



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

NOTICE OF PRIVACY PRACTICES

Effective Date: May 14, 2019

Policy: HI-16

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- I. PURPOSE:** This policy addresses the information that must be contained in the official notice of privacy practices titled "Notice of Use of Protected Health Information."
- II. POLICY:**
 - A. A client has the right to adequate notice of the uses and disclosures of Protected Health Information (PHI) which may be made by Montana State Hospital (MSH), and the legal duties of the Department with respect to PHI.
 - B. MSH must provide a notice written in layman's language containing details in accordance with HIPAA Privacy Rules and DPHHS HIPAA Privacy Policy #006 titled Notice of Use of Protected Health Information (please see Attachment A for MSH's Notice of Use of Protected Health Information).
- III. DEFINITIONS:** None.
- IV. RESPONSIBILITIES:**
 - A. The admitting clerk will provide a copy of the notice of privacy practices to patient at the time of admission.
 - B. The Director of Health Information is the designated MSH Privacy Officer. The Privacy Officer will ensure all long-term care patients receive a notice of privacy practices once every 3 years.
- V. PROCEDURE:**
 - A. The admitting clerk will provide a copy of the notice of privacy practices to the patient at the time of admission.
 - B. Patient will sign a form verifying receipt of the notice of privacy practices.
 - C. Admitting Clerk will sign the form if patient receives notice, but refuses to sign.
 - D. Signature page verifying receipt of the notice of privacy practices will be routed to the Health Information Department to be filed in the patient record.

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- E. The notice of privacy practices will be mailed to the guardian with a request for the return of the signed signature page acknowledging receipt. The date sent will be documented. The notice of privacy practices mailed to the guardian has the expectation it has been received if not returned as undeliverable, even if the signature page is not returned. The signed signature page will be routed to Health Information Department upon return.
- F. The notice of privacy practices will be posted in the Admissions Office and on each patient unit.
- G. At least once every three years MSH will provide to all long-term patients a copy of the Notice of Use of Protected Health Information.
- VI. REFERENCES:** HIPAA Privacy Rules and DPHHS Privacy Policy #006 Notice of Use of Protected Health Information.
- VII. COLLABORATED WITH:** Hospital Administrator.
- VIII. RESCISSIONS:** HI-06, Notice of Privacy Practices dated December 30, 2013; HI-16, *Notice of Privacy Practices* dated October 26, 2009; HI-16, *Notice of Privacy Practices* dated October 30, 2006; HI-16, *Notice of Privacy Practices* dated July 1, 2003.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Health Information.
- XII. ATTACHMENTS:** For internal use only.
- A. Notice of Privacy Practices for Protected Health Information (PHI).

Signatures:

Kyle Fouts
Interim Hospital Administrator

Melinda Bridgewater
Director of Health Information