

# Gastroenterology & Nutrition Clinics P.C.

Integrity Heights at Highland Park  
3040 Highlands Parkway, Suite C  
Smyrna, Georgia 30082  
Phone: 404 681-0000, Fax: 678-866-2538

## POLICY AND PROCEDURE

Office Manager	Effective Date	Revised Date	Section
Ms. Edith Montgomery	January 1, 2009 (implemented)	June 1, 2013	GASTROENTEROLOGY & NUTRITION CLINICS PC

Subject	HEALTH RECORDS – Health Insurance Portability and Accountability (HIPPA)
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Policy Statement	<p>GASTROENTEROLOGY &amp; NUTRITION CLINICS PC (The Company) should implement and follow the procedures necessary to become compliant with the portability and continuity of employees' and patients' health care insurance, to act in such a way as to limit abuse in the health care industry and simplify the administration of health insurance, and to promote medical savings accounts and long-term care Coverage. The purpose of this policy and GASTROENTEROLOGY &amp; NUTRITION CLINICS PC is to describe the background and implications of the Act and to outline areas of compliance by the company. This statement applies to the requirements outlined by the law and the regulations promulgated by the Department of Health and Human Services (DHHS) primarily regarding privacy and confidentiality. Requirements are far-reaching for healthcare transactions and administrative information systems. All healthcare organizations that maintain or transmit electronic health information, which is considered to be sensitive and protected, must comply. These requirements involve health plans, healthcare clearinghouses, and healthcare providers, from large integrated delivery networks to individual physician offices. A tighter, special protection for psychotherapy notes exists. The requirements for other healthcare transactions and administrative systems also apply to life insurers, billing agencies, information systems vendors, service organizations, and universities.</p>
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## II. DEFINITION

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Health Insurance Portability and Accountability Act of 1996 (HIPAA or also known as the Kennedy-Kassabaum Act) is a federal law that amends the Internal Revenue Code of 1986 to limit waste, fraud, and abuse in health insurance and health care delivery and to simplify the administration of health insurance. HIPAA, Public Law 104-191 was signed into law on August 21, 1996. Included in the law is a separate section intended to reduce the administrative costs of health care. HIPAA has varying implementation effective dates for different sections.

**Need to Know.** A security term used to define access requirements for sensitive or confidential information. The term implies that only those individuals that have a valid purpose or requirement should be allowed access to the information.

### III. RESPONSIBILITIES

The Managing Partner should oversee the implementation of all privacy controls, training, and compliance coordination.

The Office Manager should be the Benefits Coordinator and HIPAA Coordinator responsible for being familiar with HIPAA, ensuring that HIPAA rules and regulations are followed, and making sure that the company complies. According to the more than 1,000 pages of HIPAA regulations, the duties and responsibilities can be assigned to a person in an existing position and do not require having additional staff. The Benefit Coordinator should have the authority and responsibility to maintain records within the guidelines of HIPAA regarding privacy and confidentiality standards.

### IV. PROCEDURE

#### 1.0 Management

In general, privacy and confidentiality requirements address who has the right to access personally identifiable health information in the hands of covered entities, regardless of whether the information is or has been in electronic form.

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### 1.1 Privacy Standards

Patient privacy can be violated when protected health information and patient names are used in an unprotected manner such as being left on voice mail messages or telephone answering machines. Therefore, all employees should use their best efforts to limit the non-consensual use and release of private health insurance and restrict the disclosure of health information to the minimum needed for the intended purpose. Access to health-related records by researchers and others should be restricted to authorized personnel only. Patients should have the rights to access their medical records and to know who else has accessed them.

### 1.2 Consumer Control Over Health Information

For healthcare companies, the scope is broad. Under the final rule, patients have significant new rights to understand and control how their health information is used including:

- **Patient education on privacy protections.** Providers and health plans will be required to give patients a clear written explanation of how the covered entity may use and disclose their health information.
- **Ensuring patient access to their medical records.** Patients will be able to see and get copies of their records and request amendments. In addition, a history of non-routine disclosures must be made accessible to patients.
- **Receiving patient consent before information is released.** Health care providers who see patients will be required to obtain patient consent before sharing their information for treatment, payment, and health care operations. In addition, separate patient authorization must be obtained for non-routine disclosures and most non-health care purposes. Patients will have the right to request restrictions on the uses and disclosures of their information.
- **Providing recourse if privacy protections are violated.** People will have the right to file a formal complaint with a covered provider or health plan, or with HHS, about violations of the provisions of this rule or the policies and procedures of the covered entity.

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- **Boundaries on Medical Record Use and Release.** With few exceptions, such as appropriate law enforcement needs, an individual's health information may only be used for health purposes.
- **Ensuring that health information is not used for non-health purposes.** In general, disclosures of information will be limited to the minimum necessary for the purpose of the disclosure. However, this provision does not apply to the disclosure of medical records for treatment purpose because physicians, specialists, and other providers need access to the full record to provide quality care.
- **Accountability: Ensure the Security of Personal Health Information.** The final rule establishes the privacy safeguard standards that covered entities must meet, but it gives covered entities the flexibility to design their own policies and procedures to meet those standards. The requirements are flexible and scaleable to account for the nature of each entity's business, and its size and resources. Covered entities generally will have to:
- **Adopting written privacy procedures.** These include who has access to protected information, how it will be used within the entity, and when the information may be disclosed. Covered entities will also need to take steps to ensure that their business associates protect the privacy of health information.
- **Training employees and designating a privacy officer.** Covered entities will need to train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed.

### 1.3 Balancing Public Responsibility With Privacy Protections

In limited circumstances, the final rule permits—but does not require—covered entities to continue certain existing disclosures of health information without individual authorization for specific public responsibilities.

These permitted disclosures include: emergency circumstances; identification of the body of a deceased person; or the cause of death; public health needs; research, generally limited to when a waiver of authorization is independently approved by a privacy board or Institutional Review Board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security.

The Privacy Rule generally establishes new safeguards and limits for these disclosures. If there is no other law requiring that information be disclosed, covered entities will use their professional

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judgments to decide whether to disclose any information, reflecting their own policies and ethical principles.

### 1.4 Equivalent Requirements for Government Entities

The provisions of the final rule generally apply equally to private sector and public sector entities. For example, both private hospitals and government medical units have to comply with the full range of requirements, such as providing notice, access rights, and requiring consent for routine uses.

### 1.5 State Confidentiality Laws

As required by the HIPAA law itself, stronger state laws (like those covering mental health, HIV infection, and AIDS information) continue to apply. These confidentiality protections are cumulative; the final rule will set a national “floor” of privacy standards that protect all Americans. In some States, individuals require additional protection. In circumstances where States have decided through law to require certain disclosures of health information, the final rule does not preempt these mandates.

## 2.0 MEDICAL Records MAINTANCE

- 2.1 The Office Manager should see that all employees are trained in The Company’s privacy procedures and is the individual responsible for ensuring the procedures are followed.
- 2.2 The Office Manager should create two records. Patient medical records should be separate from the accounting file, which should only contain such documents as those relating to billing and administration.
- 2.3 The Office Manager should use Gastroenterology & Nutrition Clinics Patient Records Access logs for each set of records.
- 2.4 Psychotherapy notes (used only by a psychotherapist) are held to a higher standard of protection because they are not part of the medical record and are never intended to be shared with anyone else. These notes or records should be stored in their own place.

## 3.0 MEDICAL RECORDS Access

- 3.1 The Office Manager should adopt a written privacy procedure that identifies who has access to protected information, how it will be used within the entity, and when the information may be

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disclosed. Covered entities will also need to take steps to ensure that their business associates protect the privacy of health information.

- 3.2 Access to employee medical records should be limited to personnel with a “need to know” a patient. A “need to know” should govern access to all employees’ records, including separate personnel files. Those with a need to know typically include only those involved in making decisions about a patient.
- 3.3 Medical records, psychotherapy notes, and administration files should be reviewed regularly. Documents that are outdated or no longer relevant should be removed, as should documents that are misleading or inaccurate.
- 3.4 The Office Manager should create AMMSG109 Ex3 PATIENT RECORDS ACCESS LOG for each set of records—medical, psychotherapy, and personnel. Names of those who accessed each set or records should be available. The patient also has the right to know who accessed the records, when, and for what reason.
- 3.5 AMMSG109 Ex1 HIPAA AUTHORIZATION FORM and the information requested should be kept in each record.
- 3.6 To protect patient privacy, employees must take extra precautions, both in structures and in circumstances, not to inadvertently release patient information.
- 3.7 The AMMSG109 Ex2 NOTICE OF PRIVACY PRACTICES must state in easily understandable language how a patient’s information may be used. The notice must give examples of how the information may be shared, for instance, between a physician and a nurse or between a hospital and an insurer. The American Hospital Association has developed a model notice that is eight pages long, but there is no standard format.
- 3.8 Patients may choose to deny the provider from using their information for a variety of reasons. Patients can opt out of any portion of the notice.

### 4.0 Additional Information Resources

More information is available from the following resources:

- **HHS Office for Civil Rights (OCR)** Enforcement and compliance; OCR’s assistance to health-related entities, <http://www.hhs.gov/ocr/hipaa>
- **HIPA Advisory, Phoenix Health Systems**, Capitalizing on HIPAA Compliance, <http://www.hipaadvisory.com/action/compliance/caponhipaa.htm>;

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- HIPAA compliance, Implementation Summary: 25-Point Action Overview, <http://www.hipaadvisory.com/action/SummaryActionPlan.htm>;
- Action Resources for The Final Privacy Rule as published in the *Federal Register* on December 28, 2000, <http://www.hipaadvisory.com/action/privacy/>
- HIPAA FAQs: General Issues, [http://www.hipaadvisory.com/action/faqs/FAQ\\_General.htm](http://www.hipaadvisory.com/action/faqs/FAQ_General.htm)
- HIPAA Primer, <http://www.hipaadvisory.com/regs/HIPAAprimer1.htm>

V. LOCAL IMPLEMENTING PROCEDURES REQUIRED: YES

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