

# 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 measures:

- **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.

# **Sample Hipaa Policy And Procedure Manual 2013**

**Ensheng Dong**



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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 guidance on difficult legal areas such as Complying with COBRA, Dealing with psychiatric patients, Negotiating consent requirements, Obtaining reimbursement for ED services, Avoiding employment law problems. Emergency Department Compliance Manual also features first hand advice from staff members at hospitals that have recently navigated a Joint Commission survey and includes frank and detailed information. Organized by topic 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's expected of you in the ED. Emergency Department Compliance Manual includes a concise grid outlining the most recent Joint Commission standards which will help you learn what responsibilities you have for demonstrating compliance. Plus Emergency Department Compliance Manual includes sample documentation that hospitals across the country have used to show compliance with legal requirements and Joint Commission standards. Age related competencies, Patient assessment policies and procedures, Consent forms, Advance directives, Policies and protocols, Roles and responsibilities of ED staff, Quality improvement tools, Conscious sedation policies and procedures, Triage referral and discharge policies and procedures. And 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 requirements, What a HIPAA audit involves, Joint Commission requirements for patient centered communication, Joint Commission requirements for the use of scribes, Hospitals response to uncompensated emergency department care, Factors including drug shortages that affect patient safety, Joint Commission requirements to manage patient flow, The Supreme Court decision's impact on health care reform, Fraud and abuse updates, OIG reassignment alert, Stage 2 meaningful use requirements, Affordable Care Act summary of health plan benefits and coverage, SBC requirements, Hospital value based purchasing update, Medicare Shared Savings Program requirements, New Joint Commission survey questions and answers, Updated sections on hospital accreditation standards, New and updated forms, policies and other reference materials to facilitate compliance including Memorandum of Understanding Regarding Reciprocal Lateral Transfer, Sample Lateral Transfer into Hospital, Transfer Process, Commonly Abused Prescription Drugs, Medication Use Agreement, ED Director's Weekly Wrap Up Report to Staff, Communication Template, Staff Meeting, Safety Triggers, ED Registered Nurse Clinical Ladder Program, ED Registered Nurse Clinical Ladder Program Expectations, Criteria for Each Dimension, ED Nursing Education File Checklist, ED New Hire Plan, Extra Shift Bonus Policy, Guidelines for Extra Shift Bonus Pay, ED Overtime Justification, ED Communication Checklist, ED Downtime Track

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