

EMERGENCY DEPARTMENT POLICIES

SUBJECT: Acknowledgement of receipt of
Notice of Privacy Practices

NO. 12.1

PAGE NO. 1 of 3

Original Date of Issue: 3/03 (from H-8 MSH pol. Man.)

Reviewed:	4/06						
Revised:							

Patient Population

Neonate	√
Pediatric	√
Adolescent	√
Adult	√
Geriatric	√

RELEVANT POLICIES: Notice of Privacy Practices

POLICY:

1. A Notice of Privacy Practices (NOPP) will be provided to each patient at the initial visit to each of the following: Mount Sinai Hospital (MSH), Mount Sinai Hospital Queens (MSQ), Faculty Practice Associates (FPA, Northshore Practice (MSMG).
2. At the first contact a NOPP will be provided to each patient in a clinical trial who was not recruited subsequent to a Mount Sinai encounter post April 14, 2003
3. If in doubt, a search of the Master Patient Index (Cerner) should be made to ascertain whether or not the NOPP had already been given to the patient.
4. A good faith effort shall be made to obtain an initial written acknowledgement of receipt of NOPP wherever possible at each location
5. Failure to obtain a written acknowledgement will generate a work queue which must be followed up.
6. The NOPP shall be
 - a. Available at the point of service site for individuals to take with them
 - b. Posted in a clear and prominent location where it is reasonable to expect individuals seeking care from Mount Sinai to be able to read the notice
 - c. On the Mount Sinai website at <http://www.mssm.edu/HIPAA>
7. Whenever the NOPP is revised, it will be available upon request on or after the effective date of the revision.

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8. In an emergency situation Mount Sinai does not have to provide the NOPP to patients at the time of first encounter. Provision of the NOPP and the good faith effort to obtain written acknowledgment may be delayed as long as it occurs prior to the patient's discharge.
9. A prisoner receiving medical attention from Mount Sinai does not have a right to receive the NOPP.
10. There will be an individual designated in each registration area to answer any questions regarding the NOPP.

PURPOSE:

To insure that a good faith effort has been made to provide every patient with a NOPP, as required by HIPAA regulation.

TOOL:

Acknowledgement Form (MR-205) NOPP.

PROCEDURE:

- I. At the initial encounter at each facility treating the patient (MSHM, MHSQ, FPA, Northshore) have patient sign Acknowledgement of Receipt of NOPP.
- II. Documentation
 1. MSHM – Enter the following information on Cerner at patient Level:
 - a. Obtained, date
 - b. Couldn't obtain, reason
 - c. File original with current admission
 - d. Provide copy to patient

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2. MSHQ – Enter the following information on Keane:
 - a. Obtained, date
 - b. Couldn't obtain
 - c. Document reason in Keane in a user-defined field
 - d. File original in chart
 - e. Provide copy to patient

 3. FPA - TBD

 4. NSMG – Enter the following information on IDX
 - a. Obtained, date
 - b. Couldn't obtain, reason
 - c. File original in chart
 - e. Provide copy to patient

 5. Research
 - a. Obtain signed acknowledgement of NOPP for research subject (unless is a Mount Sinai patient after April 14, 2003).
 - b. Place completed form in clinical trial file.
- III. If written acknowledgement of NOPP is not obtained
- A. Follow-up on all failures to obtain written acknowledgement of NOPP using daily Cerner queue.
 - B. Refer to supervisor if follow-up can not be done.
- IV. Refer patient questions regarding the NOPP or acknowledgement of NOPP to the designated