

THE MADISON CENTER

HIPAA Policies and Procedures

TITLE: Privacy Compliance Policy

PURPOSE: To ensure that staff members conduct business in compliance with all applicable HIPAA privacy regulations, and The Madison Center policies.

Statement of Policy

As part of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Department of Health and Human Services has established certain standards to protect the privacy of individually identifiable health information (the “Privacy Regulations”). This Policy is intended to ensure that The Madison Center complies with the Privacy Regulations by explicitly including its standards and requirements as part of The Madison Center’s operating policies and procedures.

Privacy Officer

Tracy Dolliff will serve as the Privacy Officer for The Madison Center with overall responsibility for the development and implementation of The Madison Center privacy policies. The Privacy Officer, will be responsible for the day-to-day management and administration of the Privacy Regulations.

Privacy Training

The Privacy Regulation training requirements will be included within the current staff compliance training and educational activities as well as staff orientation and update training as needed.

Privacy Safeguards

Administrative, technical, and physical safeguards to protect the privacy of protected health information will be developed and implemented.

Privacy Complaints

The Privacy Officer will be responsible for ensuring that there exists a process for individuals to file a complaint regarding the organization’s privacy policies or how the organization has handled their protected health information. The Privacy Officer will be responsible for ensuring that the complaint and its disposition are appropriately documented. Existing compliance policies and procedures may be used to ensure that these requirements are met.

Mitigation, Sanctions, and Non-Retaliation

The Madison Center will ensure that it appropriately mitigates damages for any violation of the Privacy Regulations or The Madison Center privacy policies, appropriately disciplines and sanctions Staff for any violation, and refrains from intimidating or retaliating against any individual or other person for exercising their rights under the Privacy Regulations or for reporting any concern, issue, or practice which he or she believes in good faith to be in

violation of the Privacy Regulations or The Madison Center privacy policies and procedures. The Madison Center will not require individuals to inappropriately waive any rights they may have to file a complaint with the Department of Health and Human Services.

Privacy Policies and Procedures

The Madison Center will develop and implement appropriate policies and procedures to ensure compliance with the Privacy Regulations. Such policies and procedures will be kept current and in compliance with any changes in the law, regulations, or The Madison Center practices. The documentation required by the Privacy Regulations will be kept by The Madison Center for the appropriate time period.

Responsibility of All Staff

Every The Madison Center staff member is responsible for being aware of, and complying with, the Privacy Regulations and The Madison Center corresponding privacy policies and procedures. Questions or issues regarding the Privacy Regulations will be directed to the Privacy Officer.

Review, Approval and Assistance

Any exception, change or deviation from this Policy must be reviewed and approved by the Privacy Officer. The Privacy Officer will be available to answer any questions and to provide assistance and advice to The Madison Center staff concerning this Policy. Questions regarding specific terms, situations, or problems may be forwarded to the Privacy Officer for assistance and advice.

Definitions

Capitalized terms throughout the HIPAA Policies and Procedures have the meaning given to them under the federal regulations. Copies of relevant definitions appear at the end of these policies and should be consulted for reference purposes.

The Child Patient

Because most if not all of the patients served by The Madison Center are children, the reference throughout the policies to the Individual as appropriate should be read to include the child's parent or legal guardian. For example, the consent of a minor (other than an emancipated minor) must be obtained by an adult who has the legal right to act on the minor's behalf, which is generally a parent or legal guardian.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Policy Regarding When Disclosures are Permitted without Authorization

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

Unless the The Madison Center staff has a written HIPAA compliant authorization, it will not make any Disclosures of PHI unless the Disclosure meets the statutory guidelines outlined in this Policy.

Procedure

When PHI may be Disclosed Without an Individual’s Authorization

Treatment, Payment or Health-Care Operations: The Madison Center may Use or Disclose PHI for its own Treatment, Payment or Health-Care Operations, except for those Uses or Disclosures that require an authorization. In addition, The Madison Center may disclose PHI for Treatment activities of another Health-Care Provider. For example, a Health-Care Provider may Disclose an Individual’s medical record to another Health-Care Provider in the course of treating that Individual. The Madison Center may Disclose PHI to another Covered Entity or Health-Care Provider for the Payment activities of the entity that receives the information. The Madison Center may Disclose PHI to another Covered Entity for Health-Care Operations of the entity that receives the information if both the entities have a relationship with the Individual who is the subject of the PHI being requested, and the Disclosure is:

- (a) for the purpose of conducting quality assessment and improvement activities or reviewing the competence or qualifications of health care professionals; or
- (b) for the purpose of detecting health-care fraud and abuse compliance.

Public Health Activities: The Madison Center may Disclose PHI if the Disclosure is to:

- (a) a Public Health Authority authorized by law (including a foreign health agency) to collect or receive information for the purpose of preventing/controlling disease or injury or disability, including, but not limited to, reporting disease, injury, or vital events (birth and death), and to conduct public surveillance or public health investigations;
- (b) a Public Health Authority in charge of investigating child abuse or neglect. (The Madison Center is required by law to notify the Minnesota Department of Health in cases of suspected child abuse or neglect);
- (c) a Public Health Authority if a person has been exposed to a communicable disease or is at risk of spreading a communicable disease. (The Madison Center is required by law to notify the Minnesota Department of Health in certain cases);

- (d) a Public Health Authority for work-related injuries if The Madison Center notifies the Individual; or
- (e) another governmental agency if that governmental agency is acting at the direction or request of a Public Health Authority.

Victims of Abuse, Neglect or Domestic Violence: The Madison Center may Disclose PHI to any governmental authority (e.g., adult protective or social service agencies, state survey and certification agencies, or the Division of Aging) authorized to receive reports of such abuse, neglect, or domestic violence, except for reports of child abuse or neglect, which is covered above, but only if:

- (a) the Individual agrees to the Disclosure;
- (b) The Madison Center is expressly authorized by statute or regulation to Disclose the PHI and The Madison Center believes that the Disclosure is necessary to prevent further serious harm to the Individual or other persons; or
- (c) the Individual is incapacitated and a Law Enforcement Official has informed The Madison Center that an immediate enforcement activity depends upon the Disclosure and that waiting for the Individual to regain capacity would materially and adversely affect the enforcement activity.

Health Oversight Activities: The Madison Center may Disclose PHI to Health Oversight Agencies for health oversight activities to the extent the Disclosure is allowed by law. Such activities include, but are not limited to, audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions, civil, administrative or criminal proceedings or actions, or other activities necessary for appropriate oversight of the health care system, government benefit programs for which PHI is relevant, entities subject to government regulatory programs or entities subject to civil rights laws. Requested Disclosures are not considered health oversight activities if:

- (a) an Individual is the subject of the investigation or activity; or
- (b) the investigation or activity does not arise out of, and is not directly related to (i) the receipt of Treatment, (ii) a claim for public benefits related to health care, or (iii) qualification for, or receipt of, public benefits or services in which the Individual's health is integral to the claim for public services or benefits.

Judicial or Administrative Proceedings: To the extent PHI is permitted to be Disclosed by law:

- (a) The Madison Center may Disclose PHI in the course of an administrative or judicial proceeding if the request is made through or pursuant to a court order

or administrative tribunal or is in response to a subpoena issued by a court (not a party) or discovery request (if The Madison Center is a party);

- (b) absent a court order or a subpoena issued by a court or administrative tribunal, The Madison Center should not respond to a subpoena without first contacting legal counsel; and
- (c) if The Madison Center is not required by law to Disclose the PHI, the “minimum necessary” requirement applies. If the Disclosure is required by law, the “minimum necessary” requirement does not apply, but The Madison Center may only Disclose PHI to the extent that it is within the scope of the permitted Disclosure (i.e., The Madison Center may only Disclose the amount of PHI authorized by a court order or requested in a subpoena).

Law Enforcement Purposes: The Madison Center may Disclose PHI if state law requires The Madison Center to report certain statistics (e.g. gunshot wounds) to Law Enforcement Officials or Disclosures made pursuant to:

- (a) a court order;
- (b) a subpoena or summons issued by a judicial officer;
- (c) a state or federal grand jury subpoena; or
- (d) administrative subpoenas or summons;

All requests for Disclosures of PHI for law enforcement purposes must satisfy the following requirements:

- (a) The request must be specific and limited in scope to the extent reasonably practical in light of the purpose for which the PHI is sought;
- (b) The request must be relevant and material to a legitimate law enforcement inquiry; and
- (c) The matter is one where the requesting party is incapable of using “de-identified” PHI to satisfy the purpose of the requested Disclosure.

In certain instances, The Madison Center may disclose “limited identifying information” for the purposes of identifying or locating suspects, witnesses, missing persons, etc., when Law Enforcement Officials are seeking to identify and/or locate a person. Please note, however, that The Madison Center is prohibited from initiating the Disclosure.

“Limited identifying information” includes name, address, social security number, date of birth, type of injury, ABO blood type, Rh factor, date and time of death, date and time of treatment, and distinguishing physical characteristics of the person. Specifically excluded

from the list of “limited identifying information” are DNA records, dental records and bodily fluids other than blood.

Disclosures by Whistleblowers

A member of The Madison Center’s Workforce or a Business Associate may Disclose PHI in good faith to (a) a Health Oversight Agency or Public Health Authority that is authorized by law to investigate or oversee the conduct of The Madison Center (b) an appropriate health-care accreditation organization, or (c) an attorney for the purposes of determining the Disclosing whistleblower’s options. This rule only applies to whistleblower actions against The Madison Center, not actions to expose alleged illegal or wrongful conduct of another person.

Procedure for Disclosing PHI Without an Authorization

Prior to Disclosing PHI pursuant to this Policy, The Madison Center must verify the identity of the person requesting the PHI and the authority of that person to have access to the PHI if the person requesting the PHI is unknown to The Madison Center. The list of permissible disclosures outlined above is not all inclusive. Other HIPAA exceptions to the requirement that there be an authorization are not outlined above because they are unlikely to arise (such as disclosures for inmates etc.) Requests made pursuant to legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal usually constitute legal authority. Note that these requests must be made pursuant to a grand jury request or a request made by a judicial or administrative tribunal. Contact an attorney for assistance in responding to subpoenas.

If the Disclosure is conditioned upon The Madison Center first obtaining documentation, statements or representation from the person requesting the PHI, then The Madison Center must first obtain such additional documentation, statements or representation. In emergency situations, The Madison Center staff members must exercise their professional judgment in the best interest of the Individual patient in deciding whether to Disclose PHI.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Policy Regarding When Disclosures of PHI are Required

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

Although there are a number of situations in which HIPAA prohibits use or disclosure of PHI, there are certain situations in which The Madison Center is required to Disclose PHI. The Madison Center will comply with the obligations imposed by state and federal law with respect to such required Disclosures.

Procedure

When The Madison Center is Required to Disclose PHI

Individual's Request: The Madison Center must Disclose an Individual's PHI to that Individual if he or she requests his or her own PHI. The Madison Center may require the request to be submitted in writing.

Department of Health and Human Services: The Madison Center must Disclose PHI to the Department of Health and Human Services if compelled by that agency to do so for compliance or enforcement purposes.

Disclosures Required by Law: The Madison Center must comply with any laws regarding the Use or Disclosure of PHI. The Madison Center must verify the identity/authority of the persons seeking any PHI.

Application of the "Minimum Necessary" Requirement

The "minimum necessary" requirement does not apply to required Disclosures of PHI, but the Disclosure of PHI must nonetheless be limited in scope to the information necessary to meet the requirements of the law that compels the Disclosure.

Verification Procedures

Prior to Disclosing PHI pursuant to this Policy, The Madison Center must verify the identity of the person requesting the PHI and the authority of that person to have access to the PHI if the person requesting the PHI is unknown to The Madison Center. If a public official is requesting the Disclosure of PHI, the identity of that person may be verified by their submitting a written statement on agency letterhead, or by providing an identification badge or other proof of official status to The Madison Center. Whenever possible the staff should retain a copy of the information provided supporting the identity of the individual making the request. The authority of a public official requesting PHI may be verified by a written statement (or an oral statement if a written statement would be impracticable) of the legal authority (i.e., statute or regulation) under which the PHI is requested. If you have any questions contact an attorney for assistance in responding to subpoenas. If the Disclosure is conditioned upon The Madison Center first obtaining documentation, statements or representation from the person requesting the PHI, then The Madison Center must first obtain such additional documentation, statements or representation. In

emergency situations, The Madison Center staff members must exercise their professional judgment in the best interest of the patient in deciding whether to Disclose PHI.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Requesting the “Minimum Necessary” PHI Policy

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

HIPAA requires that staff request only the minimum necessary PHI of its patients. As part of this commitment, The Madison Center has instituted this Policy to ensure that it requests only the “minimum necessary” PHI to accomplish an intended purpose.

Scope of Policy

This Policy applies to requests by The Madison Center for PHI from other Covered Entities. This Policy does not apply to Disclosures or Uses of PHI, both of which are addressed in separate Privacy Compliance Policies.

Policy

The minimum necessary rule applies to all requests by The Madison Center for PHI unless The Madison Center is requesting PHI for Treatment purposes. The Madison Center must limit its requests for PHI to the amount reasonably necessary to accomplish the purpose for which the request is made when requesting such information from other Covered Entities. The Madison Center should not request an Individual’s entire medical record except when the entire medical record is specifically justified as the amount of PHI that is reasonably necessary to accomplish the purpose for which the PHI is requested. The Madison Center must document the specific justification for requesting the Individual’s entire medical record if such a request is for Payment or Health-Care Operations purposes.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff

TITLE: Policy Regarding When an Authorization is Required to Disclose Protected Health Information

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

The Madison Center is committed to conducting business in compliance with all applicable laws, regulations, and The Madison Center policies to protect the privacy of the Protected Health Information (“PHI”) of their patients. As part of this commitment, The Madison Center has instituted this Policy to define the circumstances under which written authorization is required to release an Individual’s Protected Health Information.

Procedure

When An Authorization is Required

Unless a Disclosure of PHI is authorized or required under applicable law or regulations or the disclosure is for Treatment, Payment or Health-Care Operations, The Madison Center must obtain a specific, written authorization from an Individual before Using or Disclosing the Individual’s PHI.

Specific Circumstances in Which an Authorization is Necessary: The following is a list of common situations in which an authorization is necessary: (a) Marketing and fund-raising practices; (b) employment determinations; and (c) Psychotherapy Notes, even if the Disclosure or Use is for Treatment, Payment, or Health-Care Operations.

Specific Circumstances in Which an Authorization is Not Necessary: The following is a list of common situations in which an authorization is not necessary: (a) Disclosures to the Department of Health and Human Services for enforcement or compliance purposes; (b) Disclosures mandated by law; (c) Psychotherapy Notes needed for “oversight” activities/investigations into the Health-Care Provider; (d) Disclosures to prevent a serious threat to the health or safety of another person or the public, or Disclosure for the purpose of Treatment, Payment, or Health-Care Operations.

Authorization Requirements

The authorization must meet the following requirements to be valid:

- (a) The authorization must be written in plain language and signed and dated by the Individual (or, if signed by the Individual’s representative, it must additionally state that person’s authority or relationship to the Individual);
- (b) Clearly describe the PHI to be Used or Disclosed;
- (c) Name The Madison Center or class of entities or persons authorized to make the Use or Disclosure;

- (d) Name the recipients or list the types of recipients;
- (e) Indicate the authorization's expiration date. It can be a specific date or a specific time period or event period directly relevant to the Individual or the purpose for the Use or Disclosure. Also note that under Minnesota law, in most cases the expiration date must be no longer than one year from the date of the authorization;
- (f) State that the Individual has the right to revoke the authorization, including instructions as to how and where the Individual can complete such a revocation (or a referral to the facility's Notice);
- (g) State that the PHI, once it is Used or Disclosed pursuant to the authorization, may no longer be protected by the Privacy Regulations.
- (h) Identify each purpose for which the PHI is to Used or Disclosed (i.e., broad or blanket authorizations are not permitted);
- (i) State that The Madison Center cannot condition Treatment, Payment, enrollment, or eligibility on the Individual agreeing to sign the authorization if the conditioning is prohibited under the Privacy Regulations and if conditioning is permitted, then state any consequences to the Individual for refusing to sign the authorization (for example, The Madison Center may condition the provision of research-related treatment upon receipt of a signed authorization from the patient);
- (j) State that The Madison Center will receive direct or indirect compensation from a third party in exchange for the Use or Disclosure of the PHI, if The Madison Center will indeed receive such compensation; and
- (k) State that The Madison Center has provided the Individual with a signed copy of the authorization.

If the Individual requests the authorization for his or her own purpose, the purpose may be described as "at the request of the Individual."

General Prohibition of Compound Authorizations

Generally, an authorization cannot be combined into the same form with:

- (a) the Covered Entity's notice of privacy practices,
- (b) an informed consent for Research purposes,
- (c) any other form of authorization for Treatment or Payment purposes, or

(d) any other form of written legal permission for Use or Disclosure of PHI.

Nevertheless, an authorization can be combined with another document giving permission to Use or Disclose PHI in the following situations:

- (a) An authorization for a specific Research study may be combined with any other type of written permission for the same Research study, including another authorization for the Use or Disclosure of Protected Health Information for such Research or a consent to participate in the Research;
- (b) Use or Disclosure of Psychotherapy Notes for multiple purposes may be combined into a single authorization;
- (c) Except for an authorization for the Use or Disclosure of Psychotherapy Notes, authorizations may be combined if The Madison Center has not conditioned Treatment, Payment, eligibility, etc. upon the Individual's signing any of the relevant authorizations.

General Rule Against The Madison Center Conditioning Treatment or Payment on Signing an Authorization In general, The Madison Center is prohibited from conditioning Treatment or Payment upon an Individual signing an authorization. There are some exceptions under the law related to research studies and health plans which will generally not be relevant to The Madison Center.

Revocation of Authorizations As with consents, Individuals can revoke their authorizations at any time, in writing, except to the extent that The Madison Center has taken action in reliance upon the authorization.

Releasing Inpatient and Outpatient Psychiatric Records Pursuant to an Authorization

The Madison Center will only release inpatient and outpatient psychiatric records with a specific and valid patient authorization or a valid court order. For purposes of this Policy, inpatient psychiatric records means all records involving an inpatient psychiatric admission (or an admission where the patient was transferred at some point to an inpatient psychiatric unit). Outpatient psychiatric records means any treatment in an outpatient psychiatric program.

Adults Who Can Sign the Authorization

A competent adult (parent or guardian) should always sign the authorization to release PHI of a child patient. A person is competent if he or she has the general ability to understand the concept of releasing his or her medical information.

Retention of Authorization

The Covered Entity must retain any signed authorization for six years.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: The Madison Center

TITLE: Marketing and Fund-Raising Policy

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

The Madison Center has instituted this Policy to ensure that The Madison Center staff who engage in Marketing activities for The Madison Center or raise funds for the benefit of The Madison Center (“Fund-Raising”) comply with the Privacy Regulations and The Madison Center’s related policies and procedures.

Marketing Procedures

The Madison Center Notice of Privacy Practices must always contain a statement that The Madison Center may contact an Individual to provide information about treatment alternatives or other health-related products and services.

When Prior Authorization for Marketing is Required

Generally, The Madison Center may not Use or Disclose PHI to create or make Marketing communications without an acceptable authorization. If the Marketing communication involves direct or indirect remuneration to The Madison Center from a third party, the Authorization must state that such remuneration is involved.

When Prior Authorization for Marketing is Not Required

The Madison Center is not required to obtain prior authorization from the Individual for the following communications in which The Madison Center Uses or Discloses PHI for Marketing purposes:

- (a) face-to-face communications made by The Madison Center to the Individual (e.g., sample products may be provided to an Individual during an office visit);
- (b) communications that concern a promotional gift of nominal value provided by The Madison Center (e.g., pens, toothbrushes, or key chains).

Both of these disclosures are limited. The PHI disclosed, must be that the Individual to whom the marketing is directed, the minimum necessary PHI must be used, and the communications must be made in such a manner as to avoid disclosure to others of the information

Communications That Are Not Considered Marketing

Marketing does not include the following communications made by The Madison Center to an Individual:

- (a) to describe a health-related product or service (or payment for such product or service) that is provided by or included in a plan of benefits, including (1) entities participating in a health-plan network; (2) replacement of, or

enhancements to, a health plan; and (3) health-related products or services available only to a health plan enrollee that add value to, but are not part of, a plan of benefits; or (b) treatment of that Individual; or (c) for case management or care coordination for that Individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to that Individual.

Disclosure of PHI to Business Associates

The Madison Center may Disclose PHI of an Individual, with the Individual's authorization to Business Associates which are undertaking Marketing activities on behalf of The Madison Center. The Madison Center must obtain a Business Associates Agreement from the Business Associate agreeing that it will only use PHI for The Madison Center's Marketing activities. The Madison Center may engage a Business Associate, as long as a Business Associate Agreement has been obtained, to assist The Madison Center in communicating with an Individual about The Madison Center's health-related products or services, the Individual's treatment, or case management or care coordination of the Individual.

Fund-Raising Procedures

The Madison Center Notice of Privacy Practices must always contain a statement that Individuals may be contacted for purposes of raising funds on behalf of The Madison Center.

When Prior Authorization for Fund-Raising is Required

Generally, The Madison Center may not Use or Disclose PHI for Fund-Raising purposes without the Individual's prior authorization.

When Prior Authorization for Fund-Raising is Not Required

The Madison Center may Use or Disclose to a Business Associate or to an institutionally related foundation, the following PHI for the purpose of raising funds for The Madison Center's own benefit, without prior authorization from the Individual:

- (a) demographic information relating to an Individual; and
- (b) dates of health-care services provided to an Individual.

Demographic information includes an Individual's name, address and other contact information, age, gender and insurance status. It does not include information about a diagnosis, nature of the services received, or treatment.

Requirements for Fund-Raising Communications

All Fund-Raising material The Madison Center sends to Individuals must include a description of how the Individual may opt out of receiving future Fund-Raising communications. The Madison Center must make reasonable efforts to ensure that Individuals who decide to opt out of receiving future Fund-Raising communications are not sent such communications. For all Uses or Disclosures of PHI for Fund-Raising purposes,

except those Uses or Disclosures of demographic information and dates of health-care services discussed above, an Individual's authorization must be obtained prior to such Use or Disclosure of PHI (i.e., targeted fundraising). If The Madison Center discloses PHI while engaging in fund-raising on behalf of another entity, it must track such disclosure of PHI for disclosure accounting purposes Disclosure of PHI to Business Associates. The Madison Center may Disclose PHI for Fund-Raising purposes to Business Associates which are performing Fund-Raising activities on behalf of The Madison Center. The Madison Center must obtain a Business Associate Agreement from the Business Associate agreeing that it will only use the PHI for The Madison Center's Fund-Raising activities

EFFECTIVE DATE: July 5, 2004
AUTHORIZED BY: Tracy Dolliff

TITLE: Using the “Minimum Necessary” PHI Policy

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

The Madison Center is committed to conducting business in compliance with all applicable laws, regulations, and The Madison Center policies to protect the privacy of the Protected Health Information (“PHI”) of their patients. As part of this commitment, The Madison Center has instituted this Policy to ensure that, when required, it Uses only the “minimum necessary” PHI to accomplish an intended purpose.

Scope of Policy

This Policy applies only to Uses of PHI by The Madison Center. This Policy does not apply to either the Disclosure of, or request for, PHI, both of which are addressed by separate Privacy Compliance Policies.

Policy

The minimum necessary rule applies to all Uses of PHI by The Madison Center except in the following situations:

- (a) Uses pursuant to an authorization;
- (b) Uses Required by Law as long as the Use is limited to the relevant requirements of such law; or
- (c) Uses required by The Madison Center to comply with this Policy and the other Privacy Compliance Policies.

The Madison Center must limit its Use of PHI to the amount reasonably necessary to accomplish the purpose of the Use. The Madison Center should not Use an Individual’s entire medical record (i.e., all PHI that The Madison Center has in its possession pertaining to the Individual) except when the entire medical record is specifically justified as the amount of PHI that is reasonably necessary to accomplish the purpose for which the Use is sought.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Disclosing the “Minimum Necessary” PHI Policy

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

The Madison Center has instituted this Policy to ensure that, when required, it Discloses only the “minimum necessary” PHI required to accomplish an intended purpose.

Scope of Policy

This Policy applies only to Disclosures of PHI. This Policy does not apply to either the Use of, or request for, PHI, both of which are addressed by separate Privacy Compliance Policies.

Policy

The minimum necessary rule applies to all Disclosures of PHI by The Madison Center except in the following situations:

- (a) Disclosures to a Health-Care Provider for purposes of Treatment of the Individual;
- (b) Disclosures pursuant to a valid HIPAA Authorization;
- (c) Disclosures to the Individual that are required by the Privacy Regulations and are pursuant to either the Individual’s right to access his or her PHI or the Individual’s right to an accounting of his or her PHI Disclosures;
- (d) Disclosures to the Individual that are permitted by the Privacy Regulations;
- (e) Disclosures to the Secretary of Health and Human Services for purposes of enforcing or ensuring compliance with the Privacy Regulations;
- (f) Disclosures Required by Law; or

The Madison Center must limit its Disclosure of PHI to the amount reasonably necessary to accomplish the purpose of the Disclosure. The Madison Center should not Disclose an Individual’s entire medical record (i.e., all PHI that The Madison Center has in its possession pertaining to the Individual) except when the entire medical record is specifically justified as the amount of PHI reasonably necessary to accomplish the purpose for which the Disclosure is sought. The Madison Center must document the specific justification for Disclosing the Individual’s entire medical record if such a Disclosure is for Payment or Health-Care Operations purposes.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Request for Restrictions of Uses and Disclosures and Requests for Confidential Communications Policy

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

HIPAA provides individuals with the right to request restrictions on the Use and Disclosure of PHI by The Madison Center and to request “Confidential Communications.” The Madison Center’s policy is to honor requests for the restrictions for Uses and Disclosures of PHI to the extent reasonably possible, while at the same time recognizing that there are situations where such restrictions are not feasible or advisable.

Scope of Policy

Individuals have the right to request restrictions concerning the Use or Disclosure of their PHI for purposes of Treatment, Payment or Health-Care Operations or the Disclosures made to persons assisting or involved in the Individual’s care. Individuals also have the right to request how they will receive certain confidential communications related to their PHI. This Policy concerns how requests for restrictions are addressed and how The Madison Center responds to requests for confidential communications.

Procedure

Right to Request Restrictions of Uses and Disclosures

Requests for Restrictions on PHI: An Individual may request and The Madison Center will accept for review written request(s) for certain restrictions on the Uses and Disclosures of the Individual’s PHI to carry out Treatment, Payment or Health-Care Operations. In addition, an Individual may also request certain restrictions on Disclosures that are permitted to persons involved in the Individual’s care.

Responses to Requests for Restrictions: As a general rule, The Madison Center is not required to agree with any requested restriction(s) from an Individual. Notwithstanding any agreement by The Madison Center, there are certain situations in which a restriction cannot prevent The Madison Center from Using or Disclosing PHI. These include: (a) to assist in determining The Madison Center compliance with the Privacy Rules; (b) as Required by Law; (d) for public health activities; (e) for matters concerning victims of abuse, neglect or domestic violence; and (f) for health oversight activities.

Documentation: If The Madison Center agrees to a restriction, it must document the restriction with the PHI and retain a copy of the restriction as long as it is in effect, or, if terminated, for six years from its last effective date.

Right to Receive Confidential Communications

Confidential Communications Generally: The Madison Center will accept for review written requests from Individuals for alternate means or locations to receive their confidential communication(s) of PHI and will accommodate reasonable requests by Individuals to receive communications of PHI by alternate means or at alternate locations.

Request for Alternate Methods to Receive Confidential Communications: Requests for alternate methods of communication must be made in writing. The Madison Center must not require an explanation from an Individual to request an alternate method to receive confidential communications or as a condition of sending confidential communications in the manner requested. The Madison Center may condition accommodating a request on its receipt of information as to how the Individual will handle payment, if any, and specification of an alternate address or other method of contact. If no information as to how payment, if applicable, will be handled, The Madison Center may determine that the request is unreasonable and refuse to accommodate the request.

Responses to Requests: The Madison Center will accommodate reasonable requests by Individuals to receive confidential communications of PHI from the Health-Care Provider by alternate means or at alternate locations.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Access to PHI by Individuals

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

The Madison Center is committed to providing Individuals access to their Protected Health Information (“PHI”) to the extent required by HIPAA and Minnesota Law.

Scope of Policy

Individuals have the right to access (for inspection or to obtain a copy) their PHI contained within a Designated Record Set under HIPAA and their medical records under Minnesota law. Access by Individuals is a required Disclosure but is not included in an Accounting provided to Individuals.

Procedure

When a Right of Access Exists

Individuals have a right to request access for the purpose of inspecting or obtaining a copy of their PHI. The Madison Center must determine which records will be included in the Designated Record Set and subject to access by Individuals. All such requests should be forwarded to the Privacy Officer.

When There is No Right of Access

Individuals may not access the following information: (a) Psychotherapy Notes; (b) PHI compiled in reasonable anticipation of civil, criminal, or administrative action or other proceeding; and (c) PHI maintained for compliance with CLIA and which is prohibited from access or is exempt from disclosure under CLIA.

Processing Requests for Access

Who is Responsible for Handling Requests: All requests for access should be given to The Madison Center Privacy Officer.

Written Requests to Access: If someone requests access to their information, they should be instructed to complete a written request for the information desired.

Standards for Reviewing Requests: The Privacy Officer must review Individual requests for access to PHI and determine whether a request will be granted or denied in accordance with this Policy. Individuals may access their PHI unless a ground(s) for denial exists.

Response Time Frames and Extension: The Madison Center must act to grant or deny access, and provide the appropriate access (or a written denial) no later than 30 days after receipt of the Individual’s request. If the requested PHI is maintained off-site in storage or is not accessible to The Madison Center on-site, The Madison Center may act on the request within 60 days of the receipt of the request. The Madison Center may request and obtain a one-time extension of no more than 30 days within which it must take action on a request for access. To obtain a one-time extension, The Madison Center must contact the requesting

Individual within 30 days (or 60 days for off-site storage) from the date of the request and provide the Individual with a written statement of the reasons for the delay in its response and the date by which The Madison Center will complete its action on the request.

Designation of Reviewing Official: To prepare for an occurrence of a denial, The Madison Center must designate a licensed health care professional (the “Designated LHP”) who will serve as the reviewing official for reviewable grounds of denials for access. Such Designated LHP may not participate in the initial review and decision to either grant or deny access. The Designated LHP must follow the procedures set forth in this Policy for reviewing the appropriateness of the denial.

Current Care Requests: If an Individual requests access to their PHI while receiving Treatment at The Madison Center, the Individual must make such request in writing and submit the request to the person authorized to Disclose PHI. Immediate inspection and copying of the PHI is not required under this Policy.

Granting Access

General Rules: If a request for Individual access is granted, The Madison Center will provide Individuals the access requested either through inspection, copying or both. The information will be provided in the form requested if readily producible in such form, and if not, then in hard copy. If the requested PHI is maintained in more than one Designated Record Set or at more than one location, The Madison Center may produce the requested PHI once in response to the request. In response to a request, The Madison Center may provide a summary or an explanation of the PHI in lieu of providing a copy of the PHI. Prior to providing a summary or explanation of the PHI, The Madison Center must first obtain the Individual’s agreement to receive a summary or explanation of the PHI and to pay for any fees related to the summary. Summaries or explanations of PHI should be prepared by the involved health-care professional or other designated health-care professional.

Costs Associated with Access. The Madison Center may request payment from an Individual or other person asking, on his or her behalf, a reasonable, cost-based fee for copying the PHI. The fee can only include the cost of copying (including labor and supply costs), postage, and the preparation of any summary or explanation (if agreed to in advance by the Individual). This cost cannot be greater than that provided under state law.

Denial of Access

Process for Denying Access: For any request for access, The Madison Center must review the requested records and determine whether grounds for denial exist (as set forth below) and, if such request is denied, whether the Individual is entitled to a review of the denial. If a reviewable ground for denial is anticipated, the person authorized to Disclose PHI may contact the attending physician for his or her guidance with regard to the request for access. For any case of denial, The Madison Center must comply with the Notice of Denials requirements set forth in this Policy.

Unreviewable Grounds for Denial of Access: The following grounds are unreviewable grounds of denial for access to an Individual of his or her PHI:

- (a) The PHI consists of Psychotherapy Notes;
- (b) The PHI is compiled in reasonable anticipation of civil, criminal, or administrative action or other proceeding;
- (c) The PHI is maintained for compliance with CLIA and is prohibited from access or is exempt from disclosure under CLIA;
- (d) The request for PHI is from an Inmate, The Madison Center is rendering services under the direction of a correctional facility, and the PHI would jeopardize the health or safety of the Individual or of other Inmates or any others having contact with the Inmate; or
- (e) The PHI was created or obtained by a covered Health-Care Provider in the course of Research where the Individual consented to the denial of access when he or she consented to participate in the Research and The Madison Center informed the Individual that access would be restored upon completion of the Research.

Reviewable Grounds for Denial of Access: The following grounds are reviewable grounds of denial for access to an Individual of his or her PHI:

- (a) licensed health-care professional has determined that the access requested is reasonably likely to endanger the life or physical safety of the Individual or another person;
- (b) the PHI contains references to another person (excluding other licensed Health-Care Providers) and a licensed health-care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or
- (c) the request is made by the Individual's personal representative (including those of minors) and a licensed health-care professional has determined that the access by the personal representative is reasonably likely to cause substantial harm to the Individual or another person.

Notice of Denials: Regardless of whether a denial for access is reviewable or unreviewable, The Madison Center must provide:

- (a) to the extent possible, access to non-excluded PHI;
- (b) written notice of denial within 30 days (unless an extension has been requested) stating, in plain language (i) the ground(s) for the denial, (ii) the review rights, if any, available to the Individual including a description of how the Individual may initiate a review, and (iii) a description of the complaint process that an Individual may follow concerning his or her request, including the name or title

and telephone number of the contact person responsible for receiving complaints of privacy concerns, or with the Secretary; and

- (a) the location of the PHI if The Madison Center does not maintain the requested PHI.

Process to Review Reviewable Denials: If requested by an Individual whose access is denied on reviewable grounds, The Madison Center must promptly refer the request for review to the Designated LHP. After receiving The Madison Center's request for review of a denial, the Designated LHP must determine, within a reasonable period of time, whether or not to deny the access requested based on the reviewable grounds standards. The Madison Center is bound by the determinations of the Designated LHP and must promptly provide written notice of the Designated LHP's determination with regard to an Individual's request and take the appropriate action, if any.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: PHI Amendment Policy

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

The Madison Center is committed to conducting business in compliance with all applicable laws, regulations, and The Madison Center policies to protect the Protected Health Information (“PHI”) of their patients. As part of this commitment, The Madison Center has instituted this Policy to facilitate the proper review and evaluation of an Individual’s request to amend his or her PHI.

Scope of Policy

Individuals have the right to request an amendment of their PHI within a Designated Record Set. Information not contained within a Designated Record Set is not subject to this Policy.

Procedure

Processing Requests for Amendment

Documents Subject to Amendment: An Individual may request an amendment of his or her PHI maintained in a Designated Record Set, including records created by a Business Associate of The Madison Center.

Where There is No Right of Amendment: Individuals do not have a right to amend PHI where the amendment seeks to amend a record that: (a) is not a part of the Designated Record Set; (b) is unavailable for access under HIPAA (ii) PHI compiled in reasonable anticipation of civil, criminal, or administrative action or other proceedings, and (iii) PHI maintained for compliance with CLIA and which is prohibited from access or is exempt from disclosure under the CLIA Act); or (c) is accurate and complete.

Who is Responsible for Handling Requests: The Madison Center must document the Designated Record Sets that are subject to amendment and the titles of persons within the Health Information Management or Medical Records Department responsible for receiving and processing requests for amendment by Individuals.

Who Should Decide to Grant or Deny an Amendment: The Madison Center must designate a licensed health-care professional who will review requests for amendment of PHI. Such licensed health-care professional may consult with the author of the subject PHI prior to making a determination regarding the request for amendment.

Written Requests for Amendments: The Madison Center must inform Individuals that requests for amendments to PHI must be submitted in writing and contain a reason to support the requested amendment. Unless a reason to support the requested amendment is stated, the request may be denied.

Response Time Frames and Extension: The Madison Center must review and act upon requests for amendments to PHI no later than 60 days after receipt of such request either by granting the request in accordance with this Policy, by denying the request in accordance with this Policy or obtaining an extension within which to respond to the request. The Madison Center may request and obtain a one-time extension of no more than 30 days within which to take action on a request for amendment. To obtain a one-time extension, The Madison Center must contact the requesting Individual, in writing and within the initial 60 day period, stating the reasons for the delay in its response and the date by which The Madison Center will complete its action on the request.

Granting an Amendment: If a request for amendment is granted, The Madison Center member must:

- (a) identify the records in the Designated Record Set that are affected by the amendment and append or otherwise link them to the location of the amendment without removing the original record from the Designated Records Set and by noting the date and signature of the person implementing the amendment;
- (b) notify the Individual of the acceptance of the amendment (no explanation is necessary);
- (c) confirm with the requesting Individual those persons who have received the PHI and who need the amendment;
- (d) identify The Madison Center Business Associates and others that have the PHI subject to the amendment and who may have relied or could rely on such information to the detriment of the Individual;
- (e) obtain the requesting Individual's agreement to permit The Madison Center to notify the persons identified above and to share the amendment with those individuals; and
- (f) take reasonable efforts to inform and provide, within a reasonable time, the amendment to the people identified and authorized above.

Denying an Amendment: The Madison Center must deny requests for amendment if the requesting Individual is attempting to amend PHI that: (a) was not created by The Madison Center, unless the requesting Individual provides a reasonable basis to indicate that the originator of the PHI is no longer available; (b) is not a part of the Designated Record Set; (c) is not available for access under HIPAA. This includes: (i) Psychotherapy Notes; (ii) PHI compiled in reasonable anticipation of civil, criminal, or administrative action or other proceeding; and (iii) PHI maintained for compliance with CLIA and is prohibited from access or is exempt from disclosure under the CLIA Act; or (d) is accurate and complete.

Providing a Notice of the Denial: Regardless of the grounds for denial, The Madison Center must provide a written notice of denial within 60 days of a request (unless an

extension has been obtained) to the requesting Individual that states, in plain language: (a) the authorized basis for the denial; (b) the Individual's right to submit a written statement disagreeing with the denial and the basis of such disagreement (the "Statement of Disagreement") including an explanation of how the Individual may file his or her Statement of Disagreement with The Madison Center ; (c) the Individual's right that, if no Statement of Disagreement is filed, the Individual may request that The Madison Center include his or her request for amendment and the denial of such amendment with any future disclosures of the PHI that is subject of the requested amendment; and (d) a description of the complaint process that he or she may follow with The Madison Center , including the name or title and telephone number of the contact person responsible for receiving complaints of privacy concerns, or with the Secretary.

Statements of Disagreement: The Madison Center will accept any Statement of Disagreement submitted by an Individual. However, The Madison Center may reasonably limit the length of the Statement of Disagreement to two pages.

Rebuttal Statements: The Madison Center may prepare a written rebuttal statement to any Individual's Statement of Disagreement. The Madison Center will provide a copy of the rebuttal to the Individual who submitted the Statement of Disagreement.

Recordkeeping of Denials: The Madison Center will identify the PHI in the Designated Record Set that is the subject of the disputed amendment and append or otherwise link: (a) the Individual's request for an amendment; (b) the denial of the request for amendment; (c) the Individual's Statement of Disagreement (if any) submitted to The Madison Center, and (d) The Madison Center rebuttal to the Statement of Disagreement (collectively "Denial Materials") to such PHI.

Future Disclosures of PHI Denied Amendment: If a Statement of Disagreement has been submitted by the Individual, The Madison Center must include in any future disclosures of the PHI to which the disagreement relates either the Denial Materials described above, or, at the election of The Madison Center, an accurate summary of the Denial Materials. If no Statement of Disagreement is submitted by an Individual, the Individual must request that The Madison Center include in any future disclosures either the Individual's request for amendment and its denial, or an accurate summary of such information. If no request is made, such material need not be included in any future disclosure. For transactions involving the standard transaction code set for billing, The Madison Center must separately transmit Statements of Disagreements or the request and denial if such materials are not included as part of a disclosure using the standard transaction.

Amendment by Another Covered Entity

The Madison Center, including their Business Associates, must amend an Individual's PHI upon receipt of a notice of amendment from another Covered Entity.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

PRIVACY COMPLIANCE POLICY

TITLE: PHI Disclosure Accounting Policy

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

The Madison Center is committed to conducting business in compliance with all applicable laws, regulations, and The Madison Center policies to protect the Protected Health Information (“PHI”) of their patients. As part of this commitment, The Madison Center has instituted this Policy to facilitate accounting for certain types of Disclosures of PHI. Individuals have the right to request an accounting of certain types of Disclosures made of their PHI. The Madison Center will provide an appropriate accounting of these Disclosures consistent with this Policy.

Procedure

General Disclosure Policy

Individuals have a right to receive an accounting of certain types of Disclosures of their PHI made by The Madison Center, including Disclosures by or to Business Associates. Such an accounting will include those Disclosures made in the six-year period prior to the request date. The Madison Center will make such an accounting available in accordance with the requirements of the Privacy Regulations. Additional types of Disclosures that must be accounted for include:

- (a) Disclosures to Health Oversight Agencies that are not required by law or are not subject to suspended accounting;
- (b) Disclosures for Research without an express waiver (for example, an IRB waiver);
- (c) Disclosures that include any data elements of PHI regardless of whether an Individual’s name is included (i.e., PHI that is not de-identified);
- (d) Disclosures for public health activities that are not required by law;
- (e) Disclosures by Business Associates for purposes other than for Treatment, Payment or Health Care Operations,
- (f) Disclosures without an express authorization that are requested by Individuals to others; and
- (g) that are not specifically listed below as an exception.

The Madison Center must document the Disclosures made and the titles of persons or offices responsible for receiving and processing requests for accounting within the Health

Information Management or Medical Records Department. The Madison Center must document the written accounting provided to Individuals.

Exceptions

Consistent with the Privacy Regulations, the following types of Disclosures, including Disclosures by or to a Business Associate, are not subject to the accounting requirement:

- (a) Disclosures made to carry out Treatment, Payment and Health-Care Operations;
- (b) Disclosures made to Individuals of their own PHI;
- (c) Disclosures made incident to a Use or Disclosure otherwise permitted or required by the Privacy Regulations;
- (d) Disclosures made pursuant to an Individual's Authorization;
- (e) Disclosures made for Use in a Facility Directory or within The Madison Center;
- (f) Disclosures made to persons involved in the Individual's care or for purposes of notifying such person of an Individual's condition or status;
- (g) Disclosures made for national security or intelligence purposes;
- (h) Disclosures made to correctional institutions or to Law Enforcement Officials having lawful custody of an Inmate;
- (i) Disclosures that occurred prior to the Privacy Regulations compliance date of April 14, 2003;
- (j) Disclosures made as part of a limited data set agreement or of de-identified PHI; or
- (k) Disclosures made to Law Enforcement Officials or Health Oversight Agencies when such Officials or Agencies have made a request to suspend an accounting or the duration of the specified time.

Procedure for Responding to a Request for an Accounting

The Privacy Officer is responsible for receiving and responding to requests for an accounting of Disclosures. All requests for an accounting of PHI must be submitted in writing.

Verification of Individual Access for an Accounting: The Health Information Management or Medical Records Department is responsible for verifying that an Individual has the appropriate authority to request an accounting.

Response Time Frames and Extensions: The Madison Center will act upon a request for an accounting within 60 days following receipt of a request by either providing the requested accounting or, if unable to provide the accounting within 60 days, obtaining a one-time extension. The Madison Center may obtain a one-time extension of no more than 30 days within which it must complete its response by contacting the requesting

Individual, in writing and within 60 days of the request, and stating the reasons for the delay and the date by which The Madison Center will provide the accounting.

Costs for an Accounting: The Madison Center must provide the first accounting to an Individual within any 12-month period at no charge. The Madison Center may impose a reasonable cost-based fee for each additional request by the same Individual within a 12-month period. Prior to imposing any fee for an accounting, The Madison Center will first inform the Individual of the fee and provide the Individual with an opportunity to withdraw or modify his or her request in order to avoid or reduce the fee.

Suspension of the Right to an Accounting

Written Requests for Suspensions: The Madison Center may temporarily suspend an Individual's accounting right in accordance with the Privacy Regulations for a specified time if requested by a Health Oversight Agency or Law Enforcement Official in writing. If requested to suspend an accounting, The Madison Center will ask the Health Oversight Agency or Law Enforcement Official to state, in writing, that the accounting would be reasonably likely to impede the agency's activities and the time period for the required suspension prior to implementing the suspension.

Oral Requests for Suspensions: The Madison Center will abide by the oral requests of a Health Oversight Agency or Law Enforcement Official for the temporary suspension of an Individual's right to an accounting. The Madison Center will document the name of the agency or official and the statement requesting the suspension and will limit the suspension to no longer than 30 days unless a written statement from the agency or official is received.

Content of the Accounting

General Rules: The Madison Center will provide a written accounting, for any period up to the six-year period preceding the request, that includes all Disclosures of PHI, including Disclosures to or by Business Associates, occurring before the request date and within the requested period (excluding any Disclosures not subject to the accounting requirement).

Accounting of Research Disclosures may follow a slightly different format.

The general accounting will include: (a) the date of Disclosure; (b) the name of the entity or person receiving the PHI, and, if known, the address; (c) a brief description of the PHI Disclosed; and (d) a brief statement of the purpose of the Disclosure that reasonably informs the Individual of the basis for the disclosure or, in lieu of a statement, or a copy of any written request for Disclosure.

Multiple Disclosures: If The Madison Center has made multiple Disclosures during the requested accounting period to the same person or entity for a single purpose, the accounting may provide the information for the first Disclosure and a listing of the frequency, periodicity or number of the Disclosures during the period and the date of the last Disclosure.

Documentation

As a general rule, The Madison Center will retain: (a) the PHI subject to an Accounting of Disclosures for at least six years; (b) the written accounting provided to an Individual pursuant to this Policy; and (c) the titles of persons or offices responsible for receiving and processing requests for an accounting.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Individually Identifiable Health Information Security Policy

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

The Madison Center is committed to ensuring that the privacy of Individually Identifiable Health Information (“IIHI”) collected, maintained, used or transmitted is appropriately secure. To help strengthen this commitment, The Madison Center has instituted this policy to be the framework from which a comprehensive approach to information security can be designed, implemented and enhanced to ensure that any IIHI received, generated, used and/or sent by The Madison Center, pertaining to an Individual, remains appropriately secure.

Scope of Policy

The scope of this Policy includes transmissions using all media, including electronic, hard copy and oral communications regarding health information for the purposes of providing healthcare services and for supporting the delivery, payment, integrity and quality of these services. Commitment to this Policy will help ensure that all those who receive services from any The Madison Center may expect their IIHI to be handled in a reasonably secure manner.

Security Safeguards

To guard the integrity, confidentiality, and availability of its IIHI, The Madison Center will develop and maintain the following safeguard measures:

- (a) Administrative procedures to manage the selection and execution of security measures to protect data and the conduct of personnel in relation to the protection of data.
- (b) Physical Safeguards to address the protection of physical computer systems, related buildings and equipment and to control the access to computer systems and facilities.
- (c) Technical Security Services to protect, control, and monitor access to IIHI.
- (d) Technical Security Mechanisms to prevent unauthorized access to IIHI transmitted over The Madison Center network.

The safeguard measures will be kept current and in compliance with any changes in the law, regulations, or The Madison Center policies and procedures.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Policy Regarding Protected Health Information and Methods to De-Identify Protected Health Information

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies and to outline the requirements for de-identifying PHI.

Statement of Policy

The Madison Center is committed to conducting business in compliance with all applicable laws, regulations, and The Madison Center policies to protect the privacy of the PHI of its patients. As part of this commitment, The Madison Center has developed this Policy to assist in understanding what constitutes PHI and methods to “de-identify” such information (i.e., remove the patient’s name and other identifiers and personal data so as to protect an individual’s confidentiality with respect to specific health information).

Scope of Policy

This Policy covers any PHI possessed by The Madison Center in whatever form and from whatever source. This Policy sets forth the definition of PHI for purposes of The Madison Center’s operations and how The Madison Center may de-identify PHI for purposes of using information contained within PHI without compromising the privacy of the Individual to whom the PHI pertains. Information obtained from de-identified PHI can be used or disclosed by The Madison Center to perform any otherwise legal business purpose.

Procedure

The Madison Center is permitted to use PHI for Treatment, Payment and Health-Care Operations, and for Marketing, fund-raising and Research (under certain conditions and limitations). For all purposes not specifically included in the Privacy Regulations, The Madison Center is prohibited from Using or Disclosing PHI. PHI does not include health information that neither identifies an Individual nor creates a reasonable basis to believe that the information can be used to identify that Individual. Therefore, it is possible to modify PHI in such a way so as to render it “de-identified.” According to the Privacy Regulations, PHI de-identification can be achieved in one of two ways:

- 1) A person with appropriate knowledge of, and experience with, generally accepted statistical and scientific principles and methods for rendering information de-identified (the “De-Identification Process”). The person applying the De-Identification Process to the PHI must conclude that the risk is very small that the resultant information can be used alone or in combination with other reasonably available information to identify the Individual to whom the PHI pertains. Such person must further document that the De-Identification Process employed and the results obtained support the risk determination described above. Only after this process and conclusion are finalized and documented, may the de-identified information be used by The Madison Center for the intended purposes; or

2) All identifiers specified under the Privacy Regulations can be removed from the PHI including: name, address, dates of birth/death, dates of service, social security number, telephone number, geographic subdivisions smaller than state, zip code, fax numbers, e-mail addresses, medical record numbers, health plan beneficiary identifiers, device identifiers, serial numbers, URLs, internet protocol addresses, biometric identifiers, full face photographs, and any other unique identifying number, code or characteristic (all such identifiers referred to collectively as the "HIPAA Identifiers"). Such de-identified data may be assigned a code or other record identifier that will permit re-identification (if necessary) provided that such code is not accessible to the researcher or other person requesting use or disclosure of the de-identified information.

Disclosures of Limited Data Sets: Under the Privacy Regulations, The Madison Center may disclose information contained in a "Limited Data Set" to third parties with which The Madison Center has executed a "Data Use Agreement" or similar document provided that such information is used or disclosed solely for research, healthcare operations, or public health activity purposes. For purposes of HIPAA, a Limited Data Set is one in which all of the HIPAA Identifiers are stripped from an Individual's PHI, provided the following can remain: town/city, state, zip code, and dates of birth, death or service. For HIPAA purposes, the Data Use Agreement must include satisfactory assurances from the data recipient that: (a) any use of the limited data set information will be limited in nature and scope to the purposes set forth in the Agreement; (b) a limitation on re-disclosure of the contents of the Limited Data Set (but not necessarily aggregate or resultant data); (c) describes who (or who at recipient, if recipient is an entity) can receive and use the Limited Data set; (d) requires the recipient to use reasonable safeguards to prevent improper use or disclosure of the Limited Data Set; (e) it will report to The Madison Center any improper use or disclosure of the data of which the recipient is aware; (f) ensures staff members, agents and subcontractors of the recipient are bound by the same conditions as the recipient with respect to the Limited Data Set; and (g) the recipient will not attempt to re-identify the data or attempt to contact the Individuals to whom the data pertains.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Appropriate Communication of Protected Health Information Policy

PURPOSE: To ensure that The Madison Center conducts business in compliance with all applicable privacy laws, regulations, and The Madison Center policies.

Statement of Policy

The Madison Center is committed to conducting business in compliance with all applicable laws, regulations, and The Madison Center policies to protect the Protected Health Information (“PHI”) of their patients. As part of this commitment, The Madison Center has instituted this Policy to provide guidelines and instructions on the appropriate communication and handling of PHI.

Application of Policy and Patient Care

This Policy addresses only the most common situations that may arise and it is not intended to be all-inclusive. How one should appropriately communicate or handle PHI will frequently depend upon the surrounding facts and circumstances. Common sense must be applied in each case. The Madison Center is committed to providing quality health care to its patients. Assuring the quality of medical services is one of the most important responsibilities of each The Madison Center staff member. The application of this Policy should never jeopardize patient safety or care.

Face-to-Face Communications Between The Madison Center Staff members

As a general rule, conversations concerning an Individual’s PHI cannot occur unless the Individual has first acknowledged receipt of The Madison Center’s Notice or his or her decision not to receive a copy of the Notice or has signed an authorization. For purposes of this Policy, The Madison Center staff members may assume, unless circumstances indicate otherwise, that any Individual who is being treated by The Madison Center has met the acknowledgment requirement. Even so, The Madison Center staff members may only discuss the Individual’s PHI with each other if it is necessary for the purposes of Treatment, Payment, or Health-Care Operations. Otherwise, any PHI concerning any Individual should be held in strictest confidence unless the Individual first signs an authorization. Under no circumstances should an Individual’s PHI be discussed in any public place or area where it might be inappropriately overheard, such as cafes, elevators, hallways or public transportation.

Face-to-Face Communications with Non-The Madison Center Persons

Conversations with persons involved in an Individual’s Health-Care treatment, such as family members, relatives, close personal friends, or other persons identified by the Individual, generally should occur only after the Individual has given, at a minimum, his or her verbal authorization. The appropriateness of a conversation involving PHI will ordinarily depend upon the surrounding facts and circumstances. This Policy cannot address all potential situations that may arise and it is not intended to be all-inclusive. Common sense and good judgment must be applied in each case. Each The Madison Center staff member who communicates PHI in a face-to-face conversation with another person is responsible for ensuring that the communication is reasonably designed to protect the PHI

to the greatest extent practicable without interfering with the intended purpose of the communication. At a minimum, the staff member should:

- (a) verify the identity of the person requesting the PHI;
- (b) determine the relationship between this person and the Individual (i.e., a Health-Care Provider, a family member providing health-care treatment, a payer, etc.);
- (c) determine the reason for requesting the PHI (i.e., for Treatment, Payment, Health-Care Operations, etc.); and (d) unless the PHI is being provided for Treatment purposes, decide what is the “minimum necessary” amount of PHI that may be provided.

How a staff member satisfies the above procedure depends upon the surrounding facts and circumstances. For example, if an Individual is accompanied by a parent, relative, or a friend, it is reasonable to assume, absent extenuating circumstances, that the person is involved in the Individual’s care and may appropriately be given general information concerning the Individual’s condition without first obtaining the Individual’s consent, authorization, or verbal agreement.

Telephone Communications

Telephone communications concerning an Individual’s PHI are governed by the same rules as those discussed above for face-to-face communications. The appropriateness of telephone communications involving PHI will ordinarily depend upon the surrounding facts and circumstances. This policy cannot address all potential situations that may arise and it is not intended to be all-inclusive. Common sense and good judgment must be applied in each case. Each The Madison Center staff member who communicates PHI over the telephone to another person is responsible for ensuring that the communication is reasonably designed to protect the PHI to the greatest extent practicable without interfering with the intended purpose of the communication. At a minimum, the staff member should:

- (a) verify the identity of the person requesting the PHI;
- (b) determine the relationship between this person and the Individual (i.e., a Health-Care Provider, a family member providing health-care treatment, etc.);
- (c) determine the reason for requesting the PHI (i.e., for Treatment, Payment, Health-Care Operations, etc.); and
- (d) unless the PHI is being provided for Treatment purposes, decide what is the “minimum necessary” amount of PHI that may be provided

How an staff member satisfies the above procedure depends upon the surrounding facts and circumstances. For example, in some cases a staff member may be able to verify the identity of the caller through voice recognition. In other cases, the staff member may have

to resort to a “callback” procedure. Finally, it may be sufficient if the caller can provide the patient registration number or patient account number of the bill or account they are discussing.

Facsimile Communications

Facsimile communications are also subject to the same rules as those discussed above for face-to-face communications and telephone communications. The appropriateness of facsimile communications of PHI will also depend upon the surrounding facts and circumstances. Common sense and good judgment must be applied in each case. As with telephone conversations, each The Madison Center staff member who communicates PHI over a facsimile machine is responsible for ensuring that the communication is reasonably designed to protect the PHI to the greatest extent practicable without interfering with the intended purpose of the communication. At a minimum, the staff member should:

- (a) verify the identity of the person requesting the facsimile containing the PHI;
- (b) confirm that the facsimile number is correct;
- (c) determine the relationship between this person and the Individual (i.e., a Health-Care Provider, a family member providing health-care treatment, etc.);
- (d) determine the reason for requesting the PHI (i.e., for Treatment, Payment, Health-Care Operations, etc.); and
- (e) unless the PHI is being provided for Treatment purposes, decide what is the “minimum necessary” amount of PHI that may be provided.

How the staff member satisfies the above procedure depends upon the surrounding facts and circumstances. In some cases, a staff member may (a) require a written request for a facsimile, (b) require confirmation that the receiving machine is in a secure location not accessible to unauthorized individuals, or (c) send an initial test fax to confirm the number. For manual facsimiles, cover sheets should be used with appropriate confidentiality language, such as:

The materials enclosed with this facsimile transmission are private and confidential and are the property of the sender. If you are not the intended recipient, be advised that any unauthorized use, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify the sender via telephone to arrange for return of the forwarded documents to us.

