 <p>Heritage Provider Network & Affiliated Medical Groups</p>	Program: HIPAA Compliance			
	Policy No.	Effective Date: 01/01/2012	Page - 1 -	
	Authored by: Compliance Sub Committee	Date: 01/01/2012	Revised by: Sandy Finley	Date: 02/02/2015
	Approved by: Compliance Committee	Date: 02/02/2015		
Title of Policy: Protected Health Information				

PURPOSE:

To provide a basic understanding of what constitutes Protected Health Information (PHI).

POLICY:


1. *Medical Information* is defined as any individually identifiable information, whether oral or recorded in any form or medium, in possession of or derived from a provider of health care service regarding a patient’s current, past or future medical status, mental or physical condition, or treatment.
2. *Individually Identifiable* is defined as medical information that includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, all geographic subdivisions smaller than a state (including street address, city, county precinct, zip code), all elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, date of death), telephone number, fax number, electronic mail address, social security number, medical record number or health plan beneficiary numbers. This also includes information that alone or in combination with other publicly available information (such as voter registration records, certificate/license numbers, property ownerships records, Web Universal Resource Locators (URLs), Internet Protocol (IP) address numbers, Biometric identifiers, including finder and voice prints, full face photographic images and any comparable images, any other unique identifying number, characteristic etc.) reveals the identity of the individual.
3. It is strictly prohibited to require a patient to sign, as a condition to receive health care services, an authorization, release, consent, or waiver permitting disclosure of medical information subject to confidentiality protection under the law.

RESPONSIBILITY:

Compliance Officer and Corporate Compliance Officer.

PROCEDURES:

1. The Notice of Health Information Practices will be provided to all new patients during the New Patient Registration process and no later than the date of the patients’ first service delivery. The signed form will be placed in the medical record with other registration forms, or forwarded to Health Information Management for filing into the medical record.
2. All current patients will be given this notice when they present for their first appointment after the date of implementation. This process will continue until a reasonable effort has been made to notify the patient population.

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3. Schedulers should ask the patients if they have previously signed this notice. The notice should not be signed on subsequent visits. Any duplicates will be destroyed by the HIM staff as confidential waste.
4. These procedures will also be followed for patients presenting for the first time to the clinic. The notice will remain with these records.
5. The patients may be given either a copy or an unsigned form to take home.
6. This notice will be posted in the main waiting room areas, and electronically on the Heritage Provider Network and the Affiliated Medical Groups' websites.

REFERENCE:

Confidentiality of Medical Information Act, HIPAA Privacy Rules
(Civil Code Section 56 et seq., AB 2414, SB 19, SB 2094, CFR 164.512)