

**HIPAA/PRIVACY**  
**Accounting of Disclosures of Protected Health Information**

Pt Name: FIRST LAST Date: 05/07/2019

**PURPOSE**

Patients have the right to receive an accounting of the disclosures of their Protected Health Information ("PHI") maintained in their Designated Record Set. The following is the process for responding to a patient's request for an accounting of disclosures of their PHI made by the Facility.

**POLICY**

Each patient may request and receive an accounting of trackable disclosures of PHI made by the Facility. The potential areas where accounting of disclosures applies are listed in the Notice of Privacy Practices. The Facility will provide such an accounting, in accordance with the HIPAA Privacy Rule, when requested by a patient's personal representative. The requested information will not include PHI released or disclosed on or prior to April 13, 2003.

Records of disclosures are retained for a six-year period.

**PROCEDURE**

1. Upon receiving an inquiry from a resident, the Facility Privacy Official provides the patient or personal representative with a copy of a Request for an Accounting of Disclosures of PHI ("Request") form. (See sample Request form following this Policy.)

Requests are not evaluated until the Request form is completed and signed by the patient or personal representative.

2. The Facility Privacy Official reviews and processes the request.
3. The Facility provides a written accounting no later than 60 days after receipt. If the Facility is unable to meet the 60-day time frame, the Facility may extend the time once by no more than 30 days as long as the individual is provided with a written statement of the reasons for the delay and the date by which the Facility will provide the accounting. (See the Notification of Time Extension form in the Policy "Former Resident's Access to Protected Health Information.")
4. A written accounting is provided to the requestor using an Accounting of Disclosures log. (See sample log following this Policy.)
  - a. The accounting will include disclosures during the period specified by the patient or personal representative in the request. The specified period may be up to six years prior to the date of the request. Disclosures made on or before April 13, 2003 will not be included in the accounting.
  - b. The Facility will include known disclosures made by its Business Associates, if aware of any such disclosures required to be included in an accounting.
  - c. For each disclosure, the accounting will include:
    - i. Date the request for disclosure was received;

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### Accounting of Disclosures of Protected Health Information

- ii. Name of entity requesting disclosure and, if known, the address of such person or entity;
    - iii. A brief description of the PHI that was disclosed; and
    - iv. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure.
  - d. If there are multiple disclosures for health oversight or law enforcement officials for a single purpose, the Facility may provide:
    - i. The first disclosure during the accounting period;
    - ii. The frequency, or number of disclosures made during the accounting period;
    - iii. The date of the last such disclosure during the accounting period.
5. For disclosures of PHI for research purposes in a project consisting of fifty or more individuals, the accounting may provide:
  - a. Name of protocol or other research activity;
  - b. Description and purpose of research, criteria for selecting particular records;
  - c. Brief description of the type of PHI disclosed;
  - d. Date or period of time during which disclosure(s) occurred, including date of last disclosure during accounting period;
  - e. Name, address, telephone number of entity that sponsored the research and of the researcher to whom the information was disclosed;
  - f. Statement that PHI of the resident may or may not have been disclosed for a particular protocol or the research activity.
6. The Facility will provide the first accounting to a patient or personal representative within a 12-month period without charge. However, the Facility may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same party within the 12-month period, provided the Facility has informed the requesting party of the charges in advance, giving the party the opportunity to withdraw or modify the request.
7. The Facility may exclude those disclosures that qualify as an exception.
8. The Facility must document and retain for six years from the date of the accounting:
  - a. The information required to be included in the accounting, and
  - b. The written accounting provided to the requesting party.

#### POTENTIAL AREAS WHERE ACCOUNTING OF DISCLOSURES APPLIES:

1. Disclosures to Public Health Authorities
  - For the purpose of preventing or controlling disease, injury or disability
  - To conduct public health surveillance
  - For public health investigations and interventions
  - For reporting vital events such as births and deaths
  - To a foreign government agency at the request of a public health authority
  - To report child/elder abuse
  - If necessary, to prevent or lessen a serious and imminent threat to the health or safety of a patient or the public

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2. Disclosures to an Entity Subject to the Food and Drug Administration
  - To report adverse events, product defects or biological product deviations
  - To track products
  - To enable product recalls, repairs or replacements
  - To conduct post marketing surveillance
3. Disclosures to an Employer
  - Only PHI specific to a work-related illness or injury, and
  - Required for the employer to comply with its obligations under federal or state occupational safety and health laws
4. Disclosures to Health Oversight Agencies
  - For government benefit program eligibility
  - To determine compliance with civil rights laws
  - For civil, administrative or criminal investigations, proceedings or actions
5. Disclosures in Judicial and Administrative Proceedings
  - In response to a court order or court ordered warrant
  - In response to a subpoena, only if approved by Extendicare's Legal Department
6. Disclosures to Law Enforcement Officials
  - For the purpose of locating a suspect, fugitive, material witness or missing person
  - About a patient who is or is suspected to be a victim of a crime
  - Regarding crimes on the Facility premises
  - Regarding suspicious deaths
  - In response to an administrative request, civil investigative demand or grand jury subpoena, after review by Extendicare's Legal Department
  - For the purpose of averting a serious threat to health or safety
7. Disclosures about victims of abuse, neglect or domestic violence
  - To a government authority authorized by law to receive reports of abuse, neglect or domestic violence
8. Disclosure of Deceased Persons' PHI
  - To the Coroner, Medical Examiner or Funeral Directors
  - To organ procurement organizations
9. Disclosures for research
  - Only if disclosure was made without an authorization as permitted by the Privacy rule
10. Disclosures for Specialized Government Functions
  - To Armed Forces personnel for military purposes
  - To authorized federal officials for the protection of the President and other Federal officials
  - To other government agencies, if approved by Extendicare's Legal Department
11. Disclosures for Worker's Compensation
  - As authorized by and to the extent necessary to comply with the law

**EXCEPTIONS TO ACCOUNTING OF DISCLOSURES:**

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**Accounting of Disclosures of Protected Health Information**

*Accounting of disclosure does not include disclosures:*

- Necessary to carry out treatment, payment, and health care operations
- To the patient for whom the PHI was created or obtained
- Pursuant to a signed authorization by the patient or personal representative
- For the Facility's Directory or to persons involved in the resident's care or other notification purposes
- For national security or intelligence purposes
- To a correctional institution
- Temporarily suspended by a law enforcement official or health oversight agency (exception applies only during the period of suspension)
- That are incidental
- As part of a Limited Data Set
- That occurred on or prior to April 13, 2003

\_\_\_\_\_  
Patient or Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Representative's Relationship to Patient

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**HIPAA/PRIVACY**  
**Authorization for Release of Protected Health Information**

Patient Name: FIRST LAST Date: 05/08/2019

**PURPOSE**

The purpose of this Policy is to set forth the Facility's process for the use and disclosure of Protected Health Information ("PHI") pursuant to a written authorization.

**POLICY**

In accordance with the HIPAA Privacy Rule, when PHI is to be used or disclosed for purposes other than treatment, payment, or health care operations, the Facility will use and disclose it only pursuant to a valid, written authorization, unless such use or disclosure is otherwise permitted or required by law. Use or disclosure pursuant to an authorization will be consistent with the terms of such authorization.

**PROCEDURE**

**Exceptions to Authorization Requirements**

PHI may be disclosed without an authorization if the disclosure is:

1. Requested by the patient or his/her personal representative (authorization is never required);
2. For the purpose of treatment;
3. For the purpose of the Facility's payment activities, or the payment activities of the entity receiving the PHI;
4. For the purpose of the Facility's health care operations;
5. In limited circumstances, for the health care operations of another Covered Entity, if the other Covered Entity has or had a relationship with the patient;
6. To the Secretary of the U.S. Department of Health and Human Services for the purpose of determining compliance with the HIPAA Privacy Rule; or
7. Required by other state or federal law. (See "Request and Disclosure Table" in the "Uses and Disclosures of Protected Health Information" Policy for other exceptions.)

**Use or Disclosure Pursuant to an Authorization**

1. When the Facility receives a request for disclosure of PHI, the Facility Privacy Official shall determine whether an authorization is required prior to disclosing the PHI.
2. PHI may never be used or disclosed in the absence of a valid written authorization if the use or disclosure is:
  - a. Of psychotherapy notes as defined by the HIPAA Privacy Rule;
  - b. For the purpose of marketing; or
  - c. For the purpose of fundraising.
3. If the use or disclosure requires a written authorization, the Facility shall not use or disclose the PHI unless the request for disclosure is accompanied by a valid authorization.

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**HIPAA/PRIVACY**  
**Authorization for Release of Protected Health Information**

4. If the request for disclosure is not accompanied by a written authorization, the Facility Privacy Official shall notify the requestor that it is unable to provide the PHI requested. The Privacy Official will supply the requestor with an Authorization to Use or Disclose PHI ("Authorization") form. (See sample Authorization form following this Policy.)
5. If the request for disclosure is accompanied by a written authorization, the Privacy Official will review the authorization to assure that it is valid (see the "Checklist for Valid Authorization" following this Policy).
6. If the authorization is lacking a required element or does not otherwise satisfy the HIPAA requirements, the Privacy Official will notify the requestor, in writing, of the deficiencies in the authorization. No PHI will be disclosed unless and until a valid authorization is received.
7. If the authorization is valid, the Privacy Official will disclose the requested PHI to the requester. Only the PHI specified in the authorization will be disclosed.
8. Each authorization shall be filed in the resident's Medical Record.

**Preparing an Authorization for Use or Disclosure**

1. When the Facility is using or disclosing PHI and an authorization is required for the use or disclosure, the Facility will not use or disclose the PHI without a valid written authorization from the patient or the patient's personal representative.
2. The Authorization form must be fully completed, signed and dated by the patient or the patient's personal representative before the PHI is used or disclosed.
3. The Facility may not condition the provision of treatment on the receipt of an authorization except in the following limited circumstances:
  - a. The provision of research-related treatment; or
  - b. The provision of health care that is solely for the purpose of creating PHI for disclosure to a third party (i.e., performing an independent medical examination at the request of an insurer or other third party).
4. An authorization may not be combined with any other document unless one of the following exceptions applies:
  - a. Authorizations to use or disclose PHI for a research study may be combined with any other type of written permission for the same research study, including a consent to participate in such research;
  - b. Authorizations to use or disclose psychotherapy notes may only be combined with another authorization related to psychotherapy notes; or
  - c. Authorizations to use or disclose PHI other than psychotherapy notes may be combined, but only if the Facility has not conditioned the provision of treatment or payment upon obtaining the authorization.

**Revocation of Authorization**

1. The patient may revoke his/her authorization at any time.

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**HIPAA/PRIVACY**  
**Emailing Protected Health Information**

**Patient Name:** FIRST LAST **Date:** 05/08/2019

**PURPOSE**

To ensure the appropriate use of the email system when transmitting Protected Health Information ("PHI").

**POLICY**

It is the policy of this Facility to protect the electronic transmission of PHI as well as to fulfill our duty to protect the confidentiality and integrity of patient PHI as required by law, professional ethics and accreditation requirements. The information released will be limited to the minimum necessary to meet the requestor's needs. Whenever possible, de-identified information will be used.

**PROCEDURE**

- 1) E-mail users will be set up with a unique identity complete with unique password and file access controls.
- 2) E-mail users may not intercept, disclose or assist in intercepting and disclosing e-mail communications.
- 3) Patient specific information regarding highly sensitive health information must not be sent via e-mail, even within the internal email system (i.e. information relating to AIDS/HIV, drug and alcohol abuse and psychotherapy notes).
- 4) Users will restrict their use of email for communicating normal business information such as information about general care and treatment of patients, operational and administrative matters, such as billing.
- 5) Users should verify the accuracy of the email address before sending any PHI and, if possible, use email addresses loaded in the system address book.
- 6) PHI may be sent unprotected via e-mail within a properly secured, internal network of the organization. When sending PHI outside of this network, such as over the Internet, every effort should be made to secure the confidentiality and privacy of the information. Sample security measures include password protecting the document(s) being sent or encrypting the message.
- 7) All e-mail containing PHI will contain a confidentiality statement (see sample below).
- 8) Users should exercise extreme caution when forwarding messages. Sensitive information, including patient information, must not be forwarded to any party outside the organization without using the same security safeguards as specified above.
- 9) Users should periodically purge e-mail messages that are no longer needed for business purposes, per the organization's records retention policy.
- 10) Employee e-mail access privileges will be removed promptly following their departure from the organization.
- 11) Email messages, regardless of content, should not be considered secure and private. The amount of information in any email will be limited to the minimum necessary to meet the needs of the recipient.

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**Emailing Protected Health Information**

12) Employees should immediately report any violations of this guideline to their supervisor, Administrator or Facility Privacy Official.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Representative's Title

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**HIPAA/PRIVACY**  
**Faxing Protected Health Information**

**Patient Name:** FIRST LAST **Date:** 05/07/2019

**PURPOSE**

To ensure that Protected Health Information ("PHI") is appropriately safeguarded when it is sent or received via facsimile (fax) machine or software.

**POLICY**

It is the policy of this Facility to allow the use of facsimile machines to transmit and receive PHI. The information released will be limited to the minimum necessary to meet the requestor's needs.

**PROCEDURE**

1. The fax machine should be located in an area that is not easily accessible to unauthorized persons. Examples include the business office, medical record office or nurse's station. If possible, the fax machine should not be located in a public area where confidentiality of PHI might be compromised. If this is not possible, a sign should be posted regarding access to the documents. (See sample sign following this Policy.)
2. Received documents will be removed promptly from the fax machine. To promote secure delivery, instructions on the cover page will be followed.
3. Unless otherwise prohibited by state law, information transmitted via facsimile is acceptable and may be included in the patient's Medical Record.
4. Steps should be taken to ensure that the fax transmission is sent to the appropriate destination. These include:
  - a) Pre-programming and testing destination numbers whenever possible to eliminate errors in transmission due to misdialing.
  - b) Asking frequent recipients to notify the Facility of a fax number change.
  - c) Confirming the accuracy of the recipient's fax number before pressing the send/start key.
  - d) If possible, printing a confirmation of each fax transmission.
5. A cover page should be attached to any facsimile document that includes PHI. (See a sample cover page following this Policy.) The cover page should include:
  - a) Destination of the fax, including name, fax number and phone number;
  - b) Name, fax number and phone number of the sender;
  - c) Date;
  - d) Number of pages transmitted; and
  - e) Confidentiality Statement (See sample below).
6. If a fax transmission fails to reach a recipient or if the sender becomes aware that a fax was misdirected, the internal logging system should be checked to obtain incorrect recipient's fax number. Fax a letter to the receiver and ask that the material be returned or destroyed.
7. A written Authorization for any use or disclosure of PHI will be obtained when the use or disclosure is not for treatment, payment or healthcare operations or required by federal or state law or regulation.

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Faxing Protected Health Information**

8. The PHI disclosed will be the minimum necessary to meet the requestor's needs.
9. Highly sensitive health information should not be sent by fax in certain states (e.g., information relating to AIDS/HIV, drug and alcohol abuse and psychotherapy notes).

**Sample Confidentiality Statement:**

**Sample #1:**

The documents accompanying this transmission contain confidential protected health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

**Sample #2:**

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Representative's Title

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HIPAA/PRIVACY  
Faxing Protected Health Information

SAMPLE  
FAX COVER PAGE

Facility Name  
Facility Address  
Phone Number  
Fax Number

Confidential and Protected Communication  
FAX COVER SHEET

DATE & TIME: \_\_\_\_\_ NUMBER OF PAGES \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
PHONE NUMBER

FROM: \_\_\_\_\_

COMMENTS:

VERIFICATION OF RECEIPT OF FAX:

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

-OR-

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

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NOTICE OF PRIVACY PRACTICES

Patient Name: FIRST LAST Date: 05/08/2019

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

This Facility is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information." We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact \_\_\_\_\_.

**UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you are admitted to our Facility, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- educate health professionals
- provide information for medical research
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- ensure it is accurate
- better understand who may access your health information
- make more informed decisions when authorizing disclosure to others

**HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

- **For Treatment.** We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other Facility personnel who are involved in taking care of you at a Facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can plan you meals. Different departments of a Facility also may share health information about you in order to coordinate your care and provide you medication, lab work and x-rays. We may also disclose health information about you to people outside the

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## NOTICE OF PRIVACY PRACTICES

Facility who may be involved in your medical care after you leave a Facility. This may include family members, or visiting nurses to provide care in your home.

- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at a Facility may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all residents receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about many residents to help determine what additional services should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by our corporate office for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Facility including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Facility. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of residents. We may disclose your age, birth date and general information about you in the Facility newsletter, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions. If you are receiving therapy services, we may post your photograph and general information about your progress.

### OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION

- **Business Associates.** There are some services provided in our Facility through contracts with business associates. Examples include medical directors, outside attorneys and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Providers.** Many services provided to you, as part of your care at our Facility, are offered by participants in one of our organized healthcare arrangements. These participants include a

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variety of providers such as physicians (e.g., MD, DO, Podiatrist, Dentist, Optometrist), therapists (e.g., Physical therapist, Occupational therapist, Speech therapist), portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, LCSWs, and suppliers (e.g., prosthetic, orthotics).

- **Treatment Alternatives.** We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services and Reminders.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fundraising Activities.** We may use health information about you to contact you in an effort to raise money as part of a fundraising effort. We may disclose health information to a foundation related to the Facility so that the foundation may contact you in raising money for the Facility. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services at the Facility.
- **Facility Directory.** We may include information about you in the Facility directory while you are a resident. This information may include your name, location in the Facility, your general condition (e.g., fair, stable, etc.) and your religion. The directory information, except for your religion, may be disclosed to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the Facility and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to

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balance the research needs with residents' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave a Facility.

- **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting Federal and state laws may require or permit the Facility to disclose certain health information related to the following:**
  - **Public Health Risks.** We may disclose health information about you for public health purposes, including:
    1. Prevention or control of disease, injury or disability
    2. Reporting births and deaths;
    3. Reporting child abuse or neglect;
    4. Reporting reactions to medications or problems with products;
    5. Notifying people of recalls of products;
    6. Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
    7. Notifying the appropriate government authority if we believe a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
    8. **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
    9. **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
    10. **Reporting Abuse, Neglect or Domestic Violence:** Notifying the appropriate government agency if we believe a resident has been the victim of abuse, neglect or domestic violence.
    11. **Law Enforcement.** We may disclose health information when requested by a law enforcement official:
      12. In response to a court order, subpoena, warrant, summons or similar process;
      13. To identify or locate a suspect, fugitive, material witness, or missing person;
      14. About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;

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15. About a death we believe may be the result of criminal conduct;
16. About criminal conduct at the Facility; and
17. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
18. Coroners, Medical Examiners and Funeral Directors. We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.
19. National Security and Intelligence Activities. We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
20. Correctional Institution: Should you be an Inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

### OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding your health information:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information.

You must submit your request in writing to \_\_\_\_\_. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Facility.

You must submit your request in writing to \_\_\_\_\_. In addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

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NOTICE OF PRIVACY PRACTICES

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the Facility; or
- Is accurate and complete.
- Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your request in writing to \_\_\_\_\_. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request in writing to \_\_\_\_\_. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- Right to Request Alternate Communications. You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

You must submit your request in writing to \_\_\_\_\_. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.
- You may obtain a copy of this Notice at our website, [www.\\_\\_\\_\\_\\_](http://www._____).

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NOTICE OF PRIVACY PRACTICES

**CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Facility and on the website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Facility administrator.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the Facility, contact \_\_\_\_\_ . All complaints must be submitted in writing. You will not be penalized for filing a complaint.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Representative's Title

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**HIPAA/PRIVACY**  
**Safeguarding and Storing Protected Health Information**

**Patient Name:** FIRST LAST **Date:** 05/08/2019

**PURPOSE**

The purpose of this policy is to provide guidelines for the safeguarding of Protected Health Information ("PHI") in the Facility and to limit unauthorized disclosures of PHI that is contained in a patient's Medical Record, while at the same time ensuring that such PHI is easily accessible to those involved in the treatment of the resident.

**POLICY**

The policy of this Facility is to ensure, to the extent possible, that PHI is not intentionally or unintentionally used or disclosed in a manner that would violate the HIPAA Privacy Rule or any other federal or state regulation governing confidentiality and privacy of health information. The following procedure is designed to prevent improper uses and disclosures of PHI and limit incidental uses and disclosures of PHI that is, or will be, contained in a patient's Medical Record. At the same time, the Facility recognizes that easy access to all or part of a patient's Medical Record by health care practitioners involved in a patient's care (nurses, attending and consulting physicians, therapists, and others) is essential to ensure the efficient quality delivery of health care.

The Administrator is responsible for the security of all Medical Records. All staff members are responsible for the security of the active Medical Records at the nursing stations.

**PROCEDURE**

The Facility Privacy Official and Administrator shall periodically monitor the Facility's compliance regarding its reasonable efforts to safeguard PHI.

**Safeguards for Verbal Uses**

These procedures shall be followed, if reasonable by the Facility, for any meeting or conversation where PHI is discussed.

Meetings during which PHI is discussed:

1. Specific types of meetings where PHI may be discussed include, but are not limited to:
  - a. Shift Change Report
  - b. Daily Standup or Department Head meetings
  - c. Interdisciplinary Plan of Care meeting
  - d. Medicare meeting
  - e. Bill review meetings
  - f. Family Care Conference
2. Meetings will be conducted in an area that is not easily accessible to unauthorized persons.
3. Meetings will be conducted in a room with a door that closes, if possible.
4. Voices will be kept to a moderate level to avoid unauthorized persons from overhearing.

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**HIPAA/PRIVACY**  
**Safeguarding and Storing Protected Health Information**

5. Only staff members who have a "need to know" the information will be present at the meeting. (See the Policy "Minimum Necessary Uses and Disclosures.")
6. The PHI that is shared or discussed at the meeting will be limited to the minimum amount necessary to accomplish the purpose of sharing the PHI.

**Telephone conversations:**

1. Telephones used for discussing PHI are located in as private an area as possible.
2. Staff members will take reasonable measures to assure that unauthorized persons do not overhear telephone conversations involving PHI. Reasonable measures may include:
  - a. Lowering the voice
  - b. Requesting that unauthorized persons step away from the telephone area
  - c. Moving to a telephone in a more private area before continuing the conversation
3. PHI shared over the phone will be limited to the minimum amount necessary to accomplish the purpose of the use or disclosure.

**In-Person conversations:**

- In patient rooms
- With patient/family in public areas
- With authorized staff in public areas

Reasonable measures will be taken to assure that unauthorized persons do not overhear conversations involving PHI. Such measures may include:

1. Lowering the voice
2. Moving to a private area within the Facility
3. If in patient room, pulling the privacy curtain

**Safeguards for Written PHI**

All documents containing PHI should be stored appropriately to reduce the potential for incidental use or disclosure. Documents should not be easily accessible to any unauthorized staff or visitors.

**Active Records on Nursing Unit:**

1. Active Medical Records shall be stored in an area that allows staff providing care to patients to access the records quickly and easily as needed.
2. Authorized staff shall review the Medical Record at the nursing station, unless it is signed out in accordance with Facility procedure.
3. Active Medical Records shall not be left unattended on the nurses' station desk or other areas where patients, visitors and unauthorized individuals could easily view the records.
4. Medication Administration Records, Treatment Administration Records, report sheets and other documents containing PHI shall not be left open and/or unattended.

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**HIPAA/PRIVACY**  
**Safeguarding and Storing Protected Health Information**

5. Only authorized staff shall review the Medical Records. All authorized staff reviewing Medical Records shall do so in accordance with the minimum necessary standards.
6. Medical Records shall be protected from loss, damage and destruction.

**Active Business Office Files:**

Active Business Office Files shall be stored in a secure area that allows authorized staff access as needed.

**Thinned Records, Inactive Medical Records:**

1. Thinned and inactive Medical Records will be filed in a systematic manner in a location that ensures the privacy and security of the information. The Health Information Manager or a designee shall monitor storage and security of such Medical Records. When records are left unattended, records will be in a locked room, file cabinet or drawer.
2. The Administrator will identify and document those staff members with keys to stored Medical Records. The minimum number of staff necessary to assure that records are secure yet accessible shall have keys allowing access to stored Medical Records. Staff members with keys shall assure that the keys are not accessible to unauthorized individuals.
3. Inactive Medical Records must be signed out if removed from their designated storage area. Only authorized persons shall be allowed to sign out such records.
4. Records must be returned to storage promptly.
5. In the event that the confidentiality or security of PHI stored in an active or inactive Medical Record has been breached, the Facility Privacy Official and Administrator shall be notified immediately.
6. Facility procedure will be followed if Medical Records are missing.
7. In the event of a change in ownership of the Facility, the Medical Records shall be maintained as specified in the Purchase and Sale Agreement.

**Inactive Business Office Files:**

Inactive Business Office Files shall be stored in a systematic manner in a location that ensures privacy and security of the information.

**PHI Not a Part of the Designated Record Set:**

1. Use of "shadow" charts or files is discouraged.
2. Any documentation of PHI shall be stored in a location that ensures, to the extent possible, that such PHI is accessible only to authorized individuals.

**Office Equipment Safeguards**

**Computer access:**

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**Safeguarding and Storing Protected Health Information**

1. Only staff members who need to use computers to accomplish work-related tasks shall have access to computer workstations or terminals.
2. All users of computer equipment must have unique login and passwords.
3. Passwords shall be changed every 90 days.
4. Posting, sharing and any other disclosure of passwords and/or access codes is strongly discouraged.
5. Access to computer-based PHI shall be limited to staff members who need the information for treatment, payment or health care operations.
6. Facility staff members shall log off their workstation when leaving the work area.
7. Computer monitors shall be positioned so that unauthorized persons cannot easily view information on the screen.
8. Employee access privileges will be removed promptly following their departure from employment.
9. Employees will immediately report any violations of this Policy to their supervisor, Administrator or Facility Privacy Official.

**Printers, copiers and fax machines:**

1. Printers will be located in areas not easily accessible to unauthorized persons.
2. If equipment cannot be relocated to a secure location, a sign will be posted near the equipment indicating that unauthorized persons are prohibited from viewing documents from the equipment. Sample language: "Only authorized staff may view documents generated by this (indicate printer, copier, fax, etc). Access to such documents by unauthorized persons is prohibited by federal law."
3. Documents containing PHI will be promptly removed from the printer, copier or fax machine and placed in an appropriate and secure location.
4. Documents containing PHI that must be disposed of due to error in printing will be destroyed by shredding or by placing the document in a secure recycling or shredding bin until destroyed.

**Destruction**

**Written:**

Documentation that is not part of the Medical Record and will not become part of the Medical Record (e.g., report sheets, shadow charts or files, notes, lists of vital signs, weights, etc.) shall be destroyed promptly when it is no longer needed by shredding or placing the information in a secure recycling or shredding bin until the time that it is destroyed.

**Electronic:**

Prior to the disposal of any computer equipment, including donation, sale or destruction, the Facility must determine if PHI has been stored in this equipment and will delete all PHI prior to the disposal of the equipment.

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Safeguarding and Storing Protected Health Information

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Representative's Title

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**HIPAA/PRIVACY  
Uses and Disclosures of Protected Health Information**

**Patient Name:** FIRST LAST **Date:** 05/08/2019

**PURPOSE**

To ensure that disclosure of Protected Health Information ("PHI") is made consistent with applicable laws, regulations and health information standards, and to ensure that any disclosures of a patient's PHI to a patient's family members, other relatives, close friends or other persons designated by the resident are appropriate.

**POLICY**

Disclosure of PHI will only be allowed with a properly completed and signed authorization except:

- When required or allowed by law (see "Request and Disclosure Table" following this Policy).

As defined in the Notice of Privacy Practices:

- For continuing care (treatment)
- To obtain payment for services (payment)
- For the day-to-day operations of the facility and the care given to the patients (health care operations)

Disclosure of PHI will be centralized through the Facility Privacy Official. In some instances, the Facility Privacy Official will need to track information that is disclosed. All disclosures designated as track able on the "Request and Disclosure Table" must be approved by the Privacy Official to enable the Facility to provide an accounting of disclosures when requested.

Disclosure of PHI will be carried out in accordance with all applicable legal requirements and in accordance with Facility policy. Each Facility will be responsible for researching and abiding by applicable state laws and regulations.

Original Medical Records will not be removed from the premises, except when ordered by subpoena or by other court order.

**PROCEDURE**

Receiving a Request for Medical Records:

Requests for Medical Records shall be managed by the Facility Privacy Official.

1. Other staff members will not release PHI without approval of the Facility Privacy Official.
2. Only emergency release of information will be done after hours or on weekends.
3. After hours and on weekends, release of information for continuing care (i.e., transfer to a hospital or emergency clinic) is allowed.

Responding to Specific Types of Disclosures:

See the "Request and Disclosure Table" following this Policy for applicable requirements in responding to requests by specific entities/individuals.

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**Uses and Disclosures of Protected Health Information**

1. **Media:** No PHI shall be released to the news media or commercial organizations without the authorization of the patient or his personal representative.
2. **Telephone Requests:** Staff members receiving requests for PHI via the telephone will make reasonable efforts to identify and verify that the requesting party is entitled to receive such information.

**Disclosures to Persons Involved with a Patient's Care:**

1. The Facility may disclose to a family member, other relative, close friend, or any other person identified by the patient, PHI:
  - a) That is directly relevant to that person's involvement with the resident's care or payment for care; or
  - b) To notify such person of the patient's location, general condition, or death.
2. **Conditions if the Patient is Present.** If the patient is present for, or otherwise available, prior to a permitted disclosure, then the Facility may use or disclose the PHI only if the Facility:
  - a) Obtains the patient's agreement;
  - b) Provides the patient with an opportunity to object to the disclosure, and the patient does not express an objection (this opportunity to object and the patient's response may be done orally); or
  - c) May reasonably infer from the circumstances, based on the exercise of professional judgment that the patient does not object to the disclosure.
3. **Conditions if the Patient is Not Present or is Incapacitated.** The Facility may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the patient, and, if so, disclose only that PHI which is directly relevant to the person's involvement with the patient's care if:
  - a) The patient is not present,
  - b) The opportunity to agree/object to the use or disclosure cannot practicably be provided because of the patient's incapacity, or
  - c) In an emergency.
4. **Confirming Identity.** The Facility shall take reasonable steps to confirm the identity of a patient's family member or friend. The Facility is permitted to rely on the circumstances as confirmation of involvement in care. For example, the fact that a person admits a patient to the Facility and visits weekly is sufficient confirmation of involvement in the patient's care.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Representative's Title



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**HIPAA/PRIVACY  
Uses and Disclosures of Protected Health Information**

**REQUEST AND DISCLOSURE TABLE**

<b>Requestor</b>	<b>Authorization Required?</b>	<b>Copy Fee Charged?</b>	<b>Track on Accounting of Disclosures?</b>	<b>Notes:</b>
<b>Accrediting Agencies (ICAHQ, CARF)</b>	No	No	No	See policy on Business Associates
<b>Attorney for Patient</b>	Yes	Yes	No	See policy on Authorizations
<b>Attorney for Facility/Corporation</b>	No	No	No	See policy on Business Associates
<b>Contractors/Business Associates</b>	No, unless their purpose falls outside of TPO	No	No	See policy on Business Associates
<b>For Disease Persons</b> <ul style="list-style-type: none"> <li>• Coroner or Medical Examiner, Funeral Directors</li> <li>• Organ Procurement</li> </ul>	No	No	Yes	See policy on Accounting of Disclosures
<b>Employer</b> <ul style="list-style-type: none"> <li>• PHI specific to work related illness or injury, and</li> <li>• Required for employer's compliance with occupational safety and health laws</li> </ul>	No, for the purpose listed  Yes for all others.	No	No	
<b>Family Members</b>	No for oral disclosures to family members involved in care; yes for others	Yes	No	See policy on Authorization
<b>Entity Subject to the Food and Drug Administration</b> <ul style="list-style-type: none"> <li>• Adverse events, product defects or biological product deviations.</li> <li>• Track products</li> <li>• Enable product recalls, repairs, or replacements</li> <li>• Conduct post marketing surveillance.</li> </ul>	No	No	Yes	See policy on Accounting of Disclosures
<b>Health Oversight</b>	No	No	Yes	See policy on

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Uses and Disclosures of Protected Health Information**

<ul style="list-style-type: none"> <li>• Government benefits program</li> <li>• Fraud and abuse compliance</li> <li>• Civil rights law</li> <li>• Trauma/tumor registries</li> <li>• Vital Statistics</li> <li>• Reporting of abuse or neglect</li> </ul>				Accounting of Disclosures
<b>Health Care Practitioners and Providers for Continuity of Treatment and Payment</b>	No	No	No	Part of treatment
<b>Health Care Practitioners and Providers if <u>not</u> involved in Care or Treatment (i.e., consultants)</b>	No	No	No	Part of treatment
<b>Insurance Companies/Third Party Payors</b> Related to Claims Processing	No	No	No	Part of payment
<b>Judicial and Administrative Proceedings</b> <ul style="list-style-type: none"> <li>• Court order, or warrant</li> <li>• Subpoena</li> </ul>	No  No-See policy on Responding to a Subpoena	No  Yes	Yes  Yes	See policy on Accounting of Disclosures
<b>Law Enforcement</b> <ul style="list-style-type: none"> <li>• Administrative request</li> <li>• Locating a suspect, fugitive, material witness or missing person</li> <li>• Victims of crime</li> <li>• Crimes on premises</li> <li>• Suspicious deaths</li> <li>• Avert a serious threat to health or safety</li> </ul>	No	No	Yes, except for disclosures to correctional institutions.	See policy on Accounting of Disclosures
<b>Public Health Authorities</b> <ul style="list-style-type: none"> <li>• Surveillance</li> <li>• Investigations</li> <li>• Interventions</li> <li>• Foreign governments collaborating with US public health</li> </ul>	No	No	Yes	See policy on Accounting of Disclosures



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**HIPAA/PRIVACY  
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<p>authorities</p> <ul style="list-style-type: none"> <li>• Recording births/deaths</li> <li>• Child/elder abuse</li> <li>• Prevent serious harm</li> <li>• Communicable disease</li> </ul>				
<b>Research (w/o Authorization)</b>	No, if IRB or Privacy Board approves the research study and waives authorization.	No	Yes	See policy on Accounting of Disclosures
<b>Patient/Patient's Personal Representative</b>	No	Yes	No	See policy on Authorization
<p><b>Specialized Government Functions</b></p> <ul style="list-style-type: none"> <li>• Military and Veterans' activities</li> <li>• Protective services for the President</li> <li>• Foreign military personnel</li> <li>• National security and intelligence activities</li> </ul>	No	No	Yes, except for disclosures for national security and intelligence activities.	See policy on Accounting of Disclosures
<p><b>Workers' Compensation</b></p> <ul style="list-style-type: none"> <li>• Comply w/existing laws (see state law)</li> </ul>	No	See applicable state law	Yes	See policy on Accounting of Disclosures

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