

TITLE: Management of Protected Health Information and Related Client Rights

Policy Number: AM-HP-001

STATEMENT OF PURPOSE:

To provide policy and procedure for the management of Protected Health Information and client rights pertaining to its use and/or disclosure.

POLICY:

It is Neighbor To Family's legal and ethical responsibility to preserve the client's confidentiality and ensure the client's privacy regarding the use and/or disclosure of their Protected Health Information (hereafter referred to as "PHI") pursuant to the Health Insurance Portability and Accountability Act (HIPAA). The Agency will comply with the HIPAA Privacy Rule Standards for individually identifiable health information in federal regulations promulgated pursuant to a HIPAA requirement to maintain procedures for management of PHI and client rights pertaining to its use and/or disclosure.

PROCEDURE:

1. All staff will be trained at time of hire on client privacy and confidentiality.
2. Any information disclosed by a Neighbor To Family client to Neighbor To Family staff is to be maintained confidential at all times. Oral, electronic, or written disclosure of client PHI can be made only under certain specific conditions. The principles of privacy and confidentiality must be maintained throughout all of the Neighbor To Family locations, departments, programs, functions, and activities at all times. Neighbor To Family staff shall not discuss with, or use or disclose to unauthorized individuals any client PHI pursuant to the Confidentiality Agreement and the Notice of Privacy signed by all staff at time of hire.
3. [Client PHI may not be released over the telephone without a valid authorization. All PHI provided by telephone must also comply with the Minimum Necessary Standard. When given, the disclosure must be documented on the Accounting of Disclosure of Protected Health Information. In general, in the event that staff cannot release](#)

information in this manner, staff will be instructed to respond with the statement: “Neighbor To Family policy does not permit the release of confidential information over the telephone.” This includes confirming whether or not a person is or was a client of Neighbor To Family.

4. Confidentiality belongs to the client, however, it should be clear that the actual case record belongs to Neighbor To Family. Neighbor To Family is obligated to protect all PHI contained in its case records.
5. Any PHI received from outside sources will be treated with the same level of confidentiality as information generated by Neighbor To Family.
6. Client PHI is confidential and must be kept secure, current, and complete. Client PHI including, but not limited to, case records, any other documents/lists containing PHI, computers, laptops, phones, and workstations, and physical access to Neighbor To Family locations will be safeguarded to ensure that the client PHI will not be viewed, read, copied, used, or disclosed by other clients, unauthorized staff, or members of the community at large.
7. Neighbor To Family has adopted reasonable administrative, technical, physical, and security safeguards to avoid accidental uses and/or disclosures; and to protect client PHI. All client PHI is to be maintained safe from loss, destruction, theft, and unauthorized use.

Client Privacy Rights Regarding Protected Health Information

1. The right to access and copy PHI
 - a. Clients may inspect and obtain a copy of their PHI that is contained in a “designated record set” for so long as the Agency maintains the PHI. A designated record set contains medical and billing records and any other records that Neighbor To Family uses in making decisions about the client’s health care. The client may not, however, inspect or copy the following records: psychotherapy and psycho-social notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and certain PHI that is subject to laws that prohibit access to that PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, the client may have the right to have this decision reviewed.
2. The right to request a restriction of PHI
 - a. The client may ask the Agency to restrict or limit the medical information used and/or disclosed for the purposes of treatment, payment, or health care operations. Neighbor To Family is not

- required to agree to a requested restriction. The client will be notified if the request is denied. If the Agency does agree to the requested restriction, it may not use and/or disclose client PHI in violation of that restriction unless it is needed to provide emergency treatment.
3. The right to request to receive confidential communications by alternative means or at alternative locations
 - a. Neighbor To Family will accommodate reasonable requests, and may also condition this accommodation by asking the client for an alternative address or other method of contact and, when appropriate, information as to how payment, if any, will be handled. The Agency will not request an explanation from the client as the basis for the request.
 4. The right to request amendments to PHI
 - a. The client may request an amendment of PHI in a designated record set for as long as Neighbor To Family maintains this information. In certain cases, the Agency may deny a client's request for an amendment. If the request is denied, the client has the right to file a statement of disagreement with the Privacy Officer and Neighbor To Family may prepare a rebuttal to the statement and will provide the client with a copy of this rebuttal. Requests for amendment must be in writing.
 5. The right to receive an accounting of disclosures of PHI
 - a. Clients have the right to request an accounting of certain disclosures of PHI made by Neighbor To Family. This right applies to disclosures for purposes other than treatment, payment, or health care operations. Neighbor To Family is also not required to account for disclosures requested by the client, disclosures that the client agreed to by signing an authorization form, disclosures for directory or notification purposes, to family or friends involved in his/her care, or certain other disclosures permitted without client authorization. The request for an accounting must be made in writing to the assigned case manager or therapist. The request should specify the time period sought for the accounting. The Agency is not required to provide an accounting for disclosures that took place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years.
 6. The right to receive a paper copy of the Notice of Privacy Practices
 - a. The client has the right to receive a paper copy of the Notice on the date that service is first provided. In emergency situations, the Notice will be provided as soon as possible. The Notice of

Privacy Practices is available on the Neighbor To Family website, www.neighbortofamily.org.

Minimum Necessary Standard

1. A critical Standard of the Privacy Rule is the principle of “minimum necessary” use and/or disclosure. Neighbor To Family must make reasonable efforts to use, disclose, and request only the minimum amount of PHI needed to accomplish the intended purpose of the use, disclosure, or request. Neighbor To Family may not use, disclose, or request the entire case record for a particular purpose, unless it can specifically justify that the whole record is reasonably needed for a particular purpose.
2. When Neighbor To Family receives a request for release of client PHI, Neighbor To Family must comply with the Minimum Necessary Standard, as per the HIPAA Privacy Rule. Neighbor To Family will review the Authorization For Use and/or Disclosure of Protected Health Information and review the PHI, on a case by case basis, to ensure that the minimum amount of PHI necessary to accomplish the intended purpose of the use and/or disclosure of the request is released.
3. The Minimum Necessary Standard does not apply to:
 - a. Disclosures to or requests by a health care provider for treatment purposes;
 - b. Uses and/or disclosures made to the client pursuant to the HIPAA Privacy Rule;
 - c. Disclosures made to the Department of Health and Human Services, or designee(s), for complaint purposes;
 - d. Uses and/or disclosures required by law; and
 - e. Uses and/or disclosures that are otherwise required pursuant to the HIPAA Privacy Rule.
4. Neighbor To Family staff (i.e., clerical, administration, management, paraprofessional, professional, and volunteer) will only have access to records on a need-to-know basis, pursuant to the Minimum Necessary Standard as per the HIPAA Privacy Rule.

Authorizations COA-CR 2.02.a.b.c

1. When the client, parent, custodian, or personal representative signs an Authorization, they are giving Neighbor To Family permission to use and/or disclose PHI for the purposes of treatment, payment, and health care operations. A separate Authorization will need to be

signed to have PHI released for any reason other than treatment, payment, or health care operations.

2. Contents of a valid Authorization (Authorization For Use and/or Disclosure of Protected Health Information):

- a. The Authorization form must be written in plain language and must contain the following information:
 - i. A specific description of the information to be used and/or disclosed that identifies the PHI; COA CR. 2.04.b
 - ii. A description of each purpose of the use and/or disclosure; COA CR. 2.04.c
 - iii. The identification of the person/agency authorized to release requested use and/or disclosure of PHI; COA CR. 2.04.g
 - iv. The identification of the person/agency authorized to receive the PHI; COA CR. 2.04.f
 - v. An expiration date or event that relates to the client or the purpose of the use and/or disclosure; COA CR. 2.04.e
 - vi. A written statement of:
 1. The client's rights to revoke the Authorization (request must be made in writing); COA CR. 2.04.h
 2. The exceptions to the right to revoke the Authorization;
 3. A description of how the client may revoke the Authorization;
 4. A statement that the PHI disclosed may be subject to re-disclosure by the recipient and may not be protected; and
 5. A statement that treatment, payment, and health care operations may not be conditioned on obtaining the Authorization; and
 - vii. The client's signature, or if applicable, the parent, legal custodian, or personal representative and date signed; and COA CR. 2.04.a.d
 - viii. If the authorization is signed by a legal custodian or personal representative, a description of their authority to act on behalf of the client; and
- b. Other Authorization Requirements:
 - i. The client, parent, legal custodian, or personal representative must be advised of the following:
 1. The right to object to the release of PHI;
 2. The right to refuse to sign the Authorization;
 3. The right to revoke the authorization to release PHI;

