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**PHILIPPIANS 4:13**



# **HIPAA POLICY**



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## **I. INTRODUCTION**

### **A. PURPOSE**

These policies and procedures are implemented in order to assure compliance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rules.

### **B. AUTHORITY**

These policies and procedures have been implemented with the approval of the ABLED Inc. Board of Directors.

### **C. DEFINITIONS**

HIPAA stands for the federal law entitled the Health Insurance Portability and Accountability Act, which was passed in 1996. Regulations issued under HIPAA that protect the privacy of health information for all Americans went into effect April 14, 2003.

Protected health information (PHI) is all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

Business associates are people or organizations, other than a member of a covered entity's workforce, that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involve the use or disclosure of PHI. (e.g., ABLED subcontractors, employees, Therap)

Confidentiality means maintaining privacy of past, present, or future information (including verbal, electronic, and written form) that is created or received pertaining to identity, diagnosis, healthcare, or habilitation of any person supported by ABLED, Inc.

## **II. STAFF RESPONSIBILITIES**

### **A. SAFE KEEPING OF CONFIDENTIAL INFORMATION**

1. All participant information is to be securely maintained in the cloud and on Therap.
2. Staff must not store participant confidential records on phones, computers, or other devices.
3. Staff must scan and upload confidential paper records to the cloud or to Therap and shred the paper copy.
4. Access to confidential records will be limited to:
  - a. The participant.
  - b. The legal representative of the participant.
  - c. ABLED, Inc. employees who are directly involved with the participant.
  - d. Monitoring agencies.
  - e. Court order, subpoena, or statute.



- f. Others who have a signed consent form requesting specific information.
5. Computers and e-mail will be secured with passwords.
6. All written communication containing confidential information will be maintained in a confidential manner.
7. Conversations involving confidential information will be conducted in a place and in a manner to ensure privacy.
8. There will be no unnecessary duplication of confidential information.
9. Participants must receive information regarding disclosure of health information (HIPAA Privacy Notice) and must sign the HIPAA Disclosure Acknowledgment Form.
10. All ABLED staff are responsible for safeguarding protected health information and will be trained in HIPAA compliance.

## **B. RELEASE OF INFORMATION**

1. Confidential information may be released or requested with written informed consent. The Confidential Information Release/Request Form must be completed and signed.
2. Confidential Information Release/Request Forms for children 0-19 years of age must be signed by the parent or legal guardian.
3. Adults receiving services will sign their own Confidential Information Release/Request Form unless they have been declared legally incompetent and guardianship has been established which prohibits the person from signing the release. If the signature is illegible, it must be witnessed.
4. ABLED, Inc.'s staff:
  - a. Are responsible for explaining the contents of the Confidential Information Release/Request Form to the person served and/or guardian.
  - b. Must be confident that the person served, or the guardian of the person served understands what information is to be released or requested and for what purpose.
5. All Confidential Release/Request Forms will be reviewed annually, and any changes will be made at that time.
6. When the Confidential Release/Request Form expires, a new form must be completed.
7. If a Confidential Release/Request Form is revoked, confidential information cannot be released until a new form is completed.

## **C. MISUSE OF CONFIDENTIAL INFORMATION**

1. Staff must be continually aware that they have information which is confidential in nature. This information may only be shared under the conditions specified in this procedure.
2. Necessary informal information may only be shared in situations desired by the participant. Examples of informal information which may be shared:



- a. Name, address, telephone number and work history for a job application.
  - b. Introduction using name only to facilitate integration at a social event.
  - c. Name and interests (hobbies) to identify potential community advocates.
3. Allegations or misuse of confidential information will be reported to an ABLED executive team member for investigation.
  4. ABLED, Inc.'s staff are subject to sanctions of employment, including but not limited to termination of employment and risk of criminal liability exposure if it is determined that confidential information has been disclosed, whether maliciously or negligently.

#### **D. DESTRUCTION OF CONFIDENTIAL INFORMATION**

All confidential records must be shredded or otherwise destroyed so that they are indecipherable.



# **APPENDIX A**

## **HIPAA PRIVACY NOTICE**

### **I. DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)**

The following categories describe different ways we use and disclose health information. For each category of uses and disclosures, we will explain what we mean and give some examples. Not every category will be listed. All of the ways we are permitted to use and disclose health information will fall within one of the identified categories:

#### **A. FOR TREATMENT**

We may use health information to provide medical treatment or services. We may disclose health information to doctors, nurses, technicians, medical students, or other healthcare providers. Different departments of ABLED, Inc. also may share health information to coordinate the care, such as prescriptions, lab work, and x-rays. We also may disclose health information to people outside ABLED, Inc. who may be involved in participant's healthcare after they leave ABLED.

#### **B. FOR PAYMENT**

We may use and disclose health information so that the treatment and services may be billed and payment may be collected. For example, we may need to give health plan information about a surgery so health insurance will pay for the services. We may also discuss a future treatment with insurance providers to obtain prior approval or to determine whether the plan will cover the treatment.

#### **C. FOR HEALTHCARE OPERATIONS**

We may use and disclose health information for ABLED, Inc.'s operations. These uses and disclosures are necessary to run ABLED, Inc. and ensure our participants receive quality care. For example, we may use health information to evaluate staff's treatment and services in caring for our participants. We may also combine the health information we have with health information from other hospitals, healthcare providers, and agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We remove identifiable information from this set of health information so others may use it to study healthcare delivery without learning who the specific participant is.



## **D. BUSINESS ASSOCIATES**

ABLED, Inc.'s services are provided through employees and subcontractors who are our business associates. ABLED may discuss health information with our business associates so that they can perform their jobs. Also, we may disclose your health information to accrediting agencies and certain outside consultants. Our business associates are required to use appropriate safeguards to protect health information.

## **E. APPOINTMENT REMINDERS**

We may contact participants to remind them of appointments, treatments, or other health-related services that may be of interest.

## **F. TREATMENT ALTERNATIVES**

We may use and disclose health information to tell participants about or recommend possible treatment options or alternatives that may be of interest.

## **G. INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE**

ABLED may release participant health information friends, family members, or other persons designated by the participant as emergency contacts. This includes condition, status, and location.

## **H. AS REQUIRED BY LAW**

ABLED will disclose health information when required to do so by federal, state, or local law.

## **I. SERIOUS THREAT TO HEALTH AND SAFETY**

ABLED may use or disclose health information when necessary to prevent a serious threat to health and safety, or to the health and safety of the public or another person.

# **II. SPECIAL SITUATIONS**

## **A. ORGAN AND TISSUE DONATION**

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

## **B. SPECIALIZED GOVERNMENTAL FUNCTIONS**

We may disclose health information for military and veterans' activities, national security and



intelligence activities, and similar special governmental functions as required or permitted by law.

### **C. WORKERS' COMPENSATION**

We may release health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

### **D. PUBLIC HEALTH ACTIVITIES**

We may disclose health information for public health activities. These activities generally include:

- To prevent or control disease, injury, or disability.
- To report births or deaths.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we suspect a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure when required or authorized by law.

### **E. 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 healthcare system, government programs and compliance with civil rights law.

### **F. LAWSUITS AND DISPUTES**

ABLED may disclose protected health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process.

### **G. LAW ENFORCEMENT**

We may release health information if asked to do so by a law enforcement official.

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- For death inquiries believed to be the result of criminal conduct.
- For inquiries into possible criminal conduct at ABLED, Inc.



- To report a crime, the location of the crime, victims, or the identity, description, or location of the person who committed the crime.

## **H. CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS**

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release health information about patients of ABLED, Inc. to funeral directors, as necessary, to carry out their duties.

## **I. NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES**

We may release health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## **J. PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS**

We may disclose health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

## **K. INMATES**

We may release health information to a correctional institution or law enforcement official about persons who are inmates of a correctional institution or under the custody of a law enforcement official. This release would be necessary (1) for the institution to provide healthcare; (2) to protect the health and safety of the inmate and others; or (3) for the safety and security of the correctional institution.

## **L. RESEARCH**

We may disclose health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of health information. In addition, we may disclose information to researchers in preparation for research.

## **M. FOOD AND DRUG ADMINISTRATION (FDA)**

We may disclose to the FDA health information relating to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

## **N. OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this Notice or by the laws that apply to us



will be made without written authorization. Any written authorization to use or disclose health information may be revoked, in writing, at any time. We will no longer use or disclose health information for the reasons covered by the written authorization. ABLED cannot take back any disclosures already made. We are required to retain records of the care provided.

### **III. PARTICIPANT'S RIGHTS REGARDING PHI**

Participants have the following rights regarding health information we maintain:

#### **A. RIGHT TO INSPECT AND COPY**

Participants have the right to inspect and copy health information that may be used to make decisions about their care. Usually this includes medical and billing records but does not include psychotherapy notes.

If they want to inspect and copy health information that may be used to make decisions, they may submit a request in writing to a member of the ABLED Executive Team. ABLED may charge a fee for the costs of copying, mailing, or other supplies associated with the request.

ABLED may deny requests to inspect and copy in certain, very limited circumstances. The participant may request a review of any denial. Another licensed healthcare professional chosen by ABLED, Inc. will review the request and the denial. The person conducting the review will not be the person who denied the request. ABLED will comply with the outcome of the review.

#### **B. RIGHT TO AMEND**

Participants may request that ABLED amend health information if it is believed to be incorrect or incomplete. Participants have the right to request an amendment for as long as the information is kept by or for ABLED, Inc.

A request to amend must be made in writing and submitted to a member of the ABLED Executive Team. The request must include the reason(s) for the amendment. ABLED may deny the request for an amendment if it is not in writing or does not include a reason to support the request. In addition, ABLED may deny the request if the information to be amended:

- 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 ABLED, Inc.
- Is not part of the information that you would be permitted to inspect and copy.
- Is not accurate and complete.

ABLED will respond within 60 days of receiving your request.

#### **C. RIGHT TO AND ACCOUNTING OF DISCLOSURES**

Participants have the right to request a list of the disclosures we have made of protected health



information for other than treatment, payment and healthcare operations, or as described in this Notice. Participants may submit a request for accounting disclosures in writing to a member of the ABLED Executive Team. The request must state a time period, which may not be longer than six years and may not include dates before ABLED, Inc. began operations in February 2015. ABLED will provide the first list requested for free. For additional lists, ABLED will charge for the costs of providing the list. ABLED will notify participants of the cost involved so the request may be withdrawn or modified before any costs are incurred.

#### **D. RIGHT TO REQUEST RESTRICTIONS**

Participants have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or healthcare operations.

Participants also have the right to request a limit on the health information we disclose to someone who is involved in participants' care or the payment for care, like family members or friends.

#### **E. LIMITATIONS MAY BE DENIED**

ABLED will comply with all reasonable requests unless the information is needed to provide emergency treatment. Requests for restrictions must be made in writing to a member of the ABLED Executive Team. The request must tell us (1) what information to limit; (2) whether to limit our use, disclosure, or both; and (3) to whom the limits to apply (for example, disclosure to a spouse).

#### **F. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

Participants have the right to request that ABLED communicate with them about healthcare matters in a certain way or at a certain location. The request for confidential communications must be made in writing to a member of the ABLED Executive Team. ABLED will not ask the reason for the request. ABLED will accommodate all reasonable requests. The request must specify how or where to be contacted. ABLED will agree to the written request so long as we can easily provide it in the format requested.

#### **G. RIGHT TO A PAPER COPY OF THIS NOTICE**

Participants have the right to a paper copy of this Notice of Privacy Practices. A copy of this notice may be requested at any time. Participants are entitled to a paper copy of this notice despite previously opting into electronic notice.

To obtain a paper copy of this notice, contact a member of the ABLED Executive Team

#### **H. CHANGES TO THIS NOTICE**

ABLED reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have, as well as any information we receive in the future. We



will post a copy of the current notice with our policies on our web site. The notice will contain the effective date. In addition, ABLED will offer a copy of the current notice in effect at least annually.

## **I. COMPLAINTS**

Any participant or guardian may file a complaint with the Chief Executive Officer at ABLED, Inc., 7562 Upton Grey Lane, Lincoln, NE 68516, 402 904-7433 or with the Department of Health and Human Services. All complaints must be submitted in writing. ABLED will not penalize or otherwise retaliate against anyone for filing a complaint.



## HIPAA DISCLOSURE ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_ received a copy of ABLED, Inc.'s  
HIPPA Privacy Notice.

I was provided the opportunity to ask questions, get answers and receive an explanation of the privacy statement.

\_\_\_\_\_  
Participant:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Legal Guardian: (If Applicable)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
ABLED, Inc. Representative:

\_\_\_\_\_  
Date:



## CONFIDENTIAL INFORMATION RELEASE/REQUEST FORM

I, \_\_\_\_\_, hereby authorize release/request of the following confidential information and/or health information about as indicated below (in each case, state specific information and/or restrictions) for \_\_\_\_\_ (participant).

	Health Records:
	Psychological/Mental Health Records:
	Habilitation Records:
	Finances:
	Publications:
	Other:

**To:**

Name:	
Address:	
Phone:	

I understand that the information used or disclosed may be subject to re-disclosure by the person or facility receiving it and would then no longer be protected by federal privacy regulations.

I may revoke this authorization by notifying ABLED, Inc. in writing of my desire to revoke it. However, I understand that any action already taken based on this authorization cannot be reversed, and my revocation will not affect those actions.

This authorization expires one year from the date it was signed or 30 days after termination of services provided by ABLED, Inc. A copy of this authorization shall be considered as effective and valid as the original. A copy of this completed form must be given to the individual and/or person signing on the individual's behalf.

Participant:	Date:
Legal Guardian:(If applicable)	Date:
ABLED, Inc Representative:	Date: