Form L: HIPAA Privacy Program
Notice of Privacy Practices Checklist

## NOTICE OF PRIVACY PRACTICES CHECKLIST

Revision Date: August 14, 2015

Content of Notice:

- Mandatory Header: 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.
- Must be written in "Plain Language"
- A description plus one example of uses and discloses for
o Treatment
o Payment
o Health Care Operations
- A description of each other purpose for which you are permitted or required to use/disclose PHI without written authorization
o Address research specifically!
- Written in a way to "place the individual on notice" of the uses and disclosures that are permitted or required
- A description of the types of uses/disclosures that require authorization
- A statement that uses/disclosures not described in the NOPP will be made only with the written authorization
o Example: Covered Entity may add a statement that it will not sell PHI without Authorization
- A statement that the individual may revoke authorization (revocations are governed by 45 CFR 164.508(b)(5))
- Separate statements for fundraising AND the individual's right to opt out of fundraising communications
- A statement of individual rights and how to exercise those rights, including
o The right to request restrictions and a statement that you are not required to agree


## to all restrictions

- A statement that the individual may restrict disclosures of PHI to a health plan when the individual has paid out-of-pocket in full for the services.
o The right to receive confidential communications
o The right to inspect and copy PHI
0 The right to amend PHI
o The right to receive an accounting of disclosures
o The right to obtain a paper copy of the notice
- Required Statements:

0 That you are required by law to maintain the privacy of PHI
o That you are required by law to provide the NOPP and abide by it
o That you are required by law to notify affected individuals following a breach of unsecured PHI
o That you reserve the right to revise the notice and how you will inform individuals of those changes

- Complaints: You must inform individuals that

O He/She has a right to file a complaint with the Secretary
o He/She has a right to file a complaints with you
o How to file complaints
o He/She will not be retaliated against for filing complaints

- You must provide contact information for filing a complaint with the UA HIPAA Privacy Officer
- You must state the effective date of the notice.

