

Evaluation of Your Notice of Privacy Practices

This assignment is one of the required assignments for the satisfactory completion of the HIPAA Advanced course. It involves comparing and contrasting the Notice of Privacy Practices (NPP) for your office or facility or one of your client's NPP with the federally required elements. Upon completion of the attached worksheet, upload your assignment for grading. Please allow up to 3-business days for grading.

Directions:

Download the accompanying Worksheet handout. Proceed to compare and contrast the required elements of a NPP to your current NPP (or that of a client). Please note the elements of the NPP may appear in a different sequence on your NPP. That is considered compliant as long as the element is there.

Disclaimer:

The elements on the Worksheet do not imply or guarantee your Notice of Privacy Practices is fully compliant with federal law.

HIPAA Advanced Course Assignment

Student Name: _____

Date: _____

Directions: Evaluate your Notice of Privacy Practices (NPP) in these four areas: the Header, Covered Entity Responsibilities, Individual Rights, and Required Statements. Compare and contrast the required elements of a NPP to your current NPP (or that of a client).

Please note the elements of the NPP may appear in a different sequence on your NPP. That is considered compliant as long as the element is there.

Disclaimer: The elements on this Worksheet do not imply or guarantee your Notice of Privacy Practices is fully compliant with federal law.

Section I: Header

Does your NPP contain this notice?	Yes/No	If not, briefly state how your NPP header differs.
<p style="text-align: center;">“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”</p>		

Section II: Covered Entity's Responsibilities

Does your NPP list your responsibilities as a Covered Entity?	Yes/No	If not, briefly state why.
You are required by law to maintain the privacy of PHI.		
You must obtain patient authorization for uses and disclosures of psychotherapy notes, PHI for marketing purposes, and the sale of PHI. [If applicable]		
You must obtain patient authorization to use or disclose PHI for purposes not described in the NPP or permitted under the Privacy Rule.		
[If applicable] If you intend to contact patients for appointment reminders, information about treatment alternatives, or other health-related benefits or services. EX: do you use automated text or email appointment reminders?		
[If applicable] If you intend to contact patients for fundraising purposes.		

Section III: Individual's (Patient) Rights

Does your NPP list these Individual Rights?	Yes/No	If not, briefly state why.
The right to request restrictions on certain uses and disclosures of PHI.		
The right to receive confidential communications of PHI.		
The right to inspect and copy their PHI.		
The right to amend their PHI.		
The right to receive an accounting of disclosures.		
The right to revoke an authorization.		
The right to opt out of communications and fundraising from your organization.		
The right to file a complaint to your organization or to the Secretary of the Department of Health and Human Services (HHS).		
The right to be notified of a breach of unsecured PHI.		

Section IV: Required Statements

Does your NPP contain these required statements?	Yes/No	If not, briefly state why.
The effective date of your NPP. The date should be on or after September 2013, which was the compliance date for the HIPAA Omnibus Rule.		List the effective date of your NPP: _____
Contact information of someone whom patients can contact to learn more about your organization's policies.		Has your office/facility identified a Privacy Officer?
A description and at least one example of the types of uses and disclosures that you are permitted to make for each of the following purposes: treatment, payment, and health care operations.		
A description of each of the other purposes for which the covered entity is permitted or required by this subpart to use or disclose protected health information without the individual's written authorization.		
A statement that individuals may complain to your office and to the Secretary if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint with the covered entity, and a statement that the individual will not be retaliated against for filing a complaint.		