

P. H. G. I. ASSOCIATES, LTD.  
◆WASHINGTON SQUARE ENDOSCOPY CENTER, LLC◆

**PATIENT PRIVACY PROGRAM**

**I. Overview:**

**A. Principles:**

The owners and staff of P.H.G.I. Associates, Ltd. (PHGI) and the Washington Square Endoscopy Center (WSEC) are committed to creating an environment that promotes patient privacy. A pro- active analysis of the entities is utilized. Emphasis is placed upon administrative, technical and physical features. PHGI and WSEC offer orientation and continuing education that emphasize job-related aspects of maintaining patient privacy and the procedures for reporting violations and complaints.

**B. Mission:**

P.H.G.I. Associates, Ltd. and Washington Square Endoscopy Center, LLC intend to reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is in violation of the standards or implementation specifications set forth in the Health Insurance Portability and Accountability Act of 1996.

**C. Scope:**

The Patient Privacy Program applies to all departments within PHGI and WSEC.

**II. Definition of Terms:**

**Incompetent Adult:** Any adult who, because of his or her incompetency, has a guardian appointed by a court of competent jurisdiction.

**Minor:** An individual who is under the age of eighteen years.

**Emancipated Minor:** A minor who has been released from parental control pursuant to a court decree.

**Protected Health Information:** Individually identifiable healthcare information (as defined below), including health information and demographic information, collected from an individual, which identifies him or her or which reasonably can be used to identify such an individual. "Health Information" is any information, whether oral or recorded in any form or medium that is created or received by us, whether the information relates to an individual's past, present or future physical or mental health or condition, the provision of healthcare to such individual, or the past, present or future payment for the provision of healthcare to such individual.

**Privacy Notice:** A notice provided to all patients at the time of first services provided after April 14, 2003. The notice contains the following information: the

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patients rights with respect to protected health information, how these rights are exercised, the office's duties with respect to protected health information, whom the patient may contact for additional information and certain information detailed in the HIPAA Privacy Rule.

**Disclosure Log:** Record of patient disclosures. This is utilized to provide notice to parties if information is amended and to provide an accounting of disclosures. The log does not need to include disclosures for which the patient has signed an authorization, disclosures to the patient himself or herself, and disclosures made to carry out treatment, payment and health care options, among others.

**Unusual Patient Disclosures:** Disclosures outside the above listed exceptions. These may include but are not limited to disclosures made for certain research purposes or when law mandates reporting certain events (e.g. birth, death and abuse), conditions or diseases or for audits by government authorities.

**III. Authority and Responsibility:**

**A. Owners/Governing Body:**

The commitment of the organizational leadership is essential to achieving effective integration and coordination of patient privacy activities. The authority for direction of the Patient Privacy Program rests with the Owners/Governing Body. The Owners/Governing Body appoint the Privacy Officer to manage the plan.

**B. Medical Director:**

The Medical Director of WSEC ensures the implementation and coordination of the Patient Privacy Program in the endoscopy center.

**C. Patient Privacy Officer:**

The Business Manager will function as the Privacy Officer. Duties include but are not limited to:

- Coordinating the creation, implementation and monitoring of the Patient Privacy Program.
- Ensuring the investigation of all complaints and violations in the plan.
- Taking whatever action is immediately necessary to ensure patient privacy as a result of an investigation of a complaint or violation.
- Supporting compliance with the patient privacy provisions of HIPAA.
- Reporting to the Medical Director and the Owners/Governing Body on activities related to the Patient Privacy Plan.

**D. Managers and Supervisors:**

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Managers and supervisors are responsible for correcting work conditions, processes and, procedures that increase the chance a patient's privacy will be compromised; ensuring that employees receive relevant information and education concerning the Patient Privacy Program; ensuring prompt reporting of events or situations of actual or potential breaches in patient privacy; and promoting a climate of non-punitive reporting and continuous patient privacy monitoring and improvement.

**E. Medical Staff and Employees:**

Members of the PHGI and WSEC medical staff and all employees are responsible for participating in and complying with the Patient Privacy Program, including the timely reporting of complaints and violations.

**IV. Components of the Patient Privacy Program:**

**A. Policy on Participation in Complaint or Violation Reporting Process:**

PHGI/WSEC recognizes that to succeed in creating an environment conducive to patient privacy, it is necessary to create an environment in which it is safe for staff members to report and learn from errors. PHGI/WSEC recognizes that most violations and complaints are due to failure of systems. The goal is to identify and track complaints and violations in order to continuously enhance the privacy of patients. It is the policy of PHGI/WSEC to encourage the reporting of complaints and violations through the implementation of a system that appropriately considers a staff member's timely reporting of a violation or complaint in making any determination as to whether disciplinary action will be taken. Reporting shall be considered timely if made within 48 hours of the violation or complaint or the discovery of the violation or complaint. This policy also ensures that staff members who timely report violations or complaints are protected from retaliatory action in the workplace.