4. That the provision of services is not contingent on the decision concerning release of PHI or payment for services rendered; and
 5. The PHI will be released pursuant to all applicable state, federal, and local laws, rules, and regulations.
3. If needed, staff may provide assistance to the client with the completion of any HIPAA- or PHI-related documents.
4. If the Authorization is not signed in the presence of Neighbor To Family staff, the signature must be notarized.
5. After the form is signed and dated, the original will be submitted to the assigned case manager or therapist for tracking and filing in the client's case record. COA CR. 2.05
6. Authorizations may not be combined with any other document to create a compound authorization except for:
 - a. Research purposes that include treatment of a client; and
 - b. Psychotherapy notes that may only be combined with another authorization for psychotherapy notes.

How Neighbor To Family May Use and/or Disclose Client PHI

1. Treatment COA-CR 2.02
 - a. To provide, coordinate, and manage client medical and mental health care and other related services.
 - b. Disclose PHI to doctors, nurses, and student interns, or other Neighbor To Family personnel who are involved with the delivery of services.
 - c. Communicate with other medical, mental, and health care providers regarding treatment, and the coordination and management of health care.
 - d. Communicate and share PHI with different Neighbor To Family departments in order to provide, coordinate, and manage treatment.
 - e. Disclose PHI when referring a client to another medical and mental health care provider.
2. Payment
 - a. Use and/or disclose PHI so that the treatment and services received may be billed to and may be collected from the client, an insurance company, or a third party. For example, an insurance company may need to know about a treatment a client will receive to obtain prior approval, or to determine whether a plan will cover the treatment. Neighbor To Family may also share medical information with the following:

- i. Billing departments;
- ii. Collection departments or agencies;
- iii. Insurance companies, health plans and their agents which provide coverage; and
- iv. Consumer reporting agencies (e.g., credit bureaus).

3. Health Care Operations

a. Use and/or disclose PHI for health care operations. Health care operations allow Neighbor To Family to improve the quality of care provided and reduce health care costs. For example, health care operations include the following:

- i. To review and improve the quality, efficiency, treatment, services, and cost of care provided, and to evaluate the performance of staff providing services;
- ii. To review and evaluate the skills, qualifications, and performance of health care providers;
- iii. To resolve grievances within the Agency;
- iv. To conduct and arrange for medical review, legal services, auditing functions, including fraud and abuse detection, and compliance programs pursuant to applicable laws;
- v. Disclose your PHI to other doctors, psychologists, student interns, and other Agency personnel for review and learning purposes;
- vi. o cooperate with outside organizations that assess the quality of care Neighbor To Family provides. These organizations might include government agencies or accrediting bodies such as the Joint Council on Accreditation of Health Care Organizations (COA); and
- vii. To cooperate with outside organizations that evaluate, certify, or license health care providers. For example, use and/or disclose PHI so that a staff member may become certified as having expertise in a certain field.

4. Appointment Reminders

a. Use and/or disclose PHI to contact a client regarding the scheduling of an appointment, to remind of an appointment, and to send written notification of a scheduled appointment for treatment.

5. Treatment Alternatives

a. Use and/or disclose PHI to inform a client about or recommend possible treatment options or alternatives that may be of interest.

6. Health-Related Benefits and Services

a. Use and/or disclose PHI to inform a client about health-related benefits or services that may be of interest.

