

UConn HEALTH

POLICY NUMBER 2014-10
February 17, 2015

**POLICY: NOTICE OF PRIVACY PRACTICES: ACKNOWLEDGEMENT OF RECEIPT
(PRIVACY & SECURITY OF PROTECTED HEALTH INFORMATION (PHI))**

SCOPE: This policy applies to all patients of UConn Health, except for Correctional Managed Health Care patients.

POLICY STATEMENT:

UConn Health makes a good faith effort to obtain written acknowledgment of the patient's receipt of the Notice of Privacy Practices (NOPP) by signature on the [HCH901](#) form.

1. Acknowledgment of Receipt of NOPP

For purpose of acknowledgement of receipt of the NOPP, the HCH901 form should be signed by patients (except CMHC patients) at the time first health care service is delivered at UConn Health and at the next health care service following any revision date of UConn Health's NOPP.

If a patient is unable to sign the form, staff will make a good faith effort to obtain the signature of the patient / patient representative at a later date.

2. Declination / Refusal to acknowledge receipt of NOPP

UConn Health staff documents on the form the individual's refusal to sign.

3. Documentation to be maintained

The HCH901 form will be retained in the patient's UConn Health record.

References:

§164.520 Health Insurance Portability and Accountability Act of 1996

[HCH901](#)

UConn Health Policy #2003-14 [Patient Right to Request Restrictions of Use and Disclosure of PHI](#)

Iris Mauriello (Signed)

3/5/15

Iris Mauriello
Compliance Integrity/Privacy Officer

Date

Andrew Agwunobi (Signed)

3/10/15

Andrew Agwunobi, M.D., M.B.A.
Interim Executive Vice President for Health Affairs

Date

NEW POLICY – 2/17/15, Replaces portions of Policy 2003-13