.512(g)				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
PUBLIC POLICY USES AND DISCLOSURES 164.512 (Continued)				
Policy for use & disclosure for cadaveric organ, eye or tissue donation or transplantation. 164.512(h)				
Policy for use & disclosure for research purposes - IRBs and Privacy Boards. 164.512(i)				
Policy for use & disclosures consistent with applicable law and standards of ethical conduct of PHI if CE believes in good faith the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public AND the use or disclosure is to a person reasonably able to prevent or lessen the threat or it is necessary for LEO to identify or apprehend an individual. Must address that uses or disclosures are not permitted in certain circumstances. 164.512(j)				
Policy for uses & disclosures for specialized government function regarding military and veterans activities. 164.512(k)				
Policy for uses & disclosures for specialized government function regarding national security and intelligence activities. 164.512(k)				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
PUBLIC POLICY USES AND DISCLOSURES 164.512 (Continued)				
Policy for disclosure of PHI to authorized federal officials for protective services of the President or other persons under specific federal law. 164.512(k)				
Policy for disclosure of PHI to correctional institution or LEO having lawful custody of an inmate or other individual if the correctional institution or Leo represents that PHI is necessary for certain purposes. 164.512(k)				
<i>if applicable</i> - policy for disclosure of PHI relating to eligibility for or enrollment in government program providing public benefits. 164.512(k)				
Policy for disclosure of PHI as authorized by law and to extent necessary to comply with worker compensation laws. 164.512(i)				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
MARKETING 164.501 & 164.508(a)(3)				
Policy that addresses when “marketing” can be made, how it can be made and the content of any marketing communication: <i>Signed Authorization Form Required</i>				
Policy as to content requirements of any newsletter or similar type of general communication.				
Policy as to determinations the CE must make if the marketing communication is a “face-to-face” communication made by a CE to an individual.				
Policy that addresses incidents of providing a gift of “nominal value” by the CE to the individual.				
FUNDRAISING 164.514(f)				
Policy that addresses <i>Notice of Privacy Practices</i> and that PHI will not be used unless required statement is in the <i>NPP</i> .				
Policy that addresses how individual can “opt out” of future fundraising communications.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
VERIFICATION REQUIREMENTS 164.514(h)				
Policy that addresses how to verify identity of person requesting PHI AND the authority of any such person (excludes disclosures under 164.510 for facility directories, family, and friends).				
Policy that requires CE to obtain any documentation, statements, or representations, whether oral or written, from the person requesting the PHI when such is a condition of disclosure under the HIPAA Privacy Rule.				
Policy that addresses the identity of public officials making request for PHI - agency identification badge, official credentials or other proof of government status.				
Policy that addresses that if the request is in writing that the request is on the appropriate government letterhead.				
Policy that addresses how to verify legal authority under which PHI is requested.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
RIGHT TO REQUEST RESTRICTION ON USES & DISCLOSURES OF PHI. 164.522				
Policy that addresses how individual can make request for restrictions on uses & disclosures of PHI.				
Draft "Request for Restrictions" form, if applicable.				
Policy how CE will process request for restrictions.				
Policy how CE will respond to individual making request for restrictions.				
Policy who can make decision to agree to a requested restriction.				
Policy that addresses limited use or disclosure for emergency treatment purposes. 164.522(a)(1)(B)(iii) & (iv).				
Policy that agreed to restrictions are not applicable for uses or disclosures permitted or required under 164.502(a)(2)(i) to an individual, 164.510(a) facility directory, or 164.512 public policy matters.				
Policy on how a CE may terminate an agreed to restriction.				
Policy that documentation is kept for 6 years under 164.530(j)				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
CONFIDENTIAL COMMUNICATIONS. 164.522(B)				
Policy how individual can request alternative mean of communication of PHI.				
Draft "Request for Confidential Communication" form, if applicable.				
Policy how CE will review and accommodate reasonable requests.				
Policy if CE will condition provision of a reasonable accommodation, when appropriate, information as to how payment, if any, will be handled.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
RIGHT TO ACCESS & OBTAIN COPY OF PHI. 164.524				
Policy of how individual can request either inspection of or obtain copy of that individual's PHI.				
Draft "Request for Access to or Obtain Copy of Protected Health Information" form, if applicable				
Policy relating to Psychotherapy Notes and written denial of access to and copying of same.				
Policy relating to written denial of access and copy of information compiled in reasonable anticipation of, or for use, in a civil, criminal, or administrative action or proceeding.				
Policy relating to written denial of access and copy of PHI subject to CLIA.				
Policy relating to written denial of copy of PHI of inmate's request if certain criteria are met.				
Policy relating to written denial of access to PHI created or obtained in course of research that includes treatment if certain criteria are met.				
Policy relating to written denial of access to PHI if records are subject to Privacy Act, 5 U.S.C. 522a.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
RIGHT TO ACCESS & OBTAIN COPY OF PHI. 164.524 (Continued)				
Policy relating to written denial of access if PHI obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonable likely to reveal the source.				
Policy how written denial without review is communicated to the requester.				
Draft denial letter with no right of review, if applicable.				
Policy how written denial with right of review is communicated to the requester.				
Draft denial letter with right of review, if applicable.				
Policy to process and appoint licensed health care professional (not involved in original denial) to review denial is review requested.				
Policy that uses designated time line to process request.				
Policy to send written statement of time extension with reason and date CE will complete its action of the request.				
Policy that establishes “reasonable, cost based fee” for copies.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
RIGHT TO ACCESS & OBTAIN COPY OF PHI. 164.524 (Continued)				
Policy how CE informs requester if request is granted, time & manner of access, form or format PHI will take, and reasonable, cost-based fee, if applicable.				
Policy that documents and retains the designated record set subject to access by individuals for 6 years. 164.530(j)				
Document and retain titles of persons or offices responsible for receiving and processing requests for access by individuals.				
Policy on contacting your Business Associates for compliance with the above. And obtaining a response from the BA.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
RIGHT TO REQUEST AMENDMENT OF PHI IN DESIGNATED RECORD SET. 164.526				
Policy as to how individual can request amendment of that individual's PHI in the CE's designated record set.				
Draft "Request for Amendment" form, if applicable.				
Policy to how and when a CE may deny a request.				
Draft a denial letter, if applicable, with required statements.				
Policy as to how a CE communicates a denial to the requester.				
Policy as to how a CE processes a request under the time lines.				
Policy as to how a CE communicates extension of time line to requester and content of letter.				
Draft an "extension" letter, if applicable.				
Policy as to how amendment is appended to the designated record set if amendment is granted.				
Policy as to how a CE communicates granting of amendment to a requester.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
RIGHT TO REQUEST AMENDMENT OF PHI IN DESIGNATED RECORD SET. 164.526 (Continued)				
Policy as to how CE informs and provides amendment within a reasonable time to persons identified by the individual who received PHI & need the amendment.				
Draft letter, if applicable, of amendment of PHI that is sent to persons identified by the individual.				
Policy as to how CE informs persons and Business Associates the CE knows have the PHI that is the subject of the amendment and may have relied, or could foreseeably rely, on the such information to the detriment of the individual.				
Draft letter, if applicable, of amendment of PHI that is sent to Business Associates and others that may have relied on the PHI and need the amendment.				
Policy as to individual's submission of "Statement of Disagreement" if CE denies the amendment & length of any "statement."				
Policy as to preparation of "Rebuttal Statement" by CE and copy of same to individual who submitted "Statement of Disagreement."				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
RIGHT TO REQUEST AMENDMENT OF PHI IN DESIGNATED RECORD SET. 164.526 (Continued)				
Policy that addresses how CE will identify the PHI that is the subject of the disputed amendment and append or otherwise link the individual's request for an amendment, the CE's denial of the request, the individual's statement of disagreement, if any, and the CE's rebuttal, if any.				
Policy that CE will include the "Statement of Disagreement" in future disclosures of the PHI to which the disagreement relates.				
Policy that if the individual has not submitted a "Statement of Disagreement" the CE will include the request and the CE's denial in any future disclosures of the PHI only if the individual has requested such action.				
Policy to process receipt of amendments to PHI received from other CEs.				
Document & retain the title of the persons or offices responsible for receiving and processing requests for amendments and retain the documentation as required by 164.530(j).				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
ACCOUNTING OF DISCLOSURES OF PHI. 164.528				
Policy how individual can request an accounting of disclosures of PHI made by CE in 6 years prior to date of request.				
Draft "Request for an Accounting" form, if applicable				
Policy as to how CE processes request for an accounting.				
Policy as to how a CE processes a request under the time lines.				
Draft letter, if applicable, of extension to requester.				
Policy that CE must temporarily suspend an individual's right to receive an accounting to a health oversight agency or LEO under certain circumstances, request made by such agency, if request is in writing or if not in writing for no more than 30 days.				
Policy as to how CE documents request to suspend accounting if such request is not in writing.				
Draft "Accounting " sheet showing required elements: date, name if person who received PHI (& address if known), description of PHI disclosed, brief statement of purpose of disclosure (or copy of written authorization or written request) .				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
ACCOUNTING OF DISCLOSURES OF PHI. 164.528 (Continued)				
Policy as to “reasonable, cost-based fee” for second and subsequent requests for an accounting in same 12 month period if Ce advises requester in advance.				
Document and retain for 6 years the information required to be included in an accounting and the written accounting provided to an individual.				
Document and retain the titles of the persons or offices responsible for receiving and processing requests for an accounting by individuals.				
Policy that “public health,” “abuse,” and “health oversight” disclosures are recorded on the accounting.				
Policy on contacting your Business Associates to determine compliance with above, any related disclosures by BA, and response from BA.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
TRAINING 164.530(b)				
Policy on training all members of workforce on policies and procedures with respect for PHI, as necessary and appropriate for workforce members to carry out their function.				
Policy that CE will provide training to each member of workforce no later than the compliance date for the CE.				
Policy that CE will provide training to new member of workforce within a reasonable period of time after the person joins the workforce.				
Policy that CE will provide training to each member of workforce whose functions are affected by a material change in the policies or procedures required by the HIPAA Privacy rule with a reasonable time after the material change.				
CE must document required training and retain it for 6 years under 164.530(j).				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
SAFEGUARDING PHI 164.530(c)				
CE must have in place appropriate administrative, technical, and physical safeguards to protect the privacy of PHI.				
Policy that addresses any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy standards, implementation specifications, or requirements of the HIPAA Privacy Rule.				
COMPLAINTS 164.530(d)				
Policy that CE provides process for individuals to make complaints concerning the CE's policies & procedures.				
Policy that CE documents & retains all complaints received for 6 years under 164.530(j)				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
SANCTIONS 164.530(e)				
Policy that CE has and will apply appropriate sanctions against workforce members who fail to comply with CE's privacy policies & procedures				
Policy that CE documents & retains for 6 years under 164.530(j) any sanctions that are applied.				
MITIGATION 164.530(f)				
Policy of how CE will mitigate any harmful effect that the CE knows about from a use or disclosure of PHI in violation of the CE's policies & procedures or the requirements of the HIPAA Privacy Rule by are committed by the CE or its Business Associate.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
INTIMIDATING OR RETALIATORY ACTS BY THE CE. 164.530(G)				
Policy that CE will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals for the following: the exercise of individual rights.				
..... for the filing of a complaint with the CE.				
..... for the filing of a complaint with the Secretary of HHS.				
..... for testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing related to HIPAA Privacy matters.				
.....for opposing any act or practice made unlawful by the HIPAA Privacy Rule, provided the individual has a good faith belief that the practice opposed is unlawful and the manner of the opposition is reasonable & does not involve a disclosure of PHI in violation of the HIPAA Privacy Rule.				
LIMITED DATA SETS 164.514(e)				
Policy that addresses use & disclosure of “limited data sets” AND includes a contract between the CE and the recipient.				
“Limited Data” use agreement / contract drafted and in place.				

POLICY	Date Comp.	Date Eff.	Policy #	NOTES
DESIGNATED RECORD SET				
Policy on the identification of what is considered to be in your Designated Record Set.				
INCIDENTAL USES & DISCLOSURES 45 C.F.R. 164.502(a)(1)(iii)				
Policy on reasonable safeguards under 45 C.F.R. 164.530(c) and minimum necessary standards, where required, under 45 C.F.R. 164.502(b) & 164.514(d) that limit incidental uses or disclosures.				

OTHER POLICIES	Date Comp.	Date Eff.	Policy #	NOTES