HIPAA Compliance Policy

1. Purpose

This HIPAA Compliance Policy is designed to ensure that [Organization Name] adheres to the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the subsequent amendments, including the Health Information Technology for Economic and Clinical Health (HITECH) Act. It aims to protect the privacy and security of Protected Health Information (PHI) and ensure compliance with all relevant federal regulations.

2. Scope

This policy applies to all employees, contractors, and business associates of [Organization Name] with access to PHI or Personal Health Records (PHR) within our system. This includes all administrative, clinical, and support staff.

3. Definitions

Protected Health Information (PHI): Any information, whether oral or recorded in any form, that relates to the health, provision of health care, or payment for health care that can be linked to an individual.

Electronic Protected Health Information (ePHI): PHI transmitted by electronic media or maintained in electronic media.

Business Associate: A person or entity, not a workforce member, who performs functions or activities on behalf of or provides certain services to a covered entity that involves the use or disclosure of PHI.

4. Privacy Practices

[Organization Name] is committed to maintaining the privacy of PHI. This involves providing notice of our legal duties and privacy practices concerning PHI, including:

- Use and disclosure of PHI for treatment, payment, and health care operations.
- Individuals have the right to understand and control how their PHI is used.
- Obligations to protect the privacy of PHI.

5. Security Measures

To protect ePHI, [Organization Name] implements the following security

- Administrative Safeguards: Policies and procedures designed to clearly show how the entity will comply with the act.
- Physical Safeguards: Mechanisms put in place to protect electronic systems, equipment, and the data they hold from threats, environmental hazards, and unauthorized intrusion.
- Technical Safeguards: Automated processes used to protect data and control access to data.

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Rusty Mcnew

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Emergency Department Compliance Manual Rusty Mcnew, 2013-01-23 Emergency Department Compliance Manual 2013 Edition provides everything you need to stay in compliance with complex emergency department regulations. The list of questions helps you quickly locate specific quidance on difficultlegal areas such as Complying with COBRADealing with psychiatric patientsNegotiating consent requirementsObtaining reimbursement for ED servicesAvoiding employment law problemsEmergency Department Compliance Manual also features first handadvice from staff members at hospitals that have recently navigated a JointCommission survey and includes frank and detailed information Organized bytopic it allows you to readily compare the experiences of different hospitals Because of the Joint Commission's hospital wide function based approach to evaluating compliance it s been difficult to know specifically what sexpected of you in the ED Emergency Department Compliance Manualincludes a concise grid outlining the most recent Joint Commission standardswhich will help you learn what responsibilities you have for demonstrating compliance Plus Emergency Department Compliance Manual includes sampledocumentation that hospitals across the country have used to show compliance with legal requirements and Joint Commission standards Age related competenciesPatient assessment policies and proceduresConsent formsAdvance directivesPolicies and protocolsRoles and responsibilities of ED staffQuality improvement toolsConscious sedation policies and proceduresTriage referral and discharge policies and proceduresAnd much more Emergency Department Compliance Manual has been updated to include new and updated legal and regulatory information affecting your ED including Updated questions and answers covering such topics as Physician Payment Sunshine Act requirementsWhat a HIPAA audit involvesJoint Commission requirements for patient centered communicationJoint Commission requirements for the use of scribesHospitals response to uncompensated emergency department careFactors including drug shortages that affect patient safetyJoint Commission requirements to manage patient flowThe Supreme Court decision s impact on health care reformFraud and abuse updatesOIG reassignment alertStage 2 meaningful use requirementsAffordable Care Act summary of health plan benefits and coverage SBC requirementsHospital value based purchasing updateMedicare Shared Savings Program requirementsNew Joint Commission survey questions and answersUpdated sections on hospital accreditation standardsNew and updated forms policies and other reference materials to facilitatecompliance including Memorandum of Understanding Regarding Reciprocal Lateral TransferSample Lateral Transfer into HospitalTransfer ProcessCommonly Abused Prescription DrugsMedication Use AgreementED Director's Weekly Wrap Up Reportto StaffCommunication Template Staff MeetingSafety TriggersED Registered Nurse Clinical Ladder ProgramED Registered Nurse Clinical Ladder Program Expectations Criteria for EachDimensionED Nursing Education File ChecklistED New Hire PlanExtra Shift Bonus PolicyGuidelines for Extra Shift Bonus PayED Overtime JustificationED Communication ChecklistED Downtime Track

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