

# UConn HEALTH

POLICY NUMBER 2003-12

November 19, 2018

**POLICY: PRIVACY PRACTICES: UCONN HEALTH NOTICE TO PATIENTS  
(Privacy & Security of Protected Health Information (PHI))**

**PURPOSE:**

Per the requirements of the Health Insurance Portability and Accountability Act (HIPAA), UConn Health has established and disseminates a Notice of Privacy Practices (the “Notice”) to inform patients of how their protected health information is used and disclosed, their rights, and how to exercise those rights. The Notice also provides a reminder to UConn Health staff working with patients about UConn Health practices and patient rights under HIPAA.

**SCOPE:**

Applies to all UConn Health workforce:

- Employees (including faculty and staff)
- Volunteers
- Students and residents
- Temporary staff
- Agency and contracted staff
- Credentialed staff
- Members of the Board of Directors

**POLICY STATEMENT:**

1. UConn Health shall maintain a Notice that contains:

- A description of uses and disclosures that UConn Health is permitted to make for treatment, payment and healthcare operations.
- A description of uses and disclosure made without patient authorization.
- A description of which uses are required by law and which are permitted by law.
- A description of other uses and disclosures for which UConn Health will seek patient authorization.
- An explanation regarding appointment reminders, treatment alternatives or other health related benefits/services.
- An explanation regarding contacting the patient to raise funds.
- An explanation of UConn Health’s duties under this law.
- An explanation of the patient’s right to revoke authorization.

- The patient's right to request restrictions, that UConn Health may or may not be, obligated to accept.
- The patient's right to request restrictions on disclosures to a Health Plan when restricted services are paid in full out of pocket.
- The patient's right to confidential communications.
- The patient's right to inspect and/or request copies (including records in electronic format for records that are maintained electronically) of the information in the medical record and to request amendments.
- The patient's right to an accounting of disclosures made of his/her medical information.
- General procedures for how patients may exercise these rights.
- A contact name (or office) and telephone number to contact UConn Health for complaints.
- A statement that the individual will not be retaliated against for complaints.
- A statement that the patient may complain to the Secretary of DHHS.
- The effective date of the version of the Notice.

2. UConn Health shall promptly ensure that the Notice is disseminated:

- to all new patients upon first delivery of service
- to all past patients at the first instance of service delivery after any revision to the Notice
- by posting the Notice prominently for patients and visitors to see (*i.e.*, in registration areas, patient care areas, waiting rooms, Office of Patient Relations)
- by posting the Notice on its website
- to any patient requesting the Notice electronically

However, the Notice does not apply to inmates of correctional institutions and shall not be provided to such inmate patients.

3. The Office of Privacy Protection and Management shall review the Notice on an annual basis and make revisions to the Notice when material change to the uses or disclosures, individual patient rights, UConn Health's legal duties, or other privacy or data security practices of UConn Health are to occur. If any changes or revisions are made to the Notice, UConn Health will again disseminate that new information to all patients/staff.
4. The Notice and any changes shall be reviewed by the UConn Health policy committees.
5. The Notice shall be reviewed with all staff members upon hire and again whenever a material change in the Notice is made.
6. The Office of Privacy Protection and Management shall retain the Notice, this policy and any policies and procedures related to the Notice for six (6) years from the date of their creation or the date when last in effect, whichever is later.

7. Except in emergency treatment situations, UConn Health shall document good faith efforts to provide patients with the Notice, and seek written acknowledgment that the patient has received the Notice, at the first delivery of service and upon first delivery of service after any revision to the Notice by:
- a) Asking each patient to sign an acknowledgement of receipt of the Notice utilizing UConn Health's Consent to Treat forms process.
  - b) Entering into registration database the date of signature of patient's acknowledgement of receipt or that patient refused to sign the acknowledgement and date.
  - c) Maintaining a copy of the signed acknowledgement in patient's medical/dental record.
8. In an emergency treatment situation, UConn Health shall follow the process stated in section 7. above as soon as reasonably practicable after the emergency treatment situation.

References: -§ 164.520 Health Insurance Portability and Accountability Act of 1996  
-UConn Health Notice of Privacy Practices - <http://health.uconn.edu/disclaimersprivacy/>  
-UConn Health Policy #[2003-13 Consent to Treatment](#)

Attachment: [HCH 901 Consent to Treatment and Use and Disclosure of Health Information](#)

Rachel Rudnick (Signed)

11/19/2018

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**Rachel Rudnick, JD, CIPP/US**  
**Associate Vice President/Chief Privacy Officer**

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**Date**

Andrew Agwunobi (Signed)

11/19/2018

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**Andrew Agwunobi, M.D., M.B.A.**  
**Chief Executive Officer,**  
**UConn Health Executive Vice President for Health Affairs**

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**Date**

**Originally Issued: April 14, 2003**

**Revised: 3/28/05, 9/17/13, 11/19/18**

**Reviewed: 1/29/08 w/o changes**