



HIPAA Policy - Notice of Privacy Practices
September 1, 2020

SCOPE

This policy applies to Florida Atlantic University's Covered Components and those working on behalf of the Covered Components for purposes of complying with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

POLICY STATEMENT

FAU Covered Health Care Components will provide the Notice of Privacy Practices ("Notice") to all individuals treated. The Notice will explain how protected health information may be used and disclosed.

FAU Covered Health Care Components will make a good faith effort to obtain written acknowledgement of receipt of the Notice from every individual before the date of the first service delivery to the extent practicable. In an emergency treatment situation, the FAU Covered Component will provide the Notice as soon as reasonably practicable after the emergency treatment.

If a written acknowledgement cannot be obtained from the individual, reasons why and efforts to obtain one will be documented.

REASON FOR THE POLICY

To provide a Notice of Privacy Practices to FAU's patients in compliance with HIPAA, and to obtain an acknowledgement of the patient's receipt of the Notice.

PROCEDURES

Distribution of Notice of Privacy Practices

FAU maintains notices of privacy practices approved by FAU, which describes patient rights and the uses and disclosures applicable to various covered health care components.

1. Provide the Notice to every patient or patient's personal representative before or at the first delivery of service. Provide a new copy of the Notice whenever the Notice has been updated, even if the patient has previously received a Notice.
2. Ask the patient to sign the Acknowledgement Form when they receive the Notice. If the patient cannot or will not sign the acknowledgement, note the reason on the form and any

effort made to obtain the signature. The patient may be treated even if he/she does not sign the acknowledgement form.

3. Provide the patient a copy of the acknowledgement form. Maintain the original acknowledgement form in the patient's health record.
4. Enter any appropriate tracking information in the tracking system designated for this purpose, to indicate that the patient received the Notice. When the patient returns to FAU, determine whether the patient has received the most current version of the Notice by checking the tracking system. Follow the procedures above to provide a new patient the most current Notice, or if the notice has been updated, provide a returning patient the most current version of the Notice. No action is required if the tracking system indicates that the patient has already received a current Notice.

Records Retention

The original paper acknowledgement form, or an electronic scanned version of this document must be stored in an easily retrievable location for at least six (6) years.

Review and Changes to the Notice

1. The Notice will be reviewed periodically in concert with any changes in the privacy regulations or to protocols for determining Treatment, Payment and Operations.
2. If the Notice is revised, it must be posted in prominent locations, on the website and provided to the patient upon request. Alternately, a summary of changes to the Notice may be posted so long as the full Notice is easily available to the patient such as by providing copies of the revised Notice in the proximity of the posted summary.
3. Within 60 days of any material change to the Notice, patients will be provided the revised Notice.
4. Notice of Privacy Practices and Notice of Hybrid Status, maybe also be obtained by visiting website: <http://www.fau.edu/hipaa>

CONTACT

Contact FAU's Chief Privacy Officer at 561-297-3004 with any questions or comments.