

Beacon Comprehensive Behavioral Health Management Policy and Procedure Manual	
Policy Name: Overview	HIPAA Privacy Regulations
Date: 11-02 Reviewed by QI Committee: 11-06, 11-07, 11-08, 11-09, 01-10, 9-10, 11-10, 11-11 Revised by QI Committee: 11-06, 11-07, 11-08, 11-09, 01-10, 9-10, 11-10, 11-11	Page: 1 of 4 Policy Number: HP-1

Purpose: Ensuring patient confidentiality by protecting personal health information, Beacon Comprehensive Behavioral Health Management (Beacon CBHM) abides by all Privacy Regulations under the Federal HIPAA Guidelines in addition to State Regulations and Licensing Agreements.

Definitions:

HIPAA – Health Insurance Portability and Accountability Act

Protected Health Information (PHI) – Any oral or recorded information related to the past, present, or future physical or mental health of an individual, the provision of health care to the individual, or the payment for health care. Also referred to as personal health information.

Disclosure – the release, transfer, access, or otherwise divulging of protected health information to an outside entity.

Outside Entity – Any individual or entity not involved in the authorization, treatment, and payment of health services as covered under an individual’s benefit plan; e.g., non-covered provider, school district, legal advisor, employer, etc.

Licensed Clinician – An individual who has met all requirements for licensure by the state and is bound by confidentiality requirements of their individual license (e.g., LVN, LPT, LPC, RN, LCSW, MFT, PhD, MD)

Policy:

1.0 Triage and Referral

Authorization or Registration for clinical services is only generated after the patient/legal guardian has given consent for treatment services. Patients can verbally designate an appointee to act on their behalf for the referral and authorization process. This verbal consent must be clearly documented in the medical record along with the expiration date (twelve months from date of consent).

A contracted provider or provider’s office may request an authorization or registration on behalf of the patient/legal guardian who has scheduled an appointment. The scheduling of the appointment indicates consent for treatment.

If a family member, friend, attorney, insurance broker, or employer calls to seek services on behalf of a patient, they will be advised that a file can be opened, benefits quoted, and referrals given, but no authorization or registration can be generated until patient/legal guardian has given consent for treatment.

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2.0 Initial Appointment

Patients are given a statement advising regarding confidentiality of protected health information. In addition patients sign an informed consent, which outlines confidentiality and communication with health plans as well as coordination of care with their Primary Care Physician.

3.0 Clinical Case Management

Protected health information gathered by licensed clinicians during the course of treatment for purposes of medical necessity review and/or quality review is confidential and is not released to outside entities without the written consent of the patient. Patients can verbally designate an appointee to act on their behalf for the case management process. This verbal consent must be clearly documented in the medical record along with the expiration date (twelve months from date of consent).

4.0 Claims Processing

For the purposes of payment under the benefit plan protected health information (patient’s name, social security number, date of birth, name of provider, and diagnostic code) are submitted to the health plan. No specific clinical information, other than diagnosis, location of services, provider of service, and length of treatment, is disclosed.

5.0 Quality Management – Treatment Record Audits

To maintain the highest quality of care, periodic audits of individual treatment records are conducted. The reviewer is a licensed clinician who has signed a specific confidentiality agreement prohibiting them from releasing information to a third party without explicit consent from the patient. Reference Audit Policy, TR-3.

Results of audits are then aggregated and patient identifiable information (name, birth date, social security number) is removed.

6.0 Authorized Release of Protected Health Information

A patient and/or legal guardian of a minor patient may sign a written release of confidentiality and ask that protected health information be disclosed to an outside entity. This release must contain: 1) Name of person or agency to whom the information is to be disclosed; 2) The specific information to be disclosed; 3) The purpose of disclosure; 4) The date consent was signed and the signature of a witness; 5) A specified time frame for which the release is in effect; 6) A notification that patient can revoke release at any time; 7) A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient; 8) A notice that patient has received a copy; 9) A notice regarding reimbursement for disclosure where this occurs, and 10) an original signature. Reference Confidentiality Policy RR-6.

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7.0 Patient Access

Upon request patients may request to receive a copy of their medical records. Records are to be disclosed to the patient unless the disclosure of records would result in imminent harm to patient or another party. In these cases providers should seek legal counsel prior to disclosure.

Patients may request to enter an amendment in their medical records for any records after April 14, 2003 and a notice of amendment must be sent to any party who had previously received a copy of the medical record.

Patients may request an accounting of all disclosure of protected health information. Beacon CBHM collects and maintains accounting of disclosures for six (6) years prior to request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request. .

8.0 Grievances

Patients have the right to file formal grievances whenever they believe that their protected health information was used and/or disclosed inappropriately.

To file a grievance, a patient may contact Beacon CBHM and request to speak with the QI Executive Assistant who will advise regarding the grievance procedure.

9.0 Record Keeping

The patient ledger is an electronic log, which indicates eligibility information, all authorizations or registrations granted, and claims paid. In addition for the purposes of case management clinical chart notes record the date protected health information was received, a description of the protected health information, when authorization or registration given, and to whom.

An administrative note is entered whenever protected health information is disclosed other than for treatment, payment, or healthcare operations (e.g., in response to a written authorization from patient).

10.0 Administration

The Vice-President of Product Management and Compliance is designated as the Privacy Officer and responds to any concerns regarding protected health information. The QI Executive Assistant reports to the Vice-President of Product Management and Compliance who has oversight responsibility for HIPAA privacy regulations.

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A personnel training regarding privacy and protected health information is provided at the time of hire, annually, and periodically throughout the year as concerns are noted or as policies are amended.

Whenever personnel become aware of a privacy issue they are encouraged to report it immediately to their supervisor for follow-up with Vice-President of Product Management and Compliance and appropriate resolution. Personnel who report privacy concerns will not be subject to any disciplinary actions and/or retaliation.

Personnel who violate privacy regulations are subject to discipline up to and including termination per their employee agreement.