

Notice of Privacy Practices Checklist

Revision Date: September 2015

- ___ Mandatory Header: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
- ___ Must be written in "plain language"
- ___ A description plus one example of uses and disclosures for
 - Treatment
 - Payment
 - Health care operations
- ___ A description of each other purpose for which you are permitted or required to use/disclose PHI without written authorization
 - Address research specifically!
- ___ Written in a way to "place the individual on notice" of the uses and disclosures that are permitted or required
- ___ A description of the types of uses/disclosures that require authorization
- ___ A statement that uses/disclosures not described in the NOPP will be made only with the written authorization
 - Example: Covered entity may add a statement that it will not sell PHI without Authorization
- ___ A statement that the individual may revoke authorization (revocations are governed by 45 CFR 164.508(b)(5))
- ___ Separate statements for fundraising AND the individual's right to opt out of fundraising communications
- ___ A statement of individual rights and how to exercise those rights, including
 - The right to request restrictions and a statement that you are not required to agree to all restrictions
 - A statement that the individual may restrict disclosures of PHI to a health plan when the individual has paid out-of-pocket in full for the services.
 - The right to receive confidential communications
 - The right to inspect and copy PHI
 - The right to amend PHI
 - The right to receive an accounting of disclosures

- The right to obtain a paper copy of the notice

____ Required Statements

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

____ Complaints: You must inform individuals that

- They have a right to file a complaint with the Secretary
- They have a right to file a complaint with you
- How to file complaints
- They will not be retaliated against for filing complaints

____ You must provide contact information for filing a complaint with the NAU HIPAA Privacy Officer

____ You must state the effective date of the notice

NOPP reviewed by:

Beth Applebee, HIPAA Privacy Officer

Date: