

MINNESOTA STATE UNIVERSITY MANKATO
Student Health Services / Health Education
Policy and Procedures for
Notice of Privacy Practices for Protected Health Information

Post the HIPAA Notice of Privacy Practices prominently in addition to the State of Minnesota notice, “Access to Health Records Practices and Rights” from the Minnesota Department of Health, which complies with requirements of Minn. Stat. Sect. 144.335, subd. 5a. An updated Minnesota Notice can be obtained by contacting the Minnesota Health Information Clearinghouse at 1-800-657-3793.

POLICY

It is the policy of Minnesota State University, Student Health Services that all patients know the possible uses and disclosures of their protected health information, their rights, and Minnesota State University, Student Health Services legal duties. “Protected health information” is any personally identifiable health information transmitted or maintained by Minnesota State University, Student Health Services in any form or medium, including electronic, or in a data base that relates to past, present, future physical or mental health services or payment. Employee records maintained by Minnesota State University, as an employer, and student records subject to FERPA are specifically excluded from the definition of “protected health information.”

The Notice of Privacy Practices promotes understanding of how the Minnesota State University Student Health Services will protect patients’ information, circumstances in which protected health information may be used and disclosed by Minnesota State University Student Health Services, patients’ rights, and Minnesota State University, Student Health Services obligations. Patients must be informed and, in writing, acknowledge receipt of this information at their first date of service on or after April 14, 2003. Acknowledgement of receipt of this Notice of Privacy Practices is in addition to, and does not replace, the requirement in Minnesota to obtain a patient’s consent for release of health information.

PROCEDURES

1. **Notice Must Be Distributed as Required by Law.** The Notice of Privacy Practices must be posted and made available as follows:
 - A. Make a copy available to any member of the public upon request.
 - B. Make a copy available to any patient who wants to take it away with them.

- C. Provide the Notice to patients, or their legal representatives, at or before the first date of service delivery, and make a good faith effort to obtain their written acknowledgement of receipt of the Notice. (See #2 below)
- D. It is permitted to mail or email a copy of the Notice in certain circumstances. See #2 below.
- E. Post the full Notice prominently in the Minnesota State University, Student Health Services office in plain view for patients to read.
- F. Post the full Notice on Minnesota State University, Student Health Services website if applicable.
- G. Optional: a summary of the full Notice may be used in addition to the full Notice that may encourage individuals to read further. (*A copy of the Notice of Privacy Practices is available in the clinic.*)

2. **Requirement to Acknowledge Receipt of the Notice.** The Notice must be given to every individual at the time of the first service delivery and Minnesota State University, Student Health Services must make a good faith effort to obtain the individual's written acknowledgement of receipt of the Notice.

- A. Identify the person or staff position responsible for obtaining the HIPAA-covered patients' signatures at the first visit or first contact on or after April 14, 2003, and, if a signature is not obtained, for documenting good faith efforts to follow up.
- B. Written acknowledgement of receipt of the Notice of Privacy Practices will occur with each patient on an annual basis. Upon entering the clinic patients complete a Patient History Form. This form will contain information about the Notice of Privacy Practices. At that time patients will be given a copy of the full Notice of Privacy Practice, given an abbreviated copy (if they request) and/or given a web address where a copy is available for their download convenience. They will then sign, indicating that they are aware of the privacy practices, and that information has been given to them in the form of their choosing.
- C. If patient refuses to sign, document request with staff member name and date and patient refusal in his or her medical record or other tracking method. If a person will not sign the Acknowledgment, Minnesota State University, Student Health Services may still provide treatment. *This is NOT the case with Consent; Minnesota State University, Student Health Services may refuse treatment if the Consent form is not signed because Minnesota Law requires Consent to release information from the health record for purposes of treatment, payment and health care operations.*
- D. The Notice may be mailed with request to sign the enclosed Acknowledgement form or "tear-off" or other option for documentation. MSU Student Health Services will document this mailing. If the individual does not mail back the acknowledgment, a good faith effort has been made. Mailing the Notice is appropriate if the first date of service is not a face-to-face visit or it is necessary to follow up the first

date of service when written acknowledgement was not obtained for reasons that must be documented.

- E. Obtain patient agreement to receive electronic mail. Electronic mail can be used to deliver the Notice as an automatic response to an individual's request for appointment, contemporaneously in response to service that is provided electronically, or as follow up to the first date of service when the individual is given a print copy but written acknowledgement is not obtained. The Notice that is mailed electronically must request return receipt or other return transmission. This is valid acknowledgement for the record.
3. **Combined Forms.** The Acknowledgement form may be combined with a consent form that meets Minnesota law but it cannot be combined with a HIPAA compliant authorization form or a waiver of rights or service or liability. A copy of this form is available in the clinic.
4. **Revisions of the Notice:** The Minnesota State University, Student Health Services must promptly revise and distribute its Notice whenever there is a material change to its privacy practices. Except as allowed specifically in law, a material change will not be implemented prior to the effective date of the changes to the Notice. The revision will only apply to PHI created or received after the effective date of the revision.
- A. Revisions must be highlighted for all patients who have already signed and acknowledged an earlier version.
 - B. Revised Notices must be distributed and posted in place of the former Notice, including the website. Identify the change.
 - C. Make copies of the Revised Notice for patients to have and take with them upon request.
 - D. All revisions must be documented and all versions of the Notice must be retained for six years after the last date that services were received at MSU Student Health Services.
5. **Documentation.** Documentation is required for the following:
- A. A copy of every posted version of the Notice of Privacy Practices, original and amended, must be retained for six years at MSU Student Health Services
 - B. Retain the signed and dated Acknowledgement of Receipt of the Notice you obtain from each patient at their first visit.
 - C. Retain and document your good faith efforts to obtain Acknowledgement if signature not obtained at first date of service.
6. **Content:** The Notice must be written in plain language and accurately describe the privacy practices of the MSU Student Health Services. Use examples that are relevant to the person receiving the information and specific to the services you provide.

Following are the required elements of a HIPAA compliant Notice of Provider Privacy Practices:

- A. The Notice must contain the following statement “THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”
- B. The Notice must inform patients as to how their health information may be used and disclosed and when their permission is required:
 1. Minnesota Law requires a signed Consent prior to release of any information in the patient’s health record, this includes release of information for purposes of treatment, payment, and health care operations. A copy of this consent form is available in the clinic
 2. The Notice must also describe the special circumstances in state and federal law that may require or permit a provider to release protected health information without patient permission. See “C” below.
 3. A separate statement for each of the following *if Minnesota State University, Student Health Services intends to engage in these activities*:
 - Contact the individual to provide appointment reminders;
 - Contact the individual to provide information about treatment alternatives or other health-related benefits or services of interest to the individual;
 - Fundraising.
 4. The Notice must inform the patient that the provider will get a specific HIPAA compliant authorization from the patient prior to releasing personal health information for any other purpose not described in the Notice and the patient must be informed that he/she may withdraw the authorization at any time.
- C. The Notice should provide the patient with sufficient detail about the following circumstances in state and federal law to understand that their health information may be disclosed without consent:
 1. For public health activities;
 2. To report abuse, neglect, or domestic violence;
 3. For health oversight activities
 4. For law enforcement activities;
 5. Concerning decedents;
 6. For organ, eye, or tissue donation purposes;
 7. To avert a serious threat to health or safety; and

8. For specialized government functions.
- E. The Notice must state the following rights of patients:
1. To request restrictions on certain uses and disclosures of their PHI;
 2. To receive confidential communications of PHI;
 3. To inspect and copy their PHI;
 4. To amend their PHI;
 5. To receive an accounting of PHI disclosures, other than disclosures related to treatment, payment, and health care operations;
 6. To obtain a paper copy of the Notice.
 7. To opt-out of fundraising communication.
 8. To require authorization for the use of marketing and sale of their PHI.
- F. The Notice must explain the Provider's duties to protect and maintain the privacy of PHI. Revisions to the Notice are allowed but the provider must abide by terms of the Notice in effect at the time. The Notice should have a statement to reserve the right to make revisions in practice and to make the new notice effective for all PHI. All versions of the Notice must be stored and retained for documentation for at least six years at Minnesota State University Student Health Services.
- G. The Notice must contain a statement that individuals may complain. Complaints may be made to Minnesota State University, Student Health Services, to the MSU HIPAA Privacy Officer or to the U.S. Department of Health and Human Services. The patient must be assured that there will be no retaliation.
- H. The Notice must contain the name, or title, and telephone number of the person or office to contact at Minnesota State University for further information.