

Governance, Risk & Compliance	Policy/Procedure Number:	REG.03
Chief Compliance & Privacy Officer	Effective Date:	5/22/2021
	Approval Date:	05/22/2019
<b>Client Privacy Rights Policy</b>	Revision Date:	08/02/2021
	Replaces/Retires Policy Number:	PRV.03
	Pages:	1 of 5



## SCOPE:

This policy applies to Catalight Foundation and its subsidiaries and affiliates (the "Family of Companies" or "FoC") officers, consultants, employees, business associates, vendors, contractors, temporary workers, volunteers, and any agent who does business with or on behalf of the FoC.

## RESPONSIBLE PERSONS:

Responsibility for the content, administration and implementation of the Privacy Program resides with the FoC's Privacy Official.

## BACKGROUND and PURPOSE:

The Health Insurance Portability and Accountability Act ("HIPAA") establish requirements for maintaining the privacy and the security of individually identifiable health information and provide clients with certain rights.

The purpose of this policy is to define a client's rights with respect to the client's healthcare information and explain how the client may exercise these rights.

## DEFINITIONS:

- A. A "**Business Associate**" is a person or entity, other than a member of a Covered Entity's workforce that provides certain functions, activities, or services for or to the Covered Entity involving the Use and/or Disclosure of PII. Business associates include subcontractors that create, receive, maintain, or transmit protected health information on behalf of a Business Associate. Business associates specifically do not include health care providers to whom protected health information is disclosed concerning the treatment of an individual.
- B. A "**Disclosure**" means the release, transfer, provision of access to, or divulging of information in any other manner outside the FoC Location holding the information.
- C. "**Health Information**" is broadly defined and includes any health information that pertains to a particular individual.
- D. "**Health Care Operations**" covers a broad range of activities such as quality assessment, patient education and training, student training, contracting for health care services, medical review, legal services, auditing functions, compliance, business planning and development, licensing and accreditation, business management and general administrative activities.
- E. "**Payment**" can be defined as activities related to being paid for services rendered. These include eligibility determinations, billing, claims management, utilization review, etc. It also includes using debt collection and location agencies.

- F. **“Personally Identifiable Information”** or **“PII”** means any information about an individual maintained by the Family of Companies, including (1) any information that can be used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, or biometric records; and (2) any other information that is linked or linkable to an individual, such as health, educational, financial, and employment information.
- G. **“Protected Health Information”** or **“PHI”** means individually identifiable health information that is transmitted by electronic media; maintained in any medium as described in the definition of electronic media; or transmitted or maintained in any other form. PHI excludes individually identifiable health information in education records and student health records covered by the Family Educational Rights and Privacy Act (FERPA), and employment records held by a Covered Entity in its role as employer.
- H. **“Treatment”** means providing, coordinating, or managing a patient's care, and includes consultations between providers and referrals.
- I. **“Workforce”** includes employees, volunteers, trainees and other persons, whose conduct, in the performance of work for the Family of Companies, is under the direct control of the Family of Companies, whether or not they are paid by the Family of Companies. Workforce excludes independent contractors of the Family of Companies because the Family of Companies may not exercise direct control over an independent contractor. Workforce also excludes Business Associates or an employee, agent or contractor of a Business Associate.

## POLICY:

Under HIPAA clients have the right to: (1) receive a privacy notice to inform them about how their protected information will be used and disclosed; (2) request that uses and disclosure of protected information be restricted; (3) inspect, copy and amend their medical records; (4) get an accounting of the disclosure of their protected information for the past six years; and (5) file a complaint.

### A. Notice of Privacy Practices (“NPP”)

The FoC must provide clients or their Personal Representative (see REG.02.2 Personal Representative and Minors Standard) with the Notice of Privacy Practices describing the uses and disclosures of PHI that may be made by members of FoC's Workforce, and of the clients' rights and FoC's legal duties with respect to PHI.

#### 1. Changes that Affect the Notice of Privacy Practices

- a. If any changes in the law cause FoC to implement changes to policies and procedures that materially affect the information contained in the NPP, then FoC will make appropriate revisions to the NPP and distribute the revised NPP (see REG.03.5 Notice of Privacy Practices (NPP) Standard).

### B. Client's Right to Request Restrictions

1. FoC must honor a client's request that PHI not be disclosed to a health plan for payment or for health care operations purposes if the PHI is related to services for

which the FoC Location has been paid out-of-pocket in full, either by the individual, or by another person on the individual's behalf.

- a. A FoC Location can deny the requested restriction if unbundling the services for purposes of billing a health plan is prohibited by law, or is more costly.
  - b. FoC Facilities must counsel clients regarding the FoC Location's ability to unbundle services and the impact of doing so. If the individual still desires a restriction after receiving counseling, and the FoC Location is able to unbundle the item or service, the FoC Location should do so. If a FoC Location cannot unbundle the item or service, the FoC Location should inform the individual and allow him or her to pay out of pocket for the entire bundle of services.
2. FoC is not required to agree to the restrictions identified below and will evaluate such requests in accordance with this policy and the Client's Right to Restrict PHI and Request Confidential Communications Standard.
- a. Uses or disclosures of the client's PHI to carry out Treatment, Payment or Health Care Operations (TPO).
  - b. Disclosures of the client's PHI to the client's family member, other relative, close personal friend, or Personal Representative as identified under EC.PS.02.02 Personal Representative and Minors Standard.
  - c. Disclosures of the client's PHI to notify, or assist in the notification of (including identifying or locating), the client's family member, Personal Representative or other caregiver of the client's location, general condition or death.
  - d. Disclosures to public or private entities authorized to assist in disaster relief efforts, for the purpose of coordinating with such entities the disclosures of the client's location, general condition or death to the client's family member, Personal Representative or other person responsible for the client's care.

#### C. Client's Requests for Special Communications

The FoC recognizes the right of a client to request to be communicated with by alternative means. FoC will accommodate any reasonable request by a client to receive communications of PHI from FoC by alternative means or at alternative locations in accordance with this policy. A client is not required to provide an explanation for the request and the request cannot be denied solely because an explanation was not given.

1. The client's request must be provided to FoC in writing.
2. The FoC may condition its accommodation of the client's request on whether:
  - a. The client has provided FoC with information as to how payment, if applicable, for services rendered will be handled; and
  - b. The client has specified an alternative address or other method of contact.

#### D. Client's Right to Access

FoC recognizes the right of a client to have access to (i.e., inspect and obtain a copy

of) his or her PHI which is maintained by FoC in the FoC Location's Designated Record Set for as long as the PHI is maintained in the Designated Record Set.

In accordance with this policy and the Client's Right to Access PHI Standard:

1. The FoC shall not provide a client with access to psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access, or information held by certain research laboratories.
2. The FoC may deny an individual access in certain specified situations, such as when a health care professional believes access could cause harm to the individual or another. In such situations, the individual must be given the right to have such denials reviewed by a licensed health care professional for a second opinion.
3. The FoC may impose reasonable, cost-based fees for the cost of copying and postage provided that those fees are in accordance with applicable state laws.

#### E. Client's Right to Amend

FoC recognizes the right of a client to request that FoC amend PHI about a client maintained in its Designated Record Set for as long as the PHI is maintained in FoC's Designated Record Set

A client must make a request for an amendment in writing. If a client makes an oral request for amendment, he or she must be informed that such requests must be made in writing.

The process for responding to a client or client's personal representative's request to amend the client's PHI is outlined in REG.03.2 Client Right to Amend PHI Standard.

#### F. Client's Right to Complain

All Privacy Complaints that the FoC Location receives must be documented and forwarded to the FoC Location Compliance Officer. Client complaints may be made in writing or in person as outlined in REG.01.00 Information Privacy and Security Administration Policy.

#### G. Accounting of Disclosures

Upon a client's or his/her Personal Representative's written request, and in accordance with REG.03.4 Accounting of Disclosures Standard, FoC will provide the requestor with an accounting of all Accountable Disclosures as defined under the Standard:

1. Within 30 days from the date of the request;
2. In a form or format requested by the client or the client's Personal Representative if readily producible; and
3. For a period of up to 6 years prior to the date of the request.

**RELATED POLICIES AND STANDARDS:**

- REG.01 Information Privacy Security Administration Policy
- REG.02 Client Information Privacy Policy
- IS.01 Information Security Policy

**REFERENCES:**

- Code of Conduct
- Employee Handbook
- US Department of Health and Human Services. “Modifications to the HIPAA Privacy, Security, and Enforcement Rules under the Health Information Technology for Economic and Clinical Health Act; Proposed Rule.” Federal Register 75, no. 134 (July 14, 2010). Available online at <http://edocket.access.gpo.gov/2010/pdf/2010-16718.pdf>.
- US Department of Health and Human Services. “Summary of the HIPAA Privacy Rule.” Available online at [www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html).
- US Department of Health and Human Services. “Summary of the HIPAA Security Rule.” Available online at [www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html).

**ATTACHMENTS:**

- Attachment A: Client Rights Standards Attachment A