


<b>Name of Policy:</b> <u>Joint Notice of Privacy Practices</u> <b>Policy Number:</b> 3364-90-09 <b>Approving Officer:</b> Executive Vice President of Clinical Affairs <b>Responsible Agent:</b> Privacy Officer Health Information Management Director Director of Patient Access <b>Scope:</b> Hybrid and Affiliate Covered Entity (ACE) of The University of Toledo	 <hr/> THE UNIVERSITY OF TOLEDO <b>Effective Date:</b> September 8, 2020 Initial Effective Date: April 14, 2003
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

A summary of the Joint Notice of Privacy Practices (Notice) will be available to all individuals seeking healthcare services with a University of Toledo Medical Center covered component and ACE (University). The notice will provide the uses and disclosure of protected health information (PHI), the patient’s rights and the University’s duties in regard to PHI. The Notice will be provided and signature required at the individual’s initial visit. The Notice will continue to be available upon request and posted in a prominent location.

**(B) Purpose of Policy**

The Notice will be provided to patients as required by Privacy Regulations and posted as required by the Notice, including the uses and disclosure of PHI as defined in CFR164.502(i) § 164.520 and §164.530 (j) the Notice of privacy practices protected health information.

**(C) Procedure**

1. The Notice will include all of the required elements set forth in the Privacy Regulations. The Notice will describe how a university healthcare provider may use and disclose an individual’s PHI and the healthcare provider’s legal duties with respect to PHI. The Notice will include the individual’s rights with respect to PHI including the complaint process, contact information, how a patient can obtain access to their PHI and other privacy practices.
  - a. Receipt of the Summary Joint Notice of Privacy Practices
    - i Every patient with a direct treatment relationship will be provided with the Notice at the initial visit. Patients will be asked to sign and date the Notice.
    - ii The signed copy of the Notice will be maintained by the Health Information Management Department in the patient’s medical record electronically stored in the information system.

- iii The Notice will be available to patients upon their request and posted in clear and prominent locations at all patient registration areas. The Notice also is available on the UTMC web site in a printable format.
- iv A copy of the Notice will be mailed to patients registering by phone who have not previously received a copy of the Notice. Patients will be instructed to return the signed form. The form will be scanned into the patient’s medical record and the signed form returned to the patient.
- v For emergent cases, the patient will be asked to sign the Notice as soon as practicable after the delivery of treatment.
- vi If an attempt has been made to provide the Notice but was unsuccessful, (such as the inability to communicate with the patient) the reason for the failure and the number of attempts must be documented on the form and it must be signed and dated.
- vii Patients who have additional questions regarding the Notice will be referred to the unit manager or the privacy officer.

b. Revisions

The Notice will be revised and distributed whenever there is a material change to the healthcare provider’s uses or disclosures, the individual’s rights, the healthcare provider’s legal duties, or other privacy practices. Also, changes in federal and state law may require a revision of the Notice.

A copy of the revised Notice will be made available upon request on or after the effective date of the revision, and if there is a physical delivery site, the provider must post the revised notice in a clear and prominent location.

<p><b>Approved by:</b></p> <p><u>/s/</u> <u>09/08/2020</u>                  Christopher Cooper, MD                  Executive Vice President of Clinical Affairs</p> <p><i>Review/Revision Completed By:</i>                  HAS                  HIPAA Committee                  Legal Affairs, HSC                  Compliance and Privacy Officer                  Medical Staff                  SLT</p>	<p><b>Review/Revision Date:</b>                  09/14/2005                  10/22/2008                  11/15/2010                  02/01/2014                  06/20/2016                  09/08/2020</p> <p><b>Next Review Date:</b>                  September 8, 2023</p>
<p><b>Policies Superseded by This Policy:</b> 7-90-9</p>	