

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: