



HIPAA POLICY



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I. PURPOSE

This policy and procedure is implemented in order to assure compliance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rules.

II. AUTHORITY

This policy and procedure has been implemented with the approval of the Board of Directors and/or its designee.

III. DEFINITION

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.

IV. PROCEDURAL DIRECTIVES

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 download participant confidential records to 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 medical information HIPAA Privacy Notice and must sign the HIPAA Disclosure Acknowledgment Form.
10. All ABLED staff are responsible for safeguarding protected health information and must be trained on Things Employees Need to Know About HIPAA.

B. RELEASE OF INFORMATION

1. Confidential information may be released or requested with a 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 Management personnel:
 - 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

V. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we use and disclose medical 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 information will fall within one of the identified categories:

A. FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other healthcare providers who are involved in taking care of you. Different departments of ABLED, Inc. also may share medical information about you in order to coordinate the care you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside ABLED, Inc. who may be involved in your medical care after you leave our care or other information used to provide services that are part of your care.

B. FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay for the services. 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.

C. FOR HEALTHCARE OPERATIONS

We may use and disclose medical information about you for ABLED, Inc. operations. These uses and disclosures are necessary to run ABLED, Inc. and make sure that all of our individuals receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine the medical information we have with medical 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 medical information so others may use it to study healthcare delivery without learning who the specific individual is.



D. BUSINESS ASSOCIATES

Many ABLED, Inc. services are provided through contractual arrangements with business associates. These include, but are not limited to: radiology, certain laboratory services, healthcare services, transcription and data management. When services are provided by a business associate, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your insurance company for those services. In addition, we may disclose your health information to accrediting agencies and certain outside consultants. Our business associates must use appropriate safeguards to protect your health information.

E. APPOINTMENT REMINDERS

We may contact you to remind you of appointments or treatment or other health-related services that may be of interest to you, including educational and employment opportunities.

F. TREATMENT ALTERNATIVES

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

G. MARKETING

We may use your information to provide you with information regarding a health-related product or service provided by ABLED, Inc. or affiliates of ABLED, Inc., or information regarding your treatment or care, such as appointment reminders or information about treatment alternatives.

H. HEALTH-RELATED BENEFITS AND SERVICES

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

I. INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release health information about you to a friend, family member, or any other person identified by you as being disclose medical information about you to an entity assisting in a disaster relief so that your family can be notified about your condition, status, and location.

J. AS REQUIRED BY LAW

We will disclose medical information about you when required to do so by federal, state, or local law.

K. TO ADVERT A SERIOUS THREAT TO HEALTH AND SAFETY

We may use or disclose medical information about you when necessary to prevent a serious threat to your



health and safety, or to the health and safety of the public or another person.

VI. SPECIAL SITUATIONS

A. ORGAN AND TISSUE DONATION

Consistent with applicable law, we may disclose your 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 your 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 medical information about you 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 about you 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 medical 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

If you are involved in a lawsuit or a dispute, we may disclose protected 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.

G. LAW ENFORCEMENT

We may release medical information if asked to do so by a law enforcement official:

- Response to a court order, subpoena, warrant, summons or similar process
- Identify or locate a suspect, fugitive, material witness or missing person
- Inquiries as to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- Inquiries as to a death we believe may be the result of criminal conduct
- Inquiries as to criminal conduct at ABLED, Inc.
- 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.

H. CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS

We may release medical 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 medical 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 medical information about you 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 about you 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 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 your 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 your 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 MEDICAL 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 your written authorization. If you provide us written authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information 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 authorization and that we are required to retain records of the care provided.

VII. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

A. RIGHT TO INSPECT AND COPY

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

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to a member of the ABLED Executive Team. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by ABLED, Inc. will review your request and the denial. The person conducting the



review will not be the person who denied your request. We will comply with the outcome of the review.

B. RIGHT TO AMEND

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for ABLED, Inc.

To request an amendment, your request must be made in writing and submitted to a member of the ABLED Executive Team. In addition, you must provide a reason that supports 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:

- 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 medical 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.

We will respond within 60 days of receiving your request.

C. RIGHT TO AND ACCOUNTING OF DISCLOSURES

You have the right to request a list of the disclosures we have made of your protected health information for other than treatment, payment and healthcare operations, or as described in this Notice.

To request this list or accounting of disclosure, you must submit your request in writing to a member of the ABLED Executive Team. Your 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. The first list you request within a 12-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.

D. RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations.

You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

E. WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST

If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.



To request a restriction, you must make your request in writing to a member of the ABLED Executive Team. 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).

F. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to a member of the ABLED Executive Team. We will not ask you the reason for your request and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We must agree to your written request so long as we can easily provide it in the format you requested.

G. RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

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

VIII. 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 medical 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 at ABLED, Inc. and on our web site. The notice will contain on the first page, on the top right-hand corner, the effective date. In addition, each time you register with ABLED, Inc. for services, we will offer you a copy of the current notice in effect.

IX. COMPLAINTS

If you believe your privacy rights have been violated, you 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. You will not be penalized or otherwise retaliated against 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.

*Person Supported or Guardian

Date

Witness (if above signature is illegible)

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):

	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 date 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.

Signature:	
Date:	Relationship:
Witness:	

A copy of this completed form must be given to the individual and person signing on the individual's behalf, if applicable.



X. THINGS EMPLOYEES NEED TO KNOW ABOUT HIPAA

A. What is HIPAA?

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.

B. How does HIPAA affect professionals in the Intellectually Disabled field?

As professionals in the Intellectually Disabled field, we are legally responsible to protect the health information of our consumers. Special laws mandate the ways in which we store and share this information. All the consumers we work with need to be given a privacy statement, which explains how their health information will be used and their rights under this privacy law.

C. What information does HIPAA protect?

The HIPAA regulations safeguard Protected Health Information (PHI).

Protected Health Information (PHI) includes an individual's:

- Health (Diagnosis)
- Provision of care (Services received)
- Payment of services (How payment will be made)
- Information which identifies the individual (Name, address, social security, etc.)

D. When can PHI be shared?

Protected Health Information (PHI) may be shared for:

- Treatment (e.g., for day program or residential services, clinic, etc.)
- Payment (e.g., billing for services)
- Health Care Operations (e.g., such as quality assurance, program oversight)

In most instances you do not need consumer consent for these purposes unless you are sharing sensitive information (e.g., HIV/AIDS information, mental health records) that is protected by special state laws.

E. When sharing information for treatment, payment and health care operations, how much information may I share?

For the purposes of payment and health care operations the minimum information necessary should be shared. For purposes of treatment the concept of minimum necessary should not impede the free flow of



information necessary to ensure comprehensive treatment.

F. When do I need a special consent to share PHI?

Under most other circumstances, it would be necessary to get the consent of the consumer or his/her representative to release their PHI. (For example: Marketing, publicity, referrals to non-treatment programs such as recreation, etc.).

In these cases, it is very important to explain carefully to consumers what they are agreeing to and to use ABLED, Inc.'s standard authorization form.

G. Are there other circumstances when information may be disclosed without consent?

There are a number of possible situations where this information can be disclosed for "public need" purposes without consent.

These include, but are not limited to the following:

- Government audits and investigations
- Public health and safety A Subpoena from the courts

H. What are the steps professionals need to take to protect the consumer's PHI?

Discussion: Don't discuss consumer information in a public place where others can overhear.

Files: Make sure files are not kept where unauthorized people can see them and that they are locked away when not in use.

Fax: When sending a fax, make sure an authorized person is on the other end to receive it.

Computers: All computers should be password protected. Never share your computer password with anyone else. Your computer screen should face away from public area/viewing. When stepping away from a computer in use, you can protect consumer information by:

- Closing all applications.
- Using a screen saver (if possible, with password protection).
- Do not send PHI by e-mail unless it is encrypted.

I. How do I dispose of documents containing PHI?

Anything containing PHI has to be disposed of in a way that makes the information unreadable. (For example: use a shredder)

J. If I don't know whether or not to give out information, whom do I talk to?

You should speak to the EVP Compliance or other ABLED Executive Team member.