



Anderson Integrative Medicine, PLLC
3031 S. Russell St. Missoula, MT 59801
Phone: (406) 493-0712 Fax: (406) 327-6702
email: matt@andersonmedicine.com

Osteophysiology, PLLC d/b/a Anderson Integrative Medicine

HIPAA PRIVACY POLICY

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1. Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH), and their implementing regulations (collectively referred to herein as HIPAA), impose certain restrictions on a health care provider's use and disclosure of patients' Protected Health Information (PHI).

For purposes of this Privacy Policy, PHI means information that is created or received by Anderson Integrative Medicine (the "Practice"), as a Covered Entity, which relates to the past present, or future physical or mental health condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual, or for which there is a reasonable basis to believe the information can be used to identify the individual.

It is the policy of this Practice to comply fully with HIPAA's requirements, and these policies.

This is a solo practice, therefore, the HIPAA Privacy Officer is Matthew Anderson, FNP. The Privacy Officer is the contact person for patients who have questions, concerns or complaints about PHI privacy at the Practice. The Privacy Officer's contact information is set out below.

2. Notice of Privacy Practices

A Notice of Privacy Practices will be given to every patient. The Notice of Privacy Practices is the official description of:

- How the Practice uses Protected Health Information (PHI);
- When the Practice may disclose PHI;
- The rights of the patient with respect to PHI; and
- The Practice's legal duties with regard to PHI.

The Notice of Privacy Practices, or a summary of the same, is posted in a prominent location accessible to patients/clients. The complete Notice of Privacy Practices will be made readily available upon request to existing patients.

A copy of the Notice of Privacy Practices must be offered to the client/patient at the time of the first service delivery. If treatment is first rendered in an emergency, the Notice is given as soon as reasonably practicable after resolution of the emergency.



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The person giving the Notice shall ask the client/patient to sign a written acknowledgement of receipt. If the client/patient refuses or is unable to sign, the circumstances will be documented on the acknowledgement form. The acknowledgement form will be retained in the patient's/client's record for six (6) years.

The Notice will be revised whenever there is a material change to uses or disclosures of information, the individual's rights, the Practice's legal duties or other privacy practices stated in the Notice. The revised Notice will be made available at the service delivery site for continuing patients to take with them upon request.

3. Authorizations

The Practice may use and disclose an individual's PHI only pursuant to a written Authorization of the patient or the patient's Personal Representative with the following exceptions:

- for treatment, payment or health care operations;
- as mandated or permitted by law (see Notice of Privacy Practices);
- for certain research purposes;
- de-identified PHI or limited data sets

Except as set forth above, a patient or patient's Personal Representative must sign a HIPAA authorization before the Practice may use or disclose the patient's PHI. For example, the following disclosures would require a signed authorization:

- request from a patient's attorney;
- life insurance company requests;
- camp or school physical forms (if such form will be released to anyone other than the parent);
- use of PHI for a clinical trial;
- use of PHI for marketing;
- use of PHI for fundraising.

4. Business Associates



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Prior to any Protected Health Information (PHI) being shared with a Business Associate, there must be a written agreement between the Practice and the Business Associate under which the Business Associate must appropriately safeguard the PHI and comply with the Privacy and Security Standards and the Practice's Privacy Policies. A Business Associate must comply with the Privacy and Security Standards and the Practice's Privacy Policies to the same extent, and is subject to the same penalties, as the Practice.

A Business Associate is a person or entity, other than a member of the workforce of the Practice, who performs functions or activities on behalf of, or provides certain services to, the Practice that involve access by the Business Associate to PHI, including the creation, reception, transmission or maintenance of PHI.

Examples of functions involving the use or disclosure of PHI:

- Claims processing or administration
- Data processing or administration
- Utilization review, quality assurance or patient safety activities
- Billing
- Practice management

Examples of services where a person or organization may need access to PHI:

- Legal services
- Accounting services
- Consulting services
- Management services
- Administrative services
- Accreditation services
- Financial services

Persons or organizations providing these services are Business Associates only if they need more than just an incidental access to PHI in order to perform the services or if they maintain PHI on behalf of the Practice and have the persistent opportunity to access such PHI.

An individual person may be a Business Associate. However, an employee or other member of the workforce of the Practice is not a Business Associate.

A Covered Entity may be a Business Associate of the Practice if it performs Business Associate services for the Practice.



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A subcontractor that creates, receives, maintains or transmits PHI on behalf of another Business Associate is a Business Associate of each Business Associate.

A Business Associate Agreement is not required if the Business Associate is a health care provider performing functions or providing services for purposes of treating a patient.

The Business Associate Agreement will comply with the requirements of HIPAA and HITECH. A sample Business Associate Agreement is attached.

5. Breach Notification

A breach notification will be conducted when a breach of unsecured PHI has occurred.

Unsecured PHI is PHI that is not encrypted or has not been otherwise physically destroyed (by shredding, burning etc.).

A breach is defined as the impermissible acquisition, access, use or disclosure of PHI which compromises the security or privacy of the PHI. An impermissible use or disclosure of PHI is *presumed* to be a breach unless the Practice or Business Associate demonstrates that there is a low probability that the PHI has been compromised.

The Practice will consider the following four factors in determining the probability that the PHI has been compromised:

- The nature and extent of the PHI involved, including the types of identifiers and likelihood of reidentification;
- The unauthorized person who used the PHI or to whom the disclosure was made;
- Whether the PHI was actually acquired or viewed; and
- The extent to which the risk to the PHI has been mitigated.

A breach of PHI is “discovered” on the first day the breach is known (including breaches by a Business Associate) by the Practice.

A breach shall not be deemed to have occurred if:

- The acquisition, access, or use of PHI was unintentional, was made by an employee or individual acting under the authority of the Practice or Business



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Associate, was made in in good faith and within the scope of authority, and does not result in further use or disclosure in an unauthorized manner;

- The disclosure was inadvertent, was made by a person authorized to access the PHI at the Practice or Business Associate, was made to another person authorized to access PHI at the same organization, and does not result in further use or disclosure in an unauthorized manner; or
- The disclosure of PHI was made to an unauthorized person who would not reasonably have been able to retain such information.

If a breach has occurred, an investigation shall be conducted to determine what information has been breached, when the breach occurred, and how many individuals have been affected.

If breach notification is required, a notice to the individual(s), HHS, and the media, as applicable, shall be made no later than 60 calendar days after the discovery of the breach by the Practice or Business Associate.

If a law enforcement official states that a notification would impede a criminal investigation the organization shall:

- Delay notification as specified by the official in writing, or;
- If the statement is made orally, document the statement and delay notification no longer than 30 days from the date of the oral statement, unless a written statement is delivered during that time.

The notice to the individual(s) must contain the following information:

- Brief description of what happened, including the date of the breach and the date of the discovery of the breach;
- A description of the type of unsecured information involved in the breach (Social Security number, name, address, patient ID number etc.);
- Any steps the individual should take to protect themselves from the breach;
- A description of what is being done to investigate the breach and mitigate any damage;
- Contact information for the Practice so that patients may receive further information.

Notice to individuals shall be provided by first class mail to the individual at their last known address, or if agreement has been given by the individual, by e-mail. Additional information should be provided as it becomes available. If the individual is



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deceased, information should be provided to the next-of-kin, if known. If contact information for the individual is available and the individual and the Practice have previously agreed, the Practice may notify the individual via telephone or verbally. The Practice must document the conversation.

If there is insufficient or out-of-date contact information that prevents proper notice by first class mail, substitute notice may be provided as follows:

- If there are less than 10 individuals, notice may be provided by alternate means (telephone, e-mail etc.);
- If there are 10 or more individuals, substitute notice shall be in the form of a conspicuous posting on the home page of the Covered Entity or Business Associate's website for a period of 90 days, or a conspicuous notice in major print or broadcast media in the Practice's geographic area. This notice shall include a toll free number where the individual can learn more information;
- If notification requires urgency because of possible imminent misuse of PHI, notification may be provide by telephone or other appropriate means.

Notice shall be provided to the media when the breach of unsecured PHI affects more than 500 patients. Notice shall be provided in the form of a press release.

Notice shall be provided to the Secretary of the Department of Health and Human Services through the use of a form posted at www.hhs.gov, or by letter to the Secretary notifying the Secretary of the breach.

- For breaches affecting 500 or more individuals, the organization shall notify the Secretary within 60 days as instructed at www.hhs.gov;
- For breaches involving less than 500 individuals, the Practice or Business Associate shall maintain a log and submit this log annually to the Secretary, no later than 60 days following the end of each calendar year in which the breach was discovered. Instructions for submitting the log are provided at www.hhs.gov.

Regardless of the number of individuals affected, a log shall be kept documenting all breaches of unsecured PHI. A copy of the Breach Notification Log is attached.

Individuals may file complaints regarding a breach or other confidentiality issues to the Privacy Officer, Matthew Anderson, by calling (406) 493-0712 or emailing matt@andersonmedicine.com



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The Practice will not intimidate or retaliate in any way against any individual who exercises their rights under HIPAA. The Practice cannot compel any individual to waive their privacy rights.

6. Accounting for Disclosures

The patient has the right to request a list of disclosures of his/her PHI made within the last six years prior to the date on which the accounting is requested.

Requests for an accounting of disclosures must be made in writing. All requests should be sent to Matthew Anderson, FNP, 3031 S. Russell St. Missoula, MT 59801

The following disclosures do not need to be included in the accounting:

- To carry out treatment, payment or healthcare operations
- To individuals of their own PHI
- Pursuant to an authorization
- Incident to a use or disclosure otherwise permitted or required by the Privacy Standards
- To a family member, or to any other person identified by the individual, of information directly relevant to such person's involvement with the individual's care;
- To notify a family member or another person of the individual's location or general condition;
- As part of a "limited data set" (as defined by the Privacy Standards)
- To correctional institutions or law enforcement officials
- For national security or intelligence

Upon receipt of a patient request, an accounting of disclosures must be provided. The list of disclosures must include:

- Date;
- Name and address of the person or entity who received the information;
- Brief description of the information disclosed;
- Purpose of the disclosure.

The request must be responded to within 60 days. However, if the Practice is unable to respond to the request in 60 days, the response time may be extended one time by up to 30 additional days. In this case, the Practice must notify the patient within the original 60-day deadline of the date by which the Practice will respond to the request, and the reason for the delay.



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The patient is entitled to one accounting of disclosures without charge during any 12-month period. A reasonable cost-based fee may be charged for additional accountings.

If there are disclosures to a health oversight or law enforcement agency that must be accounted for, the patient's/client's right to receive a listing of disclosures may be temporarily suspended upon request of the agency, for no more than 30 days.

7. Request for Restrictions

A patient may request that the Practice restrict use or disclosure of PHI for purposes of treatment, payment and health care operations, and may request a restriction on information given to family members, friends, and others involved in his or her care.

Requests for restrictions on the use of PHI for treatment, payment and health care operations must be made in writing. The Practice Privacy Officer may accept or reject the request, in his/her discretion (consistent with other applicable law and ethical requirements), for any reason, except as provided in the following paragraph.

The Covered Entity must comply with the request if:

- A patient requests a restriction on the disclosure of PHI to a health plan for purposes of carrying out payment or health care operations,
- The disclosure is not otherwise required by law, and
- The disclosure concerns PHI which pertains solely to a health care item or service for which the Practice has been paid out of pocket by the patient in full.

8. Requesting Amendment of PHI

A patient may request that his/her records be amended. All requests for amendment will be in writing, sent to the Privacy Officer. The Privacy Officer will consult with the author of the record and may accept or reject the request.

The patient will be notified in writing within 60 days of the written request whether the amendment is accepted. If the Practice is unable to act on the request for amendment within 60 days of receipt of the request, there will be a one-time 30 day extension and the patient will be notified in writing.

A request for amendment may be denied if the Practice determines that the PHI (1) is accurate and complete; (2) was not created by the Practice, unless the individual provides a reasonable basis to believe that the originator of the PHI is no longer available



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to act on the requested amendment; (3) is not part of the designated record set; (4) would not otherwise be available for inspection under HIPAA. Notice of denial of the request in whole or in part, will include the following:

- (1) The basis for denial;
- (2) A statement that the patient has a right to submit a written statement disagreeing with the denial (to which the Practice may prepare a written rebuttal);
- (3) A statement that if the patient does not submit a statement of disagreement, the patient may request the Practice include the patient's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment;
- (4) The right of the patient to file a complaint with the Practice or the DHHS.

If the patient submits a statement of disagreement, the Practice will include, with any future disclosure of PHI, the following

- The patient's written request for amendment
- The Practice's denial letter
- The patient's statement of disagreement, if any
- The Practice's written rebuttal, if any.

9. Complaints and Questions

Any questions or complaints about the Practice's Privacy Practices may be directed to the Privacy Officer:

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or to the Secretary, U. S. Department of Health and Human Services:

<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>; or
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>