**B. Education/Communication:**

- **Medical Staff and Employees:** Information regarding the Patient Privacy Program will be provided to all medical staff and employees. All medical staff will be advised that compliance with the Patient Privacy Program shall be a condition of credentialing and will acknowledge that condition upon signing an application or re-application for staff privileges. All employees will be advised that compliance with the Patient Privacy Program is a condition of employment. In addition, PHGI/WSEC is committed to the on-going education of medical staff and employees regarding patient privacy. Staff meetings and memos will be utilized to communicate patient privacy initiatives.
- **External Communication:** All faxes, both incoming and outgoing will be placed in a secure place, accessible to only authorized personnel. All

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electronic transmittals related to protected health information are regulated by passwords and security codes. Proper authorizations must be obtained when applicable.

- **Internal Communication:** It is expected that all staff will exercise discretion in all patient interactions. When there is a possibility that a patient's privacy may be compromised, a private consultation area will be utilized. All computer terminals will be located to limit unauthorized access to information. Terminals will be locked when not in use. Passwords and security codes are necessary to access electronic protected health information.

**C. Scheduling:**

It is the policy of PHGI/WSEC to ensure patient privacy during the scheduling process. Telephone scheduling is located in an area with limited access. Scheduling done in the office is performed in private stations. Patients are informed at the time of scheduling that telephone confirmation of the appointment is performed routinely. If the patient does not wish such confirmation, an appointment note is attached to the visit via the electronic scheduling system. Written communication such as instructions, patient information forms, Advance Beneficiary Notices, Privacy Notices and reminders are sent in sealed envelopes. Privacy Notices will be mailed to appropriate patients with appointments scheduled April 14, 2003 and forward.

**D. Patient Registration and Waiting Room:**

The Patient Privacy Notice will be displayed in the waiting room and is available for distribution to all patients. All staff is expected to assist in patient teaching related to the privacy notice. Any inquiries outside the scope of the employees' practice will be referred to the immediate supervisor and/or the Privacy Officer. A sign in form will be utilized that is limited to time, physician and patient name. Patients will be called by name for appointments. Registration will consist of simple verification of existing demographic information. New patient information not acquired during the scheduling process will be available for data entry via the patient information form. Insurance information will be added to the practice management system by electronic scanning of insurance cards, thus, limiting the need for verbal communication of this information. Any patient inquiries that require an extensive interview will be conducted in a private station.

**E. Chart Handling:**

Charts will be stored securely. The medical records department will be locked. Charts taken to the patient care area will be stored in locking carts. Charts placed in chart holders will be placed with names facing away from corridors. Charts placed in bins will be placed face down.

**F. Billing and Collections:**

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Billing and collections records are maintained in secure areas within the financial department. Protected health information provided for insurance claims, clearinghouses, collections and accreditation purposes will be handled under the terms of the applicable business associates agreement.

**G. Business Associates Agreements:**

PHGI/WSEC will enter into agreements with any third party that requires disclosure of protected health information. This may include but is not limited to transcription services, answering services, accountants, copy services, professional liability carriers and computer support personnel.

**H. Complaints and Violations:**

Patient complaints will be recorded on the Patient Complaint Form and forwarded to the Privacy Officer for review and follow up. Suspected violations will be recorded on the Incident Report Form and forwarded to the Privacy Officer for review and follow up. The Privacy Officer will investigate each complaint/violation on a case-by-case basis in consultation with staff, supervisors, physicians and patients/family members. The Privacy Officer will report on the status of complaints and violations quarterly to the Quality Assurance Committee. Process improvement and action plans will be implemented and monitored.

**V. Privacy Notices:**

Privacy Notices will be provided for all patients. Privacy notices will be mailed to patients and will be available at the time of the patient visit. Privacy notices will be posted in the waiting room. Patients will be asked to sign an acknowledgement of receipt of this notice. Acknowledgements will be collected at the time of registration. If the patient refuses to sign the acknowledgement, a note will be placed in the chart that notice was given to the patient and that an effort was made to obtain a signature of acknowledgement. In order to eliminate duplication and provide accurate communication to other staff, a note related to the status of the Privacy Notice will be entered as a patient note in the practice management system at registration.

**VI. Patient Authorization for Disclosure:**

Federal law does not require specific authorization from the patient if disclosing protected health information (other than psychotherapy notes) for purposes of treating the patient; for obtaining insurance reimbursement for medical services PHGI/WSEC provided for the patient; for internal operational purposes such as quality assessment and improvement, administration of compliance programs and training medical students; and for certain public policy uses as abuse. Records will be kept of all unusual patient disclosures in order to provide accounting for such disclosures.

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**VII. Special Considerations:**

The Privacy Notice and Patient Authorization for Disclosure require a signature from a competent adult or emancipated minor. Minors and incompetent adults will require authorization by parent or guardian.

**VIII. Annual Program Review:**

The Patient Privacy Program will be reviewed annually and as necessary by the Privacy Officer and modified as required.