



BE STRONGER | CARE HARDER | LOVE DEEPER

Site/Location: Sinai Health System Affiliates	Revised Date: 8/21/2018, 5/6/2020
Policy Number: SHS-BI-H-006	Reviewed Date: N/A
Policy Title: Notice of Privacy Practices	Origination Date: 4/1/2017
Revised by: Alison Bernstein, Chief Compliance and Integration Officer	Next Review Date: 5/6/2023
Approved by: Jason Spigner, VP / Chief Human Resources Officer	
Supersedes: N/A	

I. PURPOSE

To establish a process for complying with the Notice of Privacy Practices provisions under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA).

II. SCOPE

This policy applies to all Sinai Health System (SHS) Caregivers.

III. POLICY STATEMENT

SHS describes its practices governing the uses and disclosures of PHI and patient rights regarding their PHI in its Notice of Privacy Practices (Notice). As required by HIPAA, SHS will provide or make its Notice available to each patient or their personal representative at the date of his or her first service as a SHS and will make a good faith effort to obtain the patient’s acknowledgement of receipt of the Notice.

IV. DEFINITIONS

- A. Caregivers include SHS officers, directors, employees, independent contractors, medical staff members, and volunteers while performing services on behalf of or acting within the scope of their employment or duties for SHS.
- B. Covered Entity means any of the following types of healthcare business organizations or individuals which transmit or maintain PHI:
 - 1. Healthcare professional (for example: hospital or physician)
 - 2. Healthcare plan (for example: managed care program)
 - 3. Healthcare clearinghouse (for example: third-party billing party)
- C. Disclosure means the releasing, transferring, providing access to, or divulging a patient’s PHI to any person or entity outside of SHS.
- D. Individually Identifiable Information means a subset of health information including demographic information collected from an individual which:
 - a. Is created or received by a healthcare professional, health plan, employer, or healthcare clearinghouse; and
 - b. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and
 - i. That identifies the individual; or



BE STRONGER | CARE HARDER | LOVE DEEPER

- ii. Provides a reasonable basis to believe the information can be used to identify the individual.
- E. Personal Representative means a person authorized under state or other applicable law to act on behalf of the individual in making healthcare related decisions.
- F. Protected Health Information (PHI) means individually identifiable health information that is transmitted or maintained in any form, including oral, written, or electronic.
- G. Sinai Health System (SHS) means Sinai Health System and any affiliate of Sinai Health System, including but not limited to Mount Sinai Hospital Medical Center of Chicago, Schwab Rehabilitation Hospital and Care Network, Holy Cross Hospital, The Mount Sinai Community Foundation d/b/a Sinai Medical Group, Sinai Community Institute and ProgressHealth. For purposes of this definition, “affiliate” means, with respect to SHS (i) any entity directly or indirectly controlling, controlled by or under common control with SHS; or (ii) any entity in which SHS directly or indirectly owns or controls 50 percent or more of the outstanding voting securities or membership interests of such entity. As used in this definition, the term control shall mean the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of such entity, whether through ownership of voting securities, by contract, or otherwise.
- H. Use means the sharing, employment, application, utilization, examination, or analysis of individually identifiable health information within SHS.

V. PROCEDURE

A. Notice

- i. Content. HIPAA requires SHS’s Notice to be written in plain language and to contain the following:
 - 1. The required header.
 - 2. Effective date of the Notice. (Any changes to the Notice must reflect the new effective date.)
 - 3. A description of SHS’s uses and disclosures of PHI.
 - 4. A description of the types of uses and disclosures that require an authorization.
 - 5. A statement that other uses and disclosures not described in the notice will be made only with the individual’s written authorization.
 - 6. A description of the patient’s rights with respect to their PHI.
 - 7. A description of SHS’s duties with respect to the Notice.
 - 8. A description of SHS’s complaint process should a patient believe their privacy rights have been violated.
 - 9. SHS contact information.
- ii. Changes to Notice. Whenever SHS changes its privacy practices or policies it will promptly revise the Notice as necessary to reflect these changes. If the changes are material, SHS must re-issue the Notice to all patients and make a good faith effort to obtain an updated acknowledgement of receipt of the Notice (See Section B below).



BE STRONGER | CARE HARDER | LOVE DEEPER

- iii. Retention Requirement. SHS will retain each Notice of Privacy Practices Acknowledgement form for a minimum of six (6) years from the date it was created. This form will be scanned into the patient's electronic medical record.

B. Provision of Notice/Receipt of Acknowledgement

- i. As part of the initial registration process, SHS will provide or make available a copy of its Notice to each patient or their personal representative at the date of his or her first service as a SHS patient. This process shall also include a good faith attempt to have the patient or their personal representative acknowledge receipt of the Notice on the SHS Notice of Privacy Practice Acknowledgment form ("acknowledgement form"). Patients or their legally authorized representatives may refuse to sign the acknowledgement form. If so, SHS must document the reason for refusal and the good faith efforts to do so.
- ii. A copy of SHS's Notice, including any updated versions, will be published on its website and will be made conspicuously available to patients at all times (e.g. at front desk or in office waiting room).
- iii. The Notice and acknowledgement form will be mailed to patients whose initial interaction where PHI is exchanged with SHS is over the phone. This requirement *does not* apply to an initial interaction in which just general information (e.g. clinic hours and location, scheduling an appointment etc.).

References:

- A. 45 CFR §164.520
- B. 45 CFR §164.530(j)

VI. RELATED DOCUMENTS

- A. Notice of Privacy Practices
- B. Notice of Privacy Practices Acknowledgement Form

VII. CROSS-REFERENCE

None