PHI containing medical information or material that is normally treated with a higher level of sensitivity (i.e., HIV, Hepatitis, drug/alcohol dependence, etc.) should not be faxed unless it is absolutely necessary to facilitate an urgent need for the information due to current patient treatment issues.

E-Mail, Internet, Electronic, Wireless or Satellite Communications

The transmission of PHI by e-mail, by Internet, or by any other means of electronic, wireless or satellite communication must meet the requirements for any other type of communication. The staff member should, at a minimum: (a) verify the identity of the person requesting or receiving the PHI; (b) determine the relationship between this person and the Individual (i.e., a Health-Care Provider, a family member providing health-care treatment, a payer, etc.); (c) determine the reason for requesting or receiving the PHI (i.e., for Treatment, Payment, Health-Care Operations, etc.); and (d) unless the PHI is being provided for Treatment purposes, decide what is the “minimum necessary” amount of PHI that may be provided.

Retention and Destruction of Protected Health Information

All PHI should be shredded or incinerated before disposal.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Notice of Privacy Practices Policy

PURPOSE: To ensure that The Madison Center complies with the requirement to provide a notice of privacy practices to patients as required by HIPAA.

Statement of Policy

HIPAA requires that The Madison Center prepare and distribute to patients a notice of privacy practices. The Madison Center has prepared and will distribute a NPP as required by law.

Scope of Policy

The notice of privacy practices applies to Individuals receiving Health Care services. Each Individual has certain rights to information concerning certain Uses and Disclosures of PHI made by The Madison Center, and of the Individual's rights and The Madison Center's legal duties with respect to PHI.

Procedure

When a Notice Must be Provided

Direct Treatment Relationships: As The Madison Center has a Direct Treatment Relationship with its patients, Notices will be provided to Individuals receiving services:

- (a) no later than the date of the first service delivery (including services delivered electronically),
- (b) by posting the Notice in a clear and prominent location at the physical service delivery site where it is reasonably expected to enable Individuals seeking services to read the Notice, and
- (c) by making such Notice available to Individuals at the physical service delivery site to take with them upon request;
- (d) by posting the Notice on any future website maintained by The Madison Center.

Obtaining the Acknowledgment by an Individual that the Notice has been Received:

The Madison Center must make a good faith effort to obtain a written acknowledgment from each Individual of his or her receipt of the Notice or his or her decision not to receive a copy of the Notice. The Madison Center's general admission consent to treat form contains the following language referencing The Madison Center's Notice of Privacy Practices:

I have received or I have been provided the opportunity to receive a copy of the "Notice of Privacy Practices" that explains when, where, and why my confidential health information may be used or shared. I acknowledge that The Madison Center may use and share my confidential health information with others in order to treat me, in order to arrange for payment of my bill

and for issues that concern The Madison Center's operations and responsibilities.

An Individual's signature or initials on the general admission consent to treat form constitutes written acknowledgment of that Individual's receipt or his or her decision not to receive a copy of the Notice. If the Individual does not sign the general admission consent to treat form, The Madison Center will document its good faith efforts to obtain the Individual's written acknowledgment, that it nonetheless was not obtained and the reason why it was not obtained. The Madison Center must conduct random audits to ensure that the general admission consent to treat forms are completed.

Web Notice: If applicable, The Madison Center will post a Notice on its Web site and make the Notice available electronically through its Web site. An Individual may still receive a paper copy of the Notice even if he or she has received an electronic Notice.

E-Mail Notices: To provide Notices by electronic mail ("e-mail"), an Individual must first agree to accept the Notice electronically. If The Madison Center knows that the e-mail transmission failed, a paper copy of the Notice will be provided to the Individual. E-mail notices must also comply with the timing requirements discussed above.

Content of Notice

The Madison Center Notice has been drafted by legal counsel to include all of the following required information. It should not be revised or amended without the review of legal counsel: The Notice must be written in plain, understandable language and contain the following:

Header: A header at the top of the Notice that states, in bold type:

"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."

Uses and Disclosures: Several descriptions of the required and permitted Uses and Disclosures of the PHI including:

- (a) a description, of sufficient detail, together with at least one example, of the types of Uses and Disclosures permitted for Treatment, Payment, and Health-Care Operations;
- (b) a description, of sufficient detail, of all the types of Uses and Disclosures, together with each of the purposes, that The Madison Center is permitted or required to make without the Individual's written authorization;
- (c) a description of any more stringent law than the Privacy Regulations governing any particular Use or Disclosure of PHI; and

- (d) a statement that any other Uses or Disclosures will be made only with the Individual's written authorization, and that the Individual may revoke such authorization in writing (except to the extent The Madison Center has taken action in reliance on the authorization or if the authorization was obtained as a condition of obtaining insurance).

Contacting Individuals: If The Madison Center provides reminders or other information to Individuals, including fund-raising events, a statement that Individuals may be contacted for appointment reminders, for information on other health services, or for raising funds for The Madison Center.

Individual Rights: A list of an Individual's rights with respect to PHI and a brief description of how an Individual may exercise such rights including:

- (a) the right to request restriction(s) on certain Uses and Disclosures, including a statement that The Madison Center is not required to agree to a requested restriction;
- (b) the right to receive confidential communications of PHI;
- (c) the right to inspect and to receive a copy of their PHI;
- (d) the right to request an amendment to their PHI, including a statement that The Madison Center is not required to agree to a requested amendment;
- (e) the right to receive an accounting of Disclosures of their PHI; and
- (f) the right of an Individual to obtain a paper copy of the Notice from The Madison Center (including an Individual who has agreed to receive the Notice electronically).

The Madison Center Duties:

- (a) A statement that The Madison Center is required by law to protect and maintain the privacy of PHI, to provide Individuals with Notice of its legal duties, and to abide by the terms of such Notice.
- (b) A statement that The Madison Center reserve the right to change the terms of the Notice and apply the revised privacy practices to PHI previously created or received, and a statement of how it will provide Individuals with a new revised Notice.

Complaint: A statement that an Individual may file a complaint with The Madison Center and/or the Department of Health and Human Services for a suspected violation of his or her privacy rights. The statement must also include a description of the process to file a

complaint and a statement of assurance that an Individual will not be retaliated against for filing a complaint.

The Madison Center Contact: The name or title and telephone number(s) of the person to contact at The Madison Center for further information.

Effective Date: The effective date of the Notice.

Notice Review and Revisions Procedure

The Notice will be revised and reviewed by legal counsel if material changes are identified to the Uses or Disclosures of PHI, the Individual's rights, The Madison Center's legal duties, or other privacy practices concerning PHI. Any revisions to the Notice must include a plan for distribution of the revised Notice including its availability for distribution at physical service delivery sites and the posting of the Notice at such sites. The Madison Center must also promptly provide revised Notices on or after the revision date, including updating any posted Notices.

Documentation and Retention

The Madison Center must retain a copy of the Notice form issued and the written acknowledgment or of the documentation of good faith efforts to obtain the Individual's written acknowledgment of receipt of the Notice for at least a six-year period.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

TITLE: Business Associates Policy

PURPOSE: To outline the situations in which a business or individual is considered to be a business associate of The Madison Center, and to ensure that The Madison Center obtains a written and signed business associate agreement with the business or individual prior to disclosing any PHI to that entity or business.

Statement of Policy

The Madison Center is committed to conducting business in compliance with all applicable laws, regulations, and The Madison Center policies to protect the privacy of the Protected Health Information (“PHI”) of their patients. As part of this commitment, The Madison Center has instituted this Policy and incorporated procedure regarding the use and disclosure of Protected Health Information by or to its Business Associates.

Scope of Policy

This policy will govern the use and disclosure of Protected Health Information by or to The Madison Center’s Business Associates. The Madison Center may disclose PHI to a Business Associate and/or may permit a Business Associate to create or receive PHI on The Madison Center’s behalf only if The Madison Center first obtains written assurances from the Business Associate that it will appropriately safeguard the information.

Exception: The foregoing procedure does not apply to disclosures by The Madison Center to one or more health-care providers regarding treatment of the Individual to whom the information relates. Independent contractors providing services on behalf of The Madison Center that involve the use or disclosure of PHI should be considered Business Associates. Examples of these contractors would include billing or claims processing companies, management, administrative, temporary staffing agencies, law/accounting firms, collection agencies, expert witnesses, I/T service providers and consultants, and non-employed transcriptionists, etc. The Madison Center staff members or other members of its “Workforce” are not considered Business Associates. In the event The Madison Center, becomes aware of a pattern of activity or practice by a Business Associate that constitutes a material breach of the Business Associate’s written assurances given to The Madison Center, The Madison Center will take reasonable steps to require the Business Associate to cure the breach or end the violation. If such steps are unsuccessful, The Madison Center must: (a) terminate the arrangement with the Business Associate, if feasible; or (b) if termination is not feasible, report the problem to the Secretary of the Department of Health and Human Services.

EFFECTIVE DATE: July 5, 2004

AUTHORIZED BY: Tracy Dolliff, Privacy Officer

DEFINITIONS

Authorization: Written permission from an Individual allowing The Madison Center to create, use and/or disclose PHI for specified purposes other than treatment, payment and health care operations. An Authorization should specifically describe the permitted uses and disclosures by The Madison Center and the uses and disclosures permitted to or from a third party.

Business Associate: Any person or organization who, on behalf of The Madison Center, either:

- (a) performs or assists in the performing of (i) any function or activity involving the Use or Disclosure of PHI such as claims processing or administration, utilization review, quality assurance, billing, benefit management, practice management and repricing, or (ii) any other function or activity subject to regulation under the Privacy Regulations; or
- (b) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for The Madison Center if the provision of services involves the Disclosure of PHI from The Madison Center (or from another Business Associate of The Madison Center). Notwithstanding the foregoing, the term “Business Associate” does not include any member of The Madison Center’s Workforce.

Consent: Written Permission from an Individual (i.e., patients) allowing The Madison Center to create, use and disclose PHI for the purposes of treatment, payment and health care operations.

Covered Entity or Entities: (a) Health-Care Provider(s) who transmit any PHI in electronic form; (b) Health Plan(s); and (c) Health-Care Clearinghouse(s).

Designated Licensed Health-Care Professional or “LHP”: The individual designated by The Madison Center who is a licensed Health-Care professional and who will not participate in any initial decisions to deny or grant access to PHI, but who will review all requests for access denied on reviewable grounds as established by the Privacy Regulations.

Designated Record Set: (a) For Health-Care Providers, any record used, in whole or in part, to make decisions about Individuals, including (i) medical records (such as admission data, physician notes, nursing forms, medication records, nutrition notes, test and lab reports, dictated reports of operation, advance directives, and expiration documents but excluding release forms, correspondence, peer review files, explanation of benefits, remittance advices, and volunteer donors of blood and blood products information), and (ii) billing records (such as itemized statements, Medicare/Medicaid standard forms, claim forms) held or maintained by or for a Health Care Provider for the applicable retention period. (b) For Health Plans, records used to make decisions affecting Individuals (such as enrollment, payment, claims, and medical management records).

Direct Treatment Relationship: A Treatment relationship that involves direct patient contact and/or communication.

Disclosure: Externally divulging PHI, created or possessed by The Madison Center, in any manner.

Facility Directory: A patient's name, location in the facility (except for inpatient psychiatric patients), and/or the general health condition of the patient.

Health-Care: care, services, or supplies (including prescription drugs and DME) related to an Individual's health.

Health-Care Clearinghouse: A public or private entity that processes, or facilitates the processing of, PHI in a nonstandard format (or containing nonstandard data elements) into standard data elements or a standard transaction, and vice-versa.

Health-Care Operations: The activities of a Covered Entity that cause it to be categorized as a Health-Care Provider, Health Plan, or Health-Care Clearinghouse. Such activities include, but are not limited to, the following: (a) quality assessment and improvement (QA/QI); (b) outcomes evaluation; (c) development of clinical guidelines; (d) protocol development; (e) case management and care coordination; (f) communication with providers and patients about treatment alternatives; (g) review of competence or qualifications of health professionals; (h) training programs for students and practitioners; (i) provision of legal services; (j) fraud and abuse auditing and compliance programs; (k) business planning and development, management, and administration; (l) fund-raising for the benefit of the Covered Entity; and (m) due diligence functions.

Health-Care Provider: A provider of Health-Care (e.g., physician, hospital) that furnishes, bills, or is paid for Health-Care in the normal course of business.

Health Oversight Agency: An agency authorized by law to oversee the health-care system or government programs for which PHI is necessary to determine eligibility for or compliance with the government program, or is necessary to enforce civil rights laws. For example, the Department of Health and Human Services, the Centers for Medicare and Medicaid Services (formerly HCFA), state insurance commissions, state health professional licensure agencies, Offices of Inspectors General of federal agencies, Department of Justice, state Medicaid fraud control units, OSHA, and the FDA are considered Health Oversight Agencies.

Health Plan: An individual or group plan that provides or pays for the cost of medical care, including Group Health Plans, health insurance issuers (including insurance companies), HMOs, the Medicaid and Medicare programs, an issuer of Medicare supplemental insurance, CHAMPUS, TriCare, the Indian health service program, Federal Employee Health Benefits Program ("FEHBP"), an approved State Children's Health Insurance Program ("SCHIP"), a high risk pool established under state law, an issuer or a long-term care policy, and a multiple employer plan. Health Plans do not include any plan that pays for excepted benefits and is a government-funded program, if the government-funded program's principal activity does not

involve providing or paying for Health-Care or the principal activity is the direct provision of Health-Care or the making of grants to fund Health-Care. Examples of such excluded programs include the Food Stamp Program, the Special Supplemental Nutrition Program for Women, the Ryan White Comprehensive AIDS Resources Emergency Act, and government-funded Health-Care centers and immunization programs (except that some of the programs may meet the definition of a Health-Care Provider). The fact that a local welfare agency simply determines eligibility or enrollment in a Health Plan is not sufficient in and of itself to make such an agency a Health Plan.

Individual: The person who is the subject of PHI or that person's personal representative. If the person is an adult and state law permits, the "personal representative" can be a court-appointed guardian or power of attorney. If the person is an unemancipated minor, the "personal representative" can be the parent or guardian or person acting *in loco parentis*. If the minor can consent on his or her own behalf under state law, the minor is considered to be emancipated for purposes of the Privacy Regulations. If the person is a deceased patient, the "personal representative" can be the executor, administrator or other person allowed to act on behalf of the deceased patient's estate.

Inmate: A person who is confined in a correctional institution, such as a prison, jail, reformatory, work farm, detention center, home detention or halfway house. **Law Enforcement Official:** An officer or employee of an agency or authority who is empowered by law to investigate potential violations of the law or conduct a criminal, civil or administrative proceeding arising from a violation of the law.

Institutional Review Board ("IRB"): The committee (either internal or external) designated by an institution that conducts Research with respect to human subjects, which is responsible for reviewing and approving all Research protocols prior to any Research being conducted on or with respect to any human subject at such institution. Both the institution and its IRB(s) must file with the Office of Human Research Protection a federal-wide assurance, which attests to compliance with 45 C.F.R. 46 (Protection of Human Subjects) and the Belmont Report.

Law Enforcement Official: An officer or employee of an agency or authority who is empowered by law to investigate potential violations of the law or conduct a criminal, civil or administrative proceeding arising from a violation of the law. **Payment:** (a) Activities undertaken by a Health Plan to collect premiums or determine benefits under the Health Plan; (b) activities undertaken by a Health-Care Provider in order to obtain reimbursement for Health-Care services; or (c) any of the following activities: determining eligibility and adjudicating and subrogating claims; risk adjusting amounts due based on health status and demographics; billing, claims management, collection or obtaining payment under a reinsurance contract, and related data processing; reviewing PHI with respect to medical necessity or justification of charges; utilization review (UR) activities; or Disclosure to consumer reporting agencies for collections.

Marketing: A communication about a product or service by a Covered Entity that encourages recipients of the communication to purchase or use the product or service, although certain exceptions apply, or an arrangement between a covered entity and any other entity whereby the covered entity Discloses PHI to the other entity, in exchange for direct or indirect remuneration,

for the other entity or its affiliates to make a communication about its own product or service that encourage recipients of the communication to purchase or use the product or service.

Organized Health-Care Arrangement: (a) A clinically integrated setting where Health Care is provided by more than one Health-Care Provider; or (b) an organized system of Health Care in which more than one Covered Entity (i) holds itself out to the public as participating in a joint arrangement, and (ii) participates in at least one specified joint activity either for each other or by a third party on behalf of each other.

Payment: (a) Activities undertaken by a Health Plan to collect premiums or determine benefits under the Health Plan; (b) activities undertaken by a Health-Care Provider in order to obtain reimbursement for Health Care services; or (c) any of the following activities: determining eligibility and adjudicating and subrogating claims; risk adjusting amounts due based on health status and demographics; billing, claims management, collection or obtaining payment under a reinsurance contract, and related data processing; reviewing PHI with respect to medical necessity or justification of charges; utilization review (UR) activities; or Disclosure to consumer reporting agencies for collections.

Privacy Regulations: The Standards for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services on December 28, 2000 (45 C.F.R. 82462 *et seq.*), as may be amended from time to time.

Protected Health Information (“PHI”): Information that was created, or received, by a Covered Entity and has been transmitted in any form or medium (i.e., electronically, on paper, or orally). Further, the information must concern (a) an Individual’s physical or mental condition, (b) the provision of Health-Care to an Individual, or (c) the Payment for the provision of Health-Care to an Individual. Finally, the information must either identify the Individual or create a reasonable basis to believe that the information (including demographic information) can be used to identify the Individual.

Psychotherapy Notes: Notes kept by a mental health professional that analyze conversations during a counseling session and that are kept separate from the rest of the Individual’s medical record.

Public Health Authority: An agency or authority of the United States, a state, territory, or Indian tribe that is responsible for public health matters as part of its official mandate. This includes a person or entity acting under a grant of authority from or contract with a public health agency. For example, state, city or county departments of health and the Centers for Disease Control and Prevention are Public Health Authorities.

Research: The systematic investigation (including research development, testing, and evaluation) designed to develop or contribute to generalized knowledge. Research is not considered to be Treatment, Payment or Health-Care Operations, nor should Research be considered as a performance improvement activity.

Secretary: The Secretary of the Department of Health and Human Services or his or her designee.

Single Affiliated Covered Entity: Legally separate Covered Entities that are under Common Ownership or Common Control. Common Ownership is an ownership or equity interest of five percent or more in another entity. Common Control is the power, directly or indirectly, to significantly influence or direct the actions or policies of another entity.

Treatment: (a) The provision, coordination, or management of Health Care and related services by one or more Health-Care Providers, including coordination with a third party; (b) consultation between Health-Care Providers concerning an Individual; or (c) the referral of a patient by one Health-Care Provider to another.

Use: The sharing, employment, application, utilization, examination, or analysis of PHI internally.

Workforce: The Madison Center employees, volunteers, trainees, or other person whose conduct, in the performance of work for The Madison Center, is under The Madison Center's direct control, whether or not they are paid by The Madison Center. Students in training at The Madison Center are considered to be a member of The Madison Center's Workforce for purposes of this Policy.