| **Effective Date:**  6/30/2022 | **Signature of approving authority:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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# **PURPOSE**

To ensure that a Notice of Privacy Practices is provided to, and acknowledged by, each patient or his/her personal representative upon admission to the Facility.

# **POLICY**

The Facility’s policy is to provide a **Notice of Privacy Practices** to each patient upon each admission to the Facility and make a good faith effort to obtain a signed **Acknowledgement of Receipt of the Notice of Privacy Practices** from the patient.

The Notice shall include all elements and statements that are required by law. The Notice shall inform the patient of:

* Uses and disclosures of Protected Health Information (“PHI”) or electronic Protected Health Information (ePHI) that may be made by the Facility
* The patient’s rights concerning his PHI
* The Facility’s legal duties concerning such PHI

# **INSTRUCTIONS**

1. Fill out the header details on the first page of the policies and forms (as applicable). Forms can be found in the Welcome Kit.
2. Review this document and make any desired modifications.
3. Fill out the Revision Number in the header and in the Revision History table.
4. If making any subsequent modifications to this document, increment the revision number and update the Revision History table, and put the new Revision Number in the header.
5. If applicable, remove other pages before providing any forms to your patients.
6. Review the Notice of Privacy Practices and make any appropriate edits based on the services offered in your facility
7. Since the Notice of Privacy Practices is intended to be provided to patients, it is recommended to make any edits to this document using the digital version available in the Welcome Kit.
8. On the last page of the Notice of Privacy Practices, document the contact information for the HIPAA Compliance Officer.
9. Remove the introductory pages when providing the **Notice of Privacy Practices** to your patients
10. If you have a website, it is strongly recommended to include a copy of the **Notice of Privacy Practices** on the website.
11. Request a signed **Acknowledgement of Receipt of Notice of Privacy Practices** from each patient

# **REVISION HISTORY**

| Revision Number | Effective Date | Author of the Change | Description of the Change |
| --- | --- | --- | --- |
| 1 | 6/30/2021 | Jennie Igneri | Initial version |
| 2 | 6/30/2022 | Christina Biancaniello | First Revision |
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