

POLICY INFORMATION

Policy Title: Notice of Privacy Practices Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees CT Employees NY Employees Remote Employees Contractors Volunteers Students/Interns Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

To ensure Nuvance Health and its affiliates ("Nuvance") Covered Individuals understand the requirement to provide a Notice of Privacy Practices to all patients as required by the HIPAA Privacy Rule.

DEFINITIONS

See HIPAA Glossary

Covered Individual: This term refers to all Nuvance Health workforce members, business affiliates, and agents. Workforce members shall include any of the following individuals at Nuvance Health: Members of the Nuvance Health Board and the boards of any Nuvance Health related entity; President/Chief Executive Officer; administrators; managers, officers; employees, affiliates; medical staff members; appointees; volunteers; personnel; interns; students, trainees, and any individual whose conduct is under direct control of Nuvance Health whether or not they are paid by Nuvance Health. Business Affiliates shall include any non-workforce member, contractor, independent contractor, vendor, person, subcontractor or third-party, who or that, in acting on behalf of Nuvance Health: (i) delivers, furnishes, prescribes, directs, orders, authorizes, or otherwise provides Federal healthcare program items and services; (ii) performs billing or coding functions; (iii) contributes to Nuvance Health's entitlement to payment under Federal healthcare programs; and (iv) is affected by one or more of Nuvance Health's risk areas through the Business Affiliate's interaction with, or performance of their role, functions, and responsibilities or provision of contracted services at

Original Effective Date: LHQ=9/8/08

Revision Dates: (list all) 2/28/24

Supersedes: HQ 5.2.10 Notice of Privacy Practices Policy;

HQ 5.2.10 Notice of Privacy Practices Procedure

Nuvance Health. Agents include individuals or entities that have entered into an agency relationship with Nuvance Health. Agents fall under the category of either Workforce Member or Business Affiliate depending on their role, functions, and responsibilities.

POLICY

1. Nuvance entities must provide the Notice of Privacy Practices (“Notice”) to all patients and make a good faith effort to obtain a written acknowledgment of receipt of the Notice from each patient, or the patient’s Personal Representative, no later than the date of the first service delivery, to the extent practicable. This Notice informs patients how their PHI may be accessed, used and disclosed by Nuvance, Nuvance’s duty to protect their PHI, and their rights with respect to their PHI and how to exercise those rights. The Notice will be posted in prominent areas for patients to view. When significant content updates are made to the Notice, copies will be given to patients.
2. In an emergency treatment situation, Nuvance will provide the Notice as soon as reasonably practicable after the emergency treatment situation. If a written acknowledgment cannot be obtained from the patient, documentation will be made regarding efforts to obtain one and the reasons why it could not be obtained.
3. The Privacy Officer shall ensure appropriate distribution and updating of the Notice. Nuvance Covered Individuals must:
 - a. Provide Notice to all new patients.
 - b. Attempt to obtain a signed acknowledgement form from the patient and maintain the form in the medical record. If a written acknowledgment cannot be obtained from the patient, documentation will be made regarding efforts to obtain one and the reasons why it could not be obtained.
 - c. Document receipt of the Notice in the patient registration system, if applicable.
 - d. Forward inquiries on the Notice to the Nuvance Corporate Compliance Office.

PROCEDURE

Nuvance Health will ensure that there is an updated, posted Notice in all of its sites, so as to be readily available to patients for reference.

A. DISTRIBUTION OF NOTICE OF PRIVACY PRACTICES

1. The Notice will be available for distribution at all points of registration or the place of service at Nuvance entities and will be displayed in main areas.
2. The Notice will be prominently posted on the System facility web site and be available electronically. All documentation related to the Notice is to be maintained in the medical record for a minimum of six (6) years.
3. The Notice will be available in both English and Spanish and is made available upon request.
4. Nuvance entities will provide the Notice once to each patient (or the patient’s Personal Representative) on the date of the first service delivery. Note: A date cannot be entered into the system until the patient actually receives the Notice; therefore, if a patient is pre-registered, or has a paper registration where the patient is not present, a date should not be entered into the system.
 - a. For each patient encounter at a hospital, the registration information system will be checked to determine if the Notice was previously given and if a signed acknowledgment was received.
 - b. For each new patient visit at a Nuvance Health Medical Practice (“NHMP”) location, a Notice will be provided, and an acknowledgement obtained.

- c. If there is no record that the Notice was previously provided to the patient or the patient's Personal Representative, a Notice will be provided, and the patient will be asked to sign the acknowledgment of receipt. If the patient indicates that the Notice was previously received, and an acknowledgement form signed, document this as the patient's reason for not signing another; if he/she refuses to provide an acknowledgment for any other reason, document in the acknowledgement section of the Notice that efforts were made to obtain the acknowledgment and the reason(s) why the acknowledgment was declined.
- d. The original paper acknowledgement form, indicating the patient's or Personal Representative's signature or refusal to sign or an electronic scanned version of this document must be stored in an easily retrievable location for at least six (6) years.
- e. If the patient requests the Notice via email, ensure that the correct email address is utilized, and if a failed transmission notification is received, a paper copy of the Notice must be provided.

B. ACKNOWLEDGEMENT OF RECEIPT

A good faith effort to obtain acknowledgement of receipt from the patient must be evidenced. If an acknowledgement cannot be obtained e.g., the patient refuses to sign it, efforts to obtain the acknowledgement must be documented. In an emergency treatment situation, it is not necessary to make a good faith effort, however, it must be documented that the acknowledgement was not received due to an emergency treatment situation.

C. QUESTIONS ABOUT THE NOTICE

If the patient has additional questions, direct the patient to the Nuvance Corporate Compliance Office at (203) 739-7110.

D. REVIEW AND CHANGES TO THE NOTICE

1. The Notice will be reviewed periodically to ensure continued compliance with the privacy regulations, as amended from time-to-time, and/or privacy policies and procedures by the Corporate Compliance Office.
2. If the Notice is revised, the revised Notice must be posted in prominent locations at the Nuvance facility or NHMP location and on the Nuvance web site and provided to any patient upon request. When the Notice is revised, Nuvance will make the revised Notice available upon request on or after the effective date of a revision. Nuvance will promptly revise the Notice whenever a material change to Nuvance policies and procedures is made that affects the Notice.

ENFORCEMENT

All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy and related procedure may result in remedial and/or disciplinary action, up to and including termination of any employment or other relationship.

REFERENCES

45 CFR Section 164.520

APPROVAL

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Signature

2/28/2024

Date