7. Fundraising Activities
 - a. Use and/or disclose PHI in an effort to raise money for Neighbor To Family and its operations; the use and/or disclosure will be made in accordance with HIPAA policies and procedures.
8. Research
 - a. Under certain circumstances, use and/or disclose PHI for research purposes, but only under specific criteria.
9. Workers' Compensation
 - a. Disclose PHI for workers' compensation or similar programs, as authorized by state workers' compensation laws and programs.
10. To Avert Serious Threat to Health or Safety
 - a. Use and/or disclose PHI consistent with applicable state and federal laws and standards of ethical conduct, if, in good faith, Neighbor To Family believes that the disclosure is necessary to prevent or lessen a serious and imminent threat to a client's health and safety, or that of a person, or the public; if the disclosure is made to a person or persons reasonably able to lessen or prevent the threat, including the target of the threat, or is necessary for law enforcement authorities to identify or apprehend an individual. Additionally, the Agency may use and/or disclose PHI when the disclosure relates to victims of abuse, neglect, or domestic violence.
11. Public Health Activities
 - a. Use and/or disclose PHI when the use and/or disclosure is necessary for public health activities. For example, Neighbor To Family may disclose PHI if a client has been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. These activities generally include the following:
 - i. To prevent or control disease, injury, or disability;
 - ii. To report births and deaths;
 - iii. To report child abuse or neglect;
 - iv. To report reactions to medications or problems with products;
 - v. To notify people of recalls of products they may be using;
 - vi. To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; and
 - vii. To notify the appropriate government authority if the Agency believes a client has been the victim of abuse, neglect, or domestic violence.
12. Health Oversight Activities COA-RPM 8.01.f

- a. Use and/or disclose PHI to a state and federal health oversight agency which is authorized by law to oversee Agency operations. These activities include audits, investigations, inspections, and licensure. These activities are required by government programs to monitor the health care system and to comply with applicable laws, including civil rights laws.
13. Judicial Administrative Proceedings, Lawsuits, and Disputes
 - a. If a client is involved in a lawsuit or dispute, Neighbor To Family may disclose PHI in response to a court or administrative order. The Agency may also disclose PHI in response to a subpoena or other lawful order from a court.
14. Law Enforcement
 - a. Neighbor To Family may release PHI upon a request by a law enforcement official. The information requested must be specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought. Examples of the uses and/or disclosures are:
 - i. In response to a court order, subpoena, warrant, summons, or similar process;
 - ii. To identify or locate a suspect, fugitive, material witness, or missing person(s);
 - iii. In investigations of criminal conduct or victims of a crime; and
 - iv. In emergency circumstances to report a crime, the location, the victims, and/or the identity or the description and locations of the person(s) who committed the crime.
15. Coroners, Medical Examiners, and Funeral Directors
 - a. Disclose PHI, as necessary, to carry out the duties of coroners, medical examiners, and funeral directors when the disclosure relates to decedents. For example, disclose PHI to a coroner or medical examiner for identifying purposes in a case of client death.
16. Specialized Government Functions
 - a. Disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state; and for conduct of special investigations, intelligence, counterintelligence, and other national security activities authorized by law.
17. Inmates
 - a. If a client is an inmate or under the custody of a law enforcement official, Neighbor To Family may use and/or disclose PHI for the provision of medical and mental health care. For example, the

release of information is necessary to provide a client with health care, to protect the client's health and safety or the safety of others, or for the safety and security of the correctional institution.

18. As Required by Law

- a. Disclose PHI when required to do so by federal, state, or local law; or other judicial or administrative proceedings.

19. Disaster Relief Purposes

- a. Disclose PHI to a public or private agency or organization (for example, the American Red Cross) for disaster relief purposes. Even if the client objects, Neighbor To Family may still share PHI, if necessary, under emergency circumstances.

Revocation of Authorization For Use and/or Disclosure of PHI

1. An Authorization for Use and/or Disclosure of Protected Health Information will terminate six (6) months from the date of signature, unless the client has specified a different expiration date or expiration event.
2. A client may request revocation of an Authorization at any time unless action has been taken in reliance on the Authorization.
3. [The client must make the request for revocation by completing and submitting a Request for Revocation of Authorization for Use and/or Disclosure of Protected Health Information to the case manager or therapist who will file the original in the client's case record.](#)
4. The request may not apply to any releases done by Neighbor To Family prior to the completion of the revocation.
5. The case manager or therapist will be responsible for informing all providers of the Revocation of Authorization for Use and/or Disclosure of Health Information.

Release of PHI

1. The release of all PHI will be reviewed by the Executive Director or designee to determine release based on the best interests of the client.
2. The Executive Director or designee will be responsible for all other requests, i.e., access, restriction, amendment/correction, and appeals.
3. All requests for release of PHI and/or access to clients' records shall be coordinated by the Executive Director through designated staff to ensure uniformity, integrity, accounting, and timely processing of all requests for PHI.
4. All PHI information will be stamped with a statement referring to the applicable confidentiality laws prior to the release, i.e., "*This*

information has been disclosed to you from records protected by federal confidentiality rules 42 CFR Part 2. The federal rules prohibit you from making further disclosure of this information without specific written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.”

5. A Neighbor To Family cover letter addressed to the authorized recipient will be attached to the PHI. A receipt will be obtained if the PHI is personally provided to the recipient. If shipped via courier, a delivery signature or electronic confirmation should be obtained; and if sent by mail, Certified Mail service should be used.
6. Neighbor To Family has the right to charge up to one dollar (\$1.00) per page for copying fees, as permitted by law, and applicable postage fees.
7. If the authorization for PHI is requesting the release of psychotherapy notes, abuse records, HIV status, or other legally protected information, the PHI will only be released pursuant to the HIPAA Privacy Rule, applicable state and federal laws, or a court order.

Accounting of Disclosures of PHI

1. A client has the right to receive an accounting of the disclosures of their PHI provided by Neighbor To Family or Neighbor To Family's contractors, when applicable.
2. The maximum accounting period is the six (6) years immediately preceding the date of the accounting request. Neighbor To Family is not obligated to account for any PHI disclosures made before the HIPAA Privacy Rule compliance date of April 14, 2003.
3. The HIPAA Privacy Rule does not require Neighbor To Family to account for the following disclosures:
 - a. For treatment, payment, or health care operations;
 - b. Disclosures made to or requested by the client;
 - c. Disclosures made pursuant to an Authorization;
 - d. As part of a limited set of information which does not contain certain information which would identify the client;
 - e. Disclosures for national security or intelligence purposes;
 - f. Disclosures to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody;

- g. Incident to use and/or disclosure otherwise permitted or required. For example, Neighbor To Family does not need to provide an accounting of PHI released to a child welfare investigator who is conducting a child abuse or elderly abuse report; and
 - h. For directory or notification purposes.
4. Disclosures of PHI that are subject to accounting shall be documented on the Accounting of Disclosures of Protected Health Information and maintained by the Executive Director or designee at each program site.

Temporary Suspension of Accounting of Disclosures of PHI to Health Oversight Agencies or Law Enforcement Officials

1. A health oversight agency or law enforcement official may ask Neighbor To Family to suspend a client's right to receive an accounting if the agency or official provides a written statement that the accounting would be reasonably likely to impede the agency's or official's duties. The statement will be filed in the client's case record. The agency or official must specify how long the right to receive an accounting must be suspended. During the suspension of accounting period, Neighbor To Family must still continue to document all disclosures. At the end of the suspension, the client's right to receive an accounting is reinstated.
2. If the request for temporary suspension is made orally, Neighbor To Family must document the identity of the agency or official representative in the client's case record and must exclude the disclosures for no longer than thirty (30) days from the date of receipt of request.

Responding to Request for Accounting

1. [A client's request for accounting of disclosure must be made by completing a Request for Accounting of Disclosures form and submitting it to the assigned case manager or therapist. The Request must be date stamped upon receipt, the original retained in the client's case record, and a copy forwarded to the Privacy Officer for handling.](#)
2. Neighbor To Family must act on the request no later than sixty (60) days from the date of receipt of the Request. Neighbor To Family may seek a one-time extension of thirty (30) days, upon informing the client, in writing, of the reason(s) for extension and the date the accounting can be expected. Neighbor To Family's request for extension must be filed in the client's case record.

3. Each accounting that is provided to the client must be in writing, and must include each disclosure to others by Neighbor To Family staff and contractors, when applicable. Accounting information must include:
 - a. Date of disclosure;
 - b. Name and address of the person(s) or organization(s) who received the client PHI;
 - c. Brief description of the PHI disclosed;
 - d. Brief statement of the purpose of the disclosure (or a copy of the written request and authorization, if appropriate);
 - e. Accounting of oral disclosures of PHI should also include the name, signature, and title of staff that made the oral disclosure; and
 - f. Verification of identification.
4. If a client requests a list of disclosures more than once in twelve (12) months, Neighbor To Family may charge a reasonable fee.

Restrictions on Use and/or Disclosure of PHI

1. [A client has the right to request that Neighbor To Family restrict the use and/or disclosure of PHI for treatment, payment, or health care operations, disclosures to persons involved in the individual's health care or payment for health care, or disclosure to notify family members or others about the individual's general condition, location, or death, by completing and submitting a Request for Restriction\(s\) of Use and/or Disclosure of Protected Health Information form to the case manager or therapist who will retain the original in the client's case record.](#)
2. Neighbor To Family does not need to agree to the client's request for restriction.
3. If Neighbor To Family agrees to the request, in certain situations, the restrictions may not be followed. These situations include emergency treatment, disclosures to the Department of Health and Human Services, and uses and/or disclosures as addressed in this policy.

Revocation of Restriction on Use and/or Disclosure of PHI

1. A client has the right to revoke the restriction on the use and/or disclosure of PHI.
2. [A completed Request for Revocation of Restriction\(s\) of Use and/or Disclosure of Protected Health Information form must be submitted to the case manager or therapist who will retain the original in the client's case record.](#)

Right of Access and to Copy PHI COA-RPM 8.01.a

1. A client has the right to review and obtain a copy of the PHI that is contained in a Neighbor To Family “designated record set” for so long as the Agency maintains the PHI. The designated record set contains medical and billing records and any other records that Neighbor To Family uses in making decisions about the client’s health care.
2. The HIPAA Privacy Rule makes certain exceptions regarding the right to review and obtain a copy of psychotherapy and psycho-social notes, information compiled for legal proceedings, and certain PHI that is subject to laws that prohibit access to that PHI.
3. A written request for access of PHI, should be submitted to the assigned case manager or therapist.
4. The request for access must be date stamped upon receipt, the original retained in the client’s case record, and a copy forwarded to the Executive Director or designee for review and approval.
5. The Executive Director or designee will review the client case record and the requested PHI and make a determination in consultation with the Vice President of Programs within thirty (30) days from receipt whether or not to grant or deny such access. COA-CR 2
6. If necessary, Neighbor To Family may request one (1) extension of time to complete the review of the request for no more than thirty (30) days, if Neighbor To Family informs the client of the reason(s) for the extension of time and the date that the review will be completed and document same in the case record.
7. The Executive Director shall notify the client, in writing, as to whether the access was granted or denied. A copy of the decision will be filed in the client’s case record.
8. If access is approved:
 - a. The Privacy Officer will review prior to release;
 - b. If agreeable to the client, Neighbor To Family may provide a summary or explanation of PHI in lieu of the underlying information, however, the client still has the right of access to both the summary and PHI information;
 - c. A Neighbor To Family clinical staff will be available to review the record with the client; COA-RPM 8.02.a
 - d. Access must be provided at a mutually convenient time and place for inspection or copying; related copying fees of up to one dollar (\$1.00) per page may be charged, as permitted by law, and applicable postage fees;
 - e. If requested by the client, Neighbor To Family must mail the PHI;

- f. If readily producible, PHI will be provided in the format requested; and
 - g. The requested information will be provided within the time frames permitted by law.
9. If access is denied, the client has the right to file a complaint and Neighbor to Family has the responsibility to review the denial in accordance with the Neighbor To Family Protected Health Information Complaint or Grievance Process and Compliance policy. COA-RPM 8.03; COA CR. 3a.b.c.

Right to Correct or Amend PHI

1. Request for Correction/Amendment of PHI Created by Neighbor To Family:
 - a. A client has the right to request a correction/amendment to their PHI created by Neighbor To Family in a designated record set for as long as the Agency maintains this information, if the client believes his or her PHI is inaccurate or incomplete;
 - b. [The client must complete and submit a Request for Correction/Amendment of Protected Health Information form to the case manager or therapist who will date stamp the completed request upon receipt, retain the original in the client's case record, and forward a copy to the Executive Director or designee for review and approval;](#)
 - c. The Executive Director or designee will review the client case record and Request for Correction/Amendment of Protected Health Information and make a determination in conjunction with the Vice President of Programs whether the correction/amendment is warranted; the determination, will be made within sixty (60) days from receipt of the request;
 - d. If necessary, Neighbor To Family may request one (1) extension of time to complete the review of the Request for no more than thirty (30) days, if Neighbor To Family informs the client of the reason(s) for the extension of time and the date that the review will be completed and document same in the case record; and
 - e. The Executive Director shall notify the client, in writing, as to whether the correction/amendment was accepted or denied. A copy of the decision will be filed in the client's case record.
2. Request for Correction/Amendment of PHI Created by Another Agency:
 - a. If the client requests a correction/amendment to PHI that was produced/created by another agency, Neighbor To Family will

- forward the request to the other agency for processing, and the client will be notified of the referral made to the other agency;
- b. The client must be notified of the acceptance or denial of their request within sixty (60) days from the date of the Request receipt. If necessary, Neighbor To Family may request one (1) extension of time to obtain the other agency's review of the Request for no more than thirty (30) days, if Neighbor To Family informs the client of the reason(s) for the extension of time and the date that the review will be completed; and
 - c. If Neighbor To Family did not create the record/document, but the client provides a reasonable basis to believe that the originator of the PHI is not available to act upon the request for amendment/correction, Neighbor To Family will address the request.
3. Approval of Request for Correction/Amendment of PHI:
- a. If Neighbor To Family approves the client's request, the PHI will be corrected/amended and approved. The Privacy Officer will review prior to release;
 - b. Corrections/amendments of the case record data shall be accomplished as follows:
 - i. No erasure or other obliteration shall be made;
 - ii. Incorrect data shall be lined out with a single line; and
 - iii. The date of the correction/amendment, the signature of the person making the correction/amendment, the amended information, and the reason(s) for the correction/amendment shall be added to the document/report/information that was disputed;
 - c. Upon the client's request and authorization, the amended PHI will be provided to:
 - i. The person(s)/organization(s) that Neighbor To Family knows received the original, now modified, information in the past and who may have relied or may rely on such information to the detriment of the client;
 - ii. The person(s)/organization(s) identified by the client, pursuant to an Authorization, as having received the PHI that was amended; and
 - iii. When amended PHI is sent to the above-mentioned person (s)/organization(s), the PHI should include the following statement: "This is an amendment/correction to the information that was previously sent on (INSERT DATE)".
 - d. If the client's right to correct or amend PHI has been denied, the client has a right to file a written statement of disagreement in

accordance with the Neighbor To Family Protected Health Information Complaint or Grievance Process and Compliance policy.

Other Provisions for Legal Custodians, Personal Representatives, and Minors

1. Personal Representatives:

- a. A person authorized under state or applicable law to act on your behalf in making health care decisions is your Personal Representative. Your Personal Representative may have access to your PHI. A parent, custodian, or other person acting in loco parentis may exercise the minor's rights with respect to health care decisions;
- b. The HIPAA Privacy Rule requires Neighbor To Family to treat a personal representative the same as the individual, with respect to uses and/or disclosures of PHI, as well as the individual's rights as stated in the Notice of Privacy Practices; and
- c. The HIPAA Privacy Rule makes certain exceptions when Neighbor To Family has a reasonable belief that the personal representative may be abusing or neglecting the client, or that treating the person as the personal representative could otherwise endanger the client.

2. Minors:

- a. In most cases, parents or legal custodians are the personal representatives of the minor client. So, in most cases, they can exercise certain rights such as access to the minor child's PHI;
- b. In certain cases, the parents are not considered the personal representatives. In these cases, the HIPAA Privacy Rule defers to state and other applicable laws to determine the rights of the parents to have access to their minor child's PHI; and
- c. In the event that the state is silent as to this law, Neighbor To Family has the discretion to provide or deny a parent access to the minor child's PHI, provided that the decision to provide access or deny access is made by a licensed health care professional in the exercise of professional judgment.

3. Family/Couples Therapy:

- a. Family/couples therapy members will be protected under the HIPAA Privacy Rule. In cases of family/couples therapy, where other members are participating that have signed the Consent for Services and Treatment form, as per the Consent for Services and Treatment policy and procedure, the PHI may not be used

and/or disclosed without Neighbor To Family first making a good faith effort to obtain the consent of each party involved unless a court order has been issued.

Uses and/or Disclosures of Psychotherapy Notes

1. Psychotherapy Notes Definition:

- a. All psychotherapy notes, recorded on any medium (paper or electronic) by a mental health professional such a psychologist or psychiatrist, must be kept by the author and filed separately from the rest of the client's case record to ensure compliance with the required higher standard of protection of the HIPAA Privacy Rule;
- b. Psychotherapy notes are defined as process notes (not progress notes) recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or joint group session, such as family therapy, for his or her use only and are separated from the rest of the client's case record; and
- c. Exclusions:
 - i. Psychotherapy notes do not include:
 1. Medication prescription and monitoring;
 2. Counseling session start and stop time;
 3. Modalities and frequencies of treatment provided;
 4. Results of clinical tests; and
 5. Any summary of the following items: diagnosis, financial status, treatment plan(s), symptoms, prognosis, and progress reported to date.

2. Disclosure of Psychotherapy Notes:

- a. When disclosing psychotherapy notes, the client must specifically authorize Neighbor To Family to release them; and
- b. Neighbor To Family may release psychotherapy notes for:
 - i. Neighbor To Family's mental health training under supervision within the Neighbor To Family Agency;
 - ii. Use and/or disclosure by Neighbor To Family in a legal action or other proceeding brought by the client in consultation with the Office of the General Counsel;
 - iii. Use and/or disclosure is required by law or authorized by a health oversight authority;
 - iv. Reporting serious and imminent threat to the health and safety of the client or a third party;

- v. Use and/or disclosure is required by the Department of Health and Human Services to investigate Neighbor To Family's non-compliance with the HIPAA Privacy Rule; and
- vi. Disclosure to medical examiners or coroners about the deceased client to determine identity, cause of death, or to perform other duties as authorized by law.

Reference:

COA-Client Rights 2: CR 2.02; CR. 3; CR. 2.04; CR. 2.05; Risk Prevention and Management: RPM 8.01; RPM 8.02; RPM 8.03

[Security and Acceptable Use of MIS Resources and Electronic Protected Health Information](#)

[MIS Resources Activity Review](#)

[Virus Protection](#)

[Protection of Rights of Employees and Clients Affected by Human Immunodeficiency Virus \(HIV\) and/or Acquired Immune Deficiency Syndrome \(AIDS\)](#)

[Protected Health Information Complaint or Grievance Process and Compliance](#)

[Record Storage and Security of Protected Health Information](#)

[Use and/or Disclosure of Protected Health Information \(PHI\) for Disaster Relief Purposes](#)

[Workforce Health Insurance Portability and Accountability Act \(HIPAA\) Mandatory Training and Information](#)

[Data Authentication and Physical Safeguards](#)

[Facility Access Control](#)

[Systems Access Control](#)

[Health Insurance Portability and Accountability Act \(HIPAA\) - United States Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information](#)

