

**NOTICE OF PRIVACY PRACTICES  
FOR PROTECTED HEALTH INFORMATION**  
[45 CFR 164.520]

**Background**

The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights.

**How the Rule Works**

General Rule. The Privacy Rule provides that an individual has a right to adequate notice of how a covered entity may use and disclose protected health information about the individual, as well as his or her rights and the covered entity's obligations with respect to that information. Most covered entities must develop and provide individuals with this notice of their privacy practices.

The Privacy Rule does not require the following covered entities to develop a notice:

- Health care clearinghouses, if the only protected health information they create or receive is as a business associate of another covered entity. See 45 CFR 164.500(b)(1).
- A correctional institution that is a covered entity (e.g., that has a covered health care provider component).
- A group health plan that provides benefits only through one or more contracts of insurance with health insurance issuers or HMOs, and that does not create or receive protected health information other than summary health information or enrollment or disenrollment information.

See 45 CFR 164.520(a).

Content of the Notice. Covered entities are required to provide a notice in *plain language* that describes:

- How the covered entity may use and disclose protected health information about an individual.
- The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity.
- The covered entity's legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of protected health information.
- Whom individuals can contact for further information about the covered entity's privacy policies.

The notice must include an effective date. See 45 CFR 164.520(b) for the specific requirements for developing the content of the notice.

A covered entity is required to promptly revise and distribute its notice whenever it makes material changes to any of its privacy practices. See 45 CFR 164.520(b)(3), 164.520(c)(1)(i)(C) for health plans, and 164.520(c)(2)(iv) for covered health care providers with direct treatment relationships with individuals.

#### Providing the Notice.

- A covered entity must make its notice available to any person who asks for it.
- A covered entity must prominently post and make available its notice on any web site it maintains that provides information about its customer services or benefits.
- *Health Plans* must also:
  - Provide the notice to individuals then covered by the plan no later than April 14, 2003 (April 14, 2004, for small health plans) and to new enrollees at the time of enrollment.
  - Provide a revised notice to individuals then covered by the plan within 60 days of a material revision.
  - Notify individuals then covered by the plan of the availability of and how to obtain the notice at least once every three years.
- *Covered Direct Treatment Providers* must also:

- ▶ Provide the notice to the individual no later than the date of first service delivery (after the April 14, 2003 compliance date of the Privacy Rule) and, except in an emergency treatment situation, make a good faith effort to obtain the individual's written acknowledgment of receipt of the notice. If an acknowledgment cannot be obtained, the provider must document his or her efforts to obtain the acknowledgment and the reason why it was not obtained.
  - ▶ When first service delivery to an individual is provided over the Internet, through e-mail, or otherwise electronically, the provider must send an electronic notice automatically and contemporaneously in response to the individual's first request for service. The provider must make a good faith effort to obtain a return receipt or other transmission from the individual in response to receiving the notice.
  - ▶ In an emergency treatment situation, provide the notice as soon as it is reasonably practicable to do so after the emergency situation has ended. In these situations, providers are not required to make a good faith effort to obtain a written acknowledgment from individuals.
  - ▶ Make the latest notice (i.e., the one that reflects any changes in privacy policies) available at the provider's office or facility for individuals to request to take with them, and post it in a clear and prominent location at the facility.
- A covered entity may e-mail the notice to an individual if the individual agrees to receive an electronic notice.

See 45 CFR 164.520(c) for the specific requirements for providing the notice.

#### Organizational Options.

- Any covered entity, including a hybrid entity or an affiliated covered entity, may choose to develop more than one notice, such as when an entity performs different types of covered functions (i.e., the functions that make it a health plan, a health care provider, or a health care clearinghouse) and there are variations in its privacy practices among these covered functions. Covered entities are encouraged to provide individuals with the most specific notice possible.
- Covered entities that participate in an organized health care arrangement may choose to produce a single, joint notice if certain requirements are met. For example, the joint notice must describe the covered entities and the service

delivery sites to which it applies. If any one of the participating covered entities provides the joint notice to an individual, the notice distribution requirement with respect to that individual is met for all of the covered entities. See 45 CFR 164.520(d).

### **Frequently Asked Questions**

To see Privacy Rule FAQs, click the desired link below:

**FAQs on Notice of Privacy Practices**

**FAQs on ALL Privacy Rule Topics**

(You can also go to [http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std\\_alp.php](http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php), then select "Privacy of Health Information/HIPAA" from the Category drop down list and click the Search button.)

# **CLOW STAMPING COMPANY**

## **HIPAA**

### **PRIVACY POLICY AND PROCEDURE**

**April 15, 2004**

The following privacy policies and procedures implement Clow Stamping Company's obligation to comply with the standards and requirements of HIPAA.

The purpose of this statement is to acknowledge that Clow Stamping, on behalf of its health plan, has implemented the required privacy policies and procedures.

These policies were implemented and effective on April 15, 2004.

The Personnel Manger, Twyla Flaws, is the Privacy Official and is responsible for all ongoing activities related to the development, implementation, maintenance and compliance with the Clow Stamping Company policies and procedures and state and federal regulations regarding protected health information.

## PRIVACY OFFICIAL

### Policy

We are committed to ensuring accountability for our privacy program and privacy efforts.

### Procedure

We have designated Twyla Flaws as our **Privacy Official**. This person will have the following responsibilities:

- Implementing privacy policies and procedures
- Exercising the day to day responsibility of HIPAA compliance

We have designated Twyla Flaws as our **Contact Person**. This person will have the following responsibilities:

- Receiving complaints related to privacy matters.
- Provide further information about the Notice of Privacy Practices.

Note: This documentation will be maintained for six years after it is last in effect.

## **NOTICE OF PRIVACY PRACTICES**

### **Policy**

Clow Stamping Company Self Insurance is committed to notifying health plan participants of our privacy practices, as required, under HIPAA.

### **Procedure**

- Clow Stamping Company Self Insurance maintains a Notice of Privacy Practices. This Notice explains our uses and disclosures of protected health information and the rights of employees and their dependents with respect to that protected
- We provide a copy of the Notice to our workforce by payroll stuffer. In addition, copies of the Notice are available by contacting Twyla Flaws, the Privacy Official.
- We promptly revise the Notice whenever there is a material change to the uses or disclosures, the individual's rights, the covered entity's legal duties or other privacy practices stated in the Notice.
- We distribute the revised Notice promptly.
- At Least once every three years, we notify all individuals covered by our health plan of the availability of the Notice and how to obtain it.

## **RIGHT TO ACCESS PROTECTED HEALTH INFORMATION**

### **Policy**

Clow Stamping Company Self Insurance permits an individual to access (inspect and copy) his or her protected health information (PHI). We permit this for as long as we maintain the PHI in designated record sets. This inspection and copying also applies to PHI maintained in designated record sets by our business associates.

Clow Stamping Company self insurance responds to the employee's request for access within 30 days.

### **Procedures**

- We request that an individual who wishes to access his PHI fill out the Access Request Form and provide that form to our privacy official 30 days before he or she wants to view the PHI.
- In the event the individual wishes access to his or her PHI immediately, we require them to fill out the Access Request Form and provide that form to our privacy official. Our privacy official will try to expedite the request.
- We reserve the right to charge a reasonable, cost-based fee for copying the mailing (if applicable) the requested PHI. A fee would also apply if we are asked to prepare a summary or explanation of the PHI. However, we will not charge for simply retrieving the PHI or processing the request.
- We always inform the individual of the charges in advance.
- We will provide a private area to allow the individual to view his or her PHI.
- If requested, we will provide a copy of the PHI for the individual.



## **RIGHT OF DENIAL WITHOUT REVIEW**

### **Policy**

Clow Stamping Company may deny access to the information, including copies, listed below. (The individual will also not be allowed an opportunity for a review of the denial.):

- Psychotherapy notes
- Information compiled in reasonable anticipation of (or for use in) a civil, criminal, or administration action or procedure.
- Certain PHI maintained by covered entity that is subject to or exempted from the Clinical Laboratory Improvements Amendments of 1988 (CLIA).
- PHI obtained in the course of research that includes treatment of the research participants.
- PHI obtained from someone other than a health care provider under a condition of confidentiality, and following access would likely reveal the source of the information.
- PHI subject to the Privacy Act of 1974.

## **RIGHT OF DENIAL WITH INDEPENDENT REVIEW**

### **Policy**

We may deny access to PHI that a licensed health care professional has determined is reasonably likely to:

- Endanger the life or physical safety of the participant or another person.
- Cause substantial harm to another person who is mentioned in the PHI
- Cause substantial harm to another person if the individual's personal representative is granted access to the PI.

If we deny access because of this, we:

- Inform the individual in writing, on our Denial of Access to PHI form, of their right to an independent review of the procedures for exercising the right.
- Provide the individual with the name of a designated licensed health care professional who did not participate in the denial. This licensed health care professional would then review the decision and report to our privacy official whether, in their opinion, the original denial was justified;
- Immediately report the reviewer's determination in writing to the individual; and
- Act according to the reviewer's determination.

## **IDENTIFICATION OF DESIGNATED RECORD SETS**

### **Policy**

Clow Stamping Company Self Insurance provides written identification of each designated record set we maintain, or is maintained by our business associates.

We also identify the titles of persons or offices responsible for receiving and processing access requests.

## **RIGHT TO AMEND PROTECTED HEALTH INFORMATION**

### **Policy**

Clow Stamping Company Self Insurance permits an individual to request to amend his or her protected health information. We permit this for as long as we maintain the PHI in designated record sets.

This also applies to amending PHI maintained in designated record sets by our business associates.

We generally respond to the individual's request within 60 days>

### **Procedure**

Our plan workforce will amend the records upon receipt of notification from our privacy official. We also:

- Identify the records in the designated record set that are affected by the amendment
- Append or otherwise provide a link to the location of the amendment
- Include the appended or linked information in each disclosure of the affected records (if approved by the individual).

Our privacy official or plan workforce will also provide amended information to:

- Entities the individual identifies as having received PHI about them
- Business associates who have the un-amended information and who may have relied, or could rely, on the information to the detriment of the individual.

## DENYING AMENDMENT REQUEST

### Policy

Clow Stamping Company Self Insurance reserves the right to decline to amend protected health information (PHI) if:

- We did not create the information (with the exception – if the employee provides a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment)
- The information is not part of a designated record set (maintained by us or a business associate)
- We determine that the information in dispute is accurate and complete
- The information may be withheld from the right of access

## **RIGHT TO DISCLOSURE ACCOUNTING OF PROTECTED HEALTH INFORMATION**

### **Policy**

Clow Stamping Company Health Insurance permits an individual to request an accounting of each protected health information (PHI) disclosure for up to six years prior to the request. We do not have to account for disclosures that fit the exemptions from accounting listed below in Exempt Disclosures.

We generally respond to the individual's request for disclosure accounting within 60 days.

We do not charge an employee for their first accounting in a 12 month period. However, we do charge a reasonable cost-based fee for subsequent accountings in the same 12 month period.

We always inform the individual of the changes in advance

### **Exempt Disclosures**

We are not required to account for the following disclosures

- To carry out treatment, payment and health care operations
- To the individual of PHI about their own PHI
- For which an authorization is required
- Pursuant to an authorization
- For facility directories, persons involved in the individual's care, or other disclosures for notification purposes
- For national security or intelligence purposes
- To correctional institutions or law enforcement officials
- That are part of a limited data set for judicial and administrative proceedings
- Any disclosures that we made prior to the compliance date of the rule (April 14, 2004)

## **RECORDING AND MAINTAINING DISCLOSURE OF PROTECTED HEALTH INFORMATION**

### **Policy**

Clow Stamping Company Self Insurance tracks, and requires our business associates to track, accountable disclosures.

Internally, Clow Stamping Company will track all disclosures made by placing in a plastic file folder in each employee's private medical file in the Human Resources Department all requests for disclosure including:

- Who requested the disclosure
- The date of each disclosure
- The name (required) and address (if known) of the organization or person who received the protected health information
- A brief description of the information disclosed
- A brief statement of the purpose of the disclosure. The statement must reasonably inform the individual of the basis for the disclosure.

The information in the employee medical files regarding all disclosures and who made the disclosure is accessible to the privacy officer.

We record and maintain for at least six years the following information

- Who requested the disclosure
- The date of each disclosure
- The name (required) and address (if known) of the organization or person who received the protected health information
- A brief description of the information disclosed
- A brief statement of the purpose of the disclosure. The statement must reasonably inform the individual of the basis for the disclosure.

When an employee terminates employment, all disclosures of protected Health Information will be maintained in a designated file in the employee insurance information file cabinet.

## **TRAINING POLICY**

### **Policy**

Clow Stamping Company provides training for all plan workforce members on the HIPAA privacy rules and protected health information (PHI). We provide training to workforce members within a reasonable time after they join the workforce.

Our privacy official receives extensive training on the requirements of the privacy rules and how to secure PH.

Our plan workforce (those employees who work with the health plan) receive additional training over and above that which is given to all employees.

Managers and supervisors receive training relative to their level of exposure to documents containing PHI.



## **INVESTIGATION OF IMPROPER RELEASE OF PROTECTED HEALTH INFORMATION**

### **Policy**

Clow Stamping Company Self Insurance will investigate any suspected improper releases of protected health information (PHI).

### **Procedure**

Our privacy official will be responsible for conducting the investigation. He or she will determine

If PHI was improperly released

How it was released

Who was responsible

How to mitigate the release

What changes need to be made to the security plan to prevent it from happening in the future

Appropriate sanctions to take

## **WORKFORCE ACCESS TO PROTECTED HEALTH INFORMATION**

### **Policy**

Clow Stamping Company Self Insurance allows only plan workforce members to access protected health information (PHI) while working with the plan. We also train workforce members to protect and secure PHI while they are working with it and after they are finished working with it.

### **Procedure**

Access PHI only when it is required

Prevent the unauthorized disclosure of PHI by safeguarding it properly

Return the PHI to a safe location as soon as you are finished working with it

Report any attempts by non-workforce employees to view the PHI to the privacy official

If PHI is no longer needed, shred the document or otherwise dispose of the PHI.

## **PROCEDURE TO FOLLOW WHEN ISSUED A HHS SUBPOENA**

### **Policy**

Clow Stamping Company Self Insurance is committed to complying with the requirements of a subpoena issued by the US Department of Health and Human Services (HHS).

### **Procedure**

When required by the subpoena, we designate one or more people who will testify on our behalf on the subject matter indicated

We will identify those people

We indicate the subject matter they will testify on

We return the subpoena to HHS via registered or certified mail or by delivering it, or having someone else deliver it.

## **PROCEDURE FOR REQUESTING AN ALJ HEARING**

### **Policy**

Clow Stamping Company Self Insurance uses this procedure for requesting a hearing before an Administrative Law Judge (ALJ) after receiving a notice of proposed determination

### **Procedure**

We make the request in writing

We clearly and directly admit, deny, or explain each of the findings of fact contained in the notice of proposed treatment determination with regard to which you have any knowledge.

We state the circumstances or argument that we believe constitute the grounds for any defense

We state the factual and legal basis for opposing the penalty

We send the request by certified mail (return receipt requested) within 60 days of the receipt of notice of proposed determination to the address specified in the notice of proposed determination.

## HIPAA VIOLATION SANCTION POLICY

### Policy

Clow Stamping Company Self Insurance has adopted this sanction policy to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Protected health information (PHI) is considered confidential and will be available to plan workforce only. In the event that you, as an employee of Clow Stamping Company, are responsible for a violation of the HIPAA privacy rules, the following sanction guidelines would apply.

We have a progressive discipline policy under which sanctions become more severe for repeated violations. These infractions constitute grounds for disciplinary action up to and including termination and criminal prosecution. However, Clow Stamping Company reserves the right to terminate on the first breach of the HIPAA privacy rules. Examples of violations of HIPAA privacy rules include but are not limited to:

- Accessing PHI you do not need to perform your job
- Leaving a copy of PHI in a public area
- Providing your computer access codes to someone else
- Logging on to a PHI program and then leaving the computer unattended
- Modifying or copying PHI without authorization
- Discussing PHI in a place where unauthorized persons could overhear the conversation
- Discussing PHI with an unauthorized person
- Disclosing or using PHI in an unauthorized manner
- Failing to cooperate with the HIPAA privacy official
- Obtaining PHI under false pretenses for personal gain.

Some of the disciplinary sanctions we may impose include, but are not limited to:

Verbal reprimand, written reprimand, mandatory retraining on HIPAA awareness and how to properly use our internal security procedures, suspension and termination.

## HEALTH PLAN CERTIFICATION

We, \_\_\_\_\_, as a sponsor of a health plan,  
Health Plan Sponsor  
\_\_\_\_\_, perform some or all of the administrative  
Health Plan  
duties of the plan. To carry out these duties, we require access to the protected health  
information of the plan participants.

\_\_\_\_\_, with this writing, certifies that  
Health Plan Sponsor  
\_\_\_\_\_'s document has been amended to comply  
Health Plan  
with the requirements under the Health Insurance Portability and Accountability Act of  
1996 at 45 CFR 164.504(f)(2). The amendment is effective as of \_\_\_\_\_.  
Date

The amendment provides the necessary assurance that \_\_\_\_\_  
Health Plan Sponsor  
Will suitably safeguard and limit the use and disclosure of individuals' protected health  
information that may be received from the plan to carry out the administrative duties.

As such, please provide \_\_\_\_\_ with the minimum  
Health Plan Sponsor  
necessary protected health information of \_\_\_\_\_ participants,  
Health Plan  
beneficiaries, or other individuals, to be used to perform the following plan  
administrative duties:

\_\_\_\_\_  
Plan Sponsor

Represented by: \_\_\_\_\_  
Signature

Date \_\_\_\_\_

**MEMBER REQUESTED AUTHORIZATION FORM  
FOR ACCESS TO OR RELEASE OF INFORMATION**

Clow Stamping Company Self Insurance provides this form for an individual to inspect and/or copy his or her protected health information that we maintain (or our business associates maintain) in a designated record set.

**Note to the individual:** You have the right to inspect and/or copy your protected health information in your designated record sets. You cannot inspect or get a copy of any psychotherapy notes, information we have that would be used in a civil, criminal, or administrative proceeding, and other specified types of records.

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Identification Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**ACCESS REQUEST**

Specify the records you would like to have access to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to:

Inspect the records? Yes \_\_\_\_\_ No \_\_\_\_\_

Obtain a copy of the records? Yes \_\_\_\_\_ No \_\_\_\_\_

Records may be mailed? Yes \_\_\_\_\_ No \_\_\_\_\_

Records were picked up in person? Yes \_\_\_\_\_ No \_\_\_\_\_

(Records are available in paper form only)

## RELEASE OF INFORMATION AUTHORIZATION

I authorize the use or disclosure of my protected health information as described below (and will complete a separate authorization if this authorization involves psychotherapy notes):

A. My protected health information will be used or disclosed for the following purposes (please name and explain such purpose and the type of information to be used):

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B. I authorize the following person (or class of persons) or organization to make the requested use or disclosure of my protected health information:

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C. I authorize the following persons (or class of persons) or organizations to receive my protected health information:

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I may inspect or copy the protected health information sought to be used or disclosed in this authorization, as permitted by the federal privacy regulations.

I understand that Clow Stamping Company Self Insurance may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

I understand that if the organization or person authorized to receive this information is not required to comply with the federal privacy regulations, the released information may be re-disclosed and would no longer be protected.

This authorization expires on \_\_\_\_\_  
(specific date or event)

I certify that I have received a copy of this authorization.

If I have any questions about this authorization, I may contact Twyla Flaws at 218-765-3111, who will provide me with more information about this authorization, or about Clow Stamping Company's privacy practices.



I understand I have the right to revoke this authorization, in writing, at any time by sending such written notification to Twyla Flaws, Clow Stamping Company, 23103 Highway 3, Merrifield, MN 56465. I also understand that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

\_\_\_\_\_  
Signature of individual or personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of individual or personal representative

\_\_\_\_\_  
Signature of Clow Stamping employee who released the PHI

\_\_\_\_\_  
Date

- Provide a copy to the individual or their personal representative
- Place a copy of this form in plastic folder in the employee's medical file

## **DENIAL OF ACCESS TO PHI**

If we deny a request on the basis of one of the reviewable grounds for denial, we will include in written denial the following information:

- A description of your right to a review of the denial
- How you may exercise this right

**HIPPA VIOLATION SANCTION POLICY  
PROOF OF RECEIPT**

I acknowledge receiving a copy of the HIPAA violation sanction policy for Clow Stamping Company and Clow Stamping Company Self Insurance. I have read the policy and understand the implications of violating it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date