

<b>Comprehensive Behavioral Health Management/College Health IPA Policy and Procedure Manual</b>	
<b>Policy Name:</b> Overview	<b>HIPAA Privacy Regulations</b>
<b>Date:</b> 11-02	<b>Page:</b> 1 of 3
<b>Reviewed by QI Committee:</b> 11-06, 11-07	<b>Policy Number:</b> HP-1
<b>Revised by QI Committee:</b> 11-06, 11-07	

**Purpose:** Ensuring patient confidentiality by protecting personal health information, Comprehensive Behavioral Health Management/College Health IPA (CBHM/CHIPA) 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

**Personal 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 protected health information.

**Disclosure** – the release, transfer, access, or otherwise divulging of personal and 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 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 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 can be generated until patient/legal guardian has given consent for treatment.

2.0 Initial Appointment

Patients are given a statement advising regarding confidentiality of personal 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.

<b>Comprehensive Behavioral Health Management/College Health IPA Policy and Procedure Manual</b>	
<b>Policy Name:</b> Overview	<b>HIPAA Privacy Regulations</b>
<b>Date:</b> 11-02	<b>Page:</b> 2 of 3
<b>Reviewed by QI Committee:</b> 11-06, 11-07	<b>Policy Number:</b> HP-1
<b>Revised by QI Committee:</b> 11-06, 11-07	

3.0 Clinical Case Management

Personal health information gathered by licensed clinicians during the course of treatment for purposes of medical necessity review and authorization is confidential and is not released to outside entities without the written consent of the patient.

4.0 Claims Processing

For the purposes of payment under the benefit plan personal 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 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 Personal Health Information

A patient and/or legal guardian of a minor patient may sign a written release of confidentiality and ask that personal 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.

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.

<b>Comprehensive Behavioral Health Management/College Health IPA Policy and Procedure Manual</b>	
<b>Policy Name:</b> Overview	<b>HIPAA Privacy Regulations</b>
<b>Date:</b> 11-02	<b>Page:</b> 3 of 3
<b>Reviewed by QI Committee:</b> 11-06, 11-07	<b>Policy Number:</b> HP-1
<b>Revised by QI Committee:</b> 11-06, 11-07	

Patients may request an accounting of all disclosure of personal health information other than the disclosures made for treatment, payment or general healthcare operations.

8.0 Grievances

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

To file a grievance, a patient may contact CBHM/CHIPA and request to speak with the QI 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 granted, and claims paid. In addition for the purposes of case management clinical chart notes record the date personal health information was received, a description of the personal health information, when authorization given, and to whom.

An administrative note is entered whenever personal 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 QI Assistant is designated as the Privacy Officer and responds to any concerns regarding personal health information. The QI Assistant reports to the Director of Clinical Services who has oversight responsibility for HIPAA privacy regulations.

A personnel training regarding privacy and personal health information is provided at the time of hire 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 Director of Clinical Services 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 termination per their employee agreement.

**URAC Standard**

Core 24 – Confidentiality of Individually Identifiable Health Information