**Statewide Health Information Policy Manual (SHIPM) 5.3.1 – Notice of Privacy Practices (NPP)**

*Compliance Review Tool Question #99*

## Artifact Must Haves and Best Practices

| **Item #** | **Topic** | **Covered (Y or N)** | **Comment** |
| --- | --- | --- | --- |
| 1 | Did the organization submit an artifact(s) addressing the Notice of Privacy Practices *(an example or their template)?* | Y🞏 N🞏 |  |
| 2 | Is the Notice written in plain language?*(Writing that is designed to ensure the reader understands as quickly, easily, and completely as possible; plain language strives to be easy to read, understand, and use. It avoids verbose, convoluted language and jargon)* | Y🞏 N🞏 |  |
| 3 | Does the Notice contain the following statement as a header or otherwise prominently displayed? “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.” | Y🞏 N🞏 |  |
| 4 | Does the organization prominently post its Notice on the web site and make the notice available electronically through the web site? | Y🞏 N🞏 |  |
| 5 | Does the Notice identify the following types of uses and disclosures of Health Information? *(it must also provide at least one example of each type)* |  |  |
| 5a | * Treatment
 | Y🞏 N🞏 |  |
| 5b | * Payment
 | Y🞏 N🞏 |  |
| 5c | * Healthcare Operations
 | Y🞏 N🞏 |  |
| 6 | Does the Notice include language to address Incidental Disclosures? | Y🞏 N🞏 |  |
| 7 | **\***Does the Notice include a statement that "Business Associates" that provide various services to the agency or organization are required by law to protect a patient’s health information and comply with the same HIPAA Privacy standards of the agency or organization (*if applicable*)? | Y🞏 N🞏 |  |
| 8 | Does the Notice include a description that health information may be used or disclosed to a family member, relative, close personal friend of the individual, or any other person identified by the individual for involvement in the individual’s care or payment related to the individual’s health care or for notification purposes? | Y🞏 N🞏 |  |
| 9 | Does the Notice address deceased individuals, and that a covered entity may disclose to a family member, or certain other persons who were involved in the individual’s care or payment for health care prior to the individual’s death, health information of the individual that is relevant to such person’s involvement, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the covered entity? | Y🞏 N🞏 |  |
| 10 | Does the Notice include a description that the health information may be used or disclosed to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating disaster relief efforts? | Y🞏 N🞏 |  |
| 11 | Does the Notice include a description that health information may be used or disclosed as required by law? | Y🞏 N🞏 |  |
| 12 | Does the Notice include a description that health information may be used or disclosed for public health activities? | Y🞏 N🞏 |  |
| 13 | Does the Notice include a description that health information may be disclosed to a government authority about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence? | Y🞏 N🞏 |  |
| 14 | Does the Notice include a description that health information may be used or disclosed to a health oversight agency for health oversight activities authorized by law? | Y🞏 N🞏 |  |
| 15 | Does the Notice include a description that health information may be disclosed in the course of a judicial or administrative proceeding (*court orders or subpoenas*) only after required by law procedures are followed? | Y🞏 N🞏 |  |
| 16 | Does the Notice include a description that health information may be disclosed to a law enforcement official for law enforcement activities including correctional institutions? | Y🞏 N🞏 |  |
| 17 | Does the Notice include a description that limited health information may be used for purposes of identifying a deceased person, determining the cause of death, or other duties as authorized by law and for funeral directors as necessary to carry out their duties? | Y🞏 N🞏 |  |
| 18 | Does the Notice include a description that health information may be used or disclosed to cadaveric organ procurement, banking or transplantation organizations for the purpose of facilitating organ, eye, or tissue donation and transplantation? | Y🞏 N🞏 |  |
| 19 | Does the Notice include a description that health information may be used or disclosed for research purposes? | Y🞏 N🞏 |  |
| 20 | Does the Notice include a description that health information may be used or disclosed to avert serious threats to the health or safety of a person or the public? | Y🞏 N🞏 |  |
| 21 | Does the Notice include a statement that health information about individuals who are Armed Forces personnel or foreign military personnel may be used or disclosed for activities deemed necessary by appropriate military command authorities? | Y🞏 N🞏 |  |
| 22 | Does the Notice include a description that health information may be disclosed to authorized federal officials for the conduct of authorized intelligence, counter-intelligence and other national security activities? | Y🞏 N🞏 |  |
| 23 | Does the Notice include a description that health information may be disclosed to authorized federal officials for the provision of protective services to the President, foreign heads of state, or certain other persons? | Y🞏 N🞏 |  |
| 24 | Does the Notice include a description that health information may be used or disclosed as authorized by laws relating to workers’ compensation? | Y🞏 N🞏 |  |
| 25 | Does the Notice include a description that health information may be disclosed to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining the covered entity’s compliance with the HIPAA Privacy Rule? | Y🞏 N🞏 |  |
| 26 | Does the Notice contain statement(s) indicating that the following uses and disclosures will be made only with authorization from the individual: |  |  |
| 26a | * A description of the types of uses and disclosures that require an authorization which relates to psychotherapy notes. This only applies if psychotherapy notes are being maintained by the covered entity.
 | Y🞏 N🞏 |  |
| 26b | * Some information, such as certain drug and alcohol information, HIV information, genetic information and mental health information is entitled to special restrictions related to its use and disclosure. Each category of information must be specified.
 | Y🞏 N🞏 |  |
| 26c | * A statement that other uses and disclosures not described in the notice will be made only with the individual’s written authorization?
 | Y🞏 N🞏 |  |
| 26d | * A statement that the individual may revoke an authorization at any time in writing?
 | Y🞏 N🞏 |  |
| 26e | * A statement that the entity may include certain limited information about you in the facility directory while you are a patient. This information may include name, location in the facility, general condition (e.g., good, fair, etc.) and religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. This information is released so your family, friends and clergy can visit you in the facility and generally know how you are doing?
 | Y🞏 N🞏 |  |
| 26f | * A separate statement that patients will not receive or be part of fundraising communications?
 | Y🞏 N🞏 |  |
| 27 | Does the Notice contain a statement(s) of the individual’s rights with respect to health information and how he or she may exercise the right to: |  |  |
| 27a | * Inspect and copy health information?
 | Y🞏 N🞏 |  |
| 27b | * Amend health information?
 | Y🞏 N🞏 |  |
| 27c | * Request/Receive an accounting of disclosures of health information?
 | Y🞏 N🞏 |  |
| 27d | * Request restrictions on certain uses and disclosures of information including a statement that the provider is not required to agree to a requested restriction except one circumstance: If a *patient pays in full for a health procedure which would normally be billed to a health plan, the covered entity must agree* to the request to not to share information about that procedure or item with the health plan?
 | Y🞏 N🞏 |  |
| 27e | * Receive confidential communications of health information?
 | Y🞏 N🞏 |  |
| 27f | * A covered health care provider must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the covered health care provider by alternative means or at alternative locations if the individual clearly states that the disclosure of all or part of that information could endanger the individual?
 | Y🞏 N🞏 |  |
| 27g | * A covered entity may require the individual to make a request for a confidential communication in writing but may not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis?
 | Y🞏 N🞏 |  |
| 27h | * A health plan may require that a request contain a statement that disclosure of all or part of the information to which the request pertains could endanger the individual?
 | Y🞏 N🞏 |  |
| 27i | * Obtain a paper copy of the notice upon request (even if the individual has agreed to receive the notice electronically). Include a statement that the agency or organization will provide a copy or a summary of the patient's health information within a certain time frame for a reasonable, cost-based fee?
 | Y🞏 N🞏 |  |
| 28 | Does the Notice contain a statement(s) of the Provider duties to:  |  |  |
| 28a | * Post the notice in an obvious location for individuals to see?
 | Y🞏 N🞏 |  |
| 28b | * Maintain the privacy of health information, provide individuals with notice of its legal duties and privacy practices, and notify patients following a breach of unsecured health information?
 | Y🞏 N🞏 |  |
| 28c | * A statement that the covered entity is required, by law, to maintain the privacy of Health Information (PHI/ePHI) and to provide individuals with notice of its legal duties and privacy practices with respect to health information?
 | Y🞏 N🞏 |  |
| 28d | * A statement that the covered entity is required to abide by the terms of the notice currently in effect?
 | Y🞏 N🞏 |  |
| 28e | * The notice should state that the provider reserves the right to change the terms of its notice and to make the new notice provisions effective for all health information it maintains. The statement must also explain how the provider will provide individuals with a revised notice?
 | Y🞏 N🞏 |  |
| 29 | Does the Notice explain that individuals may file a complaint with the provider and/or the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated? *(a brief description of how to file a complaint with the provider must be included. The Notice also must include a statement that the individual will not be retaliated against for filing a complaint)* | Y🞏 N🞏 |  |
| 30 | Does the Notice contain the name or title, and telephone number, of a person or office to contact for further information *(i.e. Privacy Officer)*? | Y🞏 N🞏 |  |
| 31 | Does the Notice contain its effective date, which must not be earlier than the date the notice was printed or otherwise published?  | Y🞏 N🞏 |  |
| 32 | Is the Notice printed in 12-point font or larger? | Y🞏 N🞏 |  |
| 33 | Does the artifact(s) have official review/acceptance: |  |  |
| 33a | * Effective Date?
 | Y🞏 N🞏 |  |
| 33b | * Revision Date?
 | Y🞏 N🞏 |  |
| 33c | * Authorizing Sr./Executive Management Signature?
 | Y🞏 N🞏 |  |

Title(s) of Submitted Policy/Document/Artifact(s) Reviewed:

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Stored Location of, or link to Artifact(s) Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overall CalOHII Reviewer Comments:

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Name of CalOHII Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Title of or link to Other Source(s) used (e.g., sources not in checklist, templates) – *optional*:

<http://www.chhs.ca.gov/OHII/Pages/SHIPM.aspx> (NPP Policy Attachment(s) - A & B)

[www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/](http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/)