

Guide to Academy of Doctors of Audiology 2013 HIPAA Compliance Forms

This packet is intended to provide your practice with forms that meet the requirements for patient disclosures, receipts and authorizations under the 2013 HIPAA Omnibus modifications. These forms are intended to be customized to your practice.

These forms were prepared by legal counsel to the ADA, but are not intended to provide legal advice to you. ADA can obtain answers to general questions about the use of the forms, but you should consult your own attorney about specific questions or engage ADA counsel directly.

Notice of Privacy Practices

The Notice of Privacy Practices (NPP) details obligations of your practice and rights of the patient regarding protected health information under the HIPAA Privacy Rule. The Notice includes provisions required by the 2013 HIPAA modifications such as:

- A statement that certain uses and disclosures of protected health information require an authorization from the patient such as protected health information for marketing purposes and protected health information in instances constituting the sale of protected health information;
- A statement that uses and disclosures not addressed within the NPP require a written authorization;
- If a Covered Entity intends to contact an individual for fundraising purposes, a statement informing the individual of his or her right to opt out of receiving fundraising communications;
- An acknowledgment that the individual may revoke any authorization granted for uses and disclosures requiring such authorization; and
- A statement of an individual's right to be notified following a breach of unsecured protected health information.

A form receipt for patients to acknowledge receiving the Notice of Privacy Practices is included in this packet.

Use and Disclosure Authorization (Specific Person/Entity)

Under HIPAA, an individual may authorize the release of his or her protected health information to a specific person or entity. This Authorization is drafted so that:

- One authorization form can be used to identify multiple individuals/entities.
- Authorization forms can be completed for defined timeframes.
- The individual's use of the authorization form is always voluntary.

Marketing Authorization

Your practice must secure patients' written authorization in order to use their contact information for marketing about health-related products or services if your practice or your business associates receive any financial remuneration in exchange for making the marketing communication from or on behalf of the third party whose product or service is being described. The Authorization must identify to whom protected information may be disclosed, so the form includes an area intended to be filled with anticipated/potential recipients and/or third parties for whom marketing communications may be made for.

Notable exceptions when patient authorization is not required remain, such as:

- Face-to-face communication by a practitioner to a patient.
- When promotional gifts of nominal value are given.

Business Associate Agreement

The form Business Associate Agreement contains general contract language along with form language provided by United States Department of Health and Human Services to ensure compliance with the 2013 HIPAA Omnibus modifications regarding such agreements.

It is important to note that the 2013 Modifications broadened the definition of Business Associate to mean any entity that creates, receives, maintains or transmits protected health information on behalf of a Covered Entity and now requires you to execute business associate agreements with any of your subcontractors that create, receive, maintain or transmit protected health information.