

**BARNABAS HEALTH**  
**POLICY # HIE-6**  
**INFORMATION TECHNOLOGY AND SERVICES**  
**POLICY**

**TITLE:** Notice of Privacy Practices

**EFFECTIVE DATE:** 6/18/2015

**APPROVED BY:** 

System: System Chief Information Officer/  
Barnabas Health

Date: 8/6/2015

**ATTACHMENTS:**

None

**PURPOSE:**

To ensure that Patients are provided a HIPAA Notice of Privacy Practices (“HIPAA NPP”) that addresses a Participant’s specific privacy practices with regard to engaging exchanging Patient Data electronically through the BHIE.

**POLICIES:**

1. Provision of Notice of Privacy Practices

Each Participant shall develop, distribute and maintain a HIPAA NPP that mentions that the Participant participates in an HIE.

2. Content

The HIPAA NPP shall include a description of HIEs generally (need not reference the BHIE specifically) and inform Patients regarding:

- a. What types of information may be included in and made available through the BHIE;
- b. What categories of individuals or entities are able to access the information through the BHIE;
- c. The permitted purposes for which their PHI can be accessed through the BHIE; and

- d. How the Patient can “**Opt-Out**” of having his or her information available for access through the BHIE.
- 3. Provision to Individuals. Each Participant shall implement its own procedures governing distribution of the HIPAA NPP to Patients and obtaining Patient acknowledgement, which shall be consistent with this policy and comply with HIPAA and HITECH.
- 4. Participant-Specific Information or Procedures. Participants may choose a more proactive HIPAA NPP distribution process than required under this BHIE Policy, and may include more detail in their NPP regarding specific privacy practices that do not otherwise conflict with or fall below the minimum requirements of HIPAA and these BHIE Policies.
- 5. Affiliated HIEs. With regard to Participants that are Affiliated HIEs, such Affiliated HIE shall ensure that their own HIE sub-network health care providers and participants comply with the principles set forth in this policy.

**QUALIFICATIONS: NA**

**EQUIPMENT: NA**

**PROCEDURE: NA**

**DOCUMENTATION: NA**

**INFECTION CONTROL: NA**

**SAFETY: NA**

**SECURITY OVERSIGHT GROUP (SOG) Approve for Release:**

**REFERENCES:**

**ORIGINAL DATE: 6/18/2015**

**REVIEWED DATE(S):**

**REVISED DATE(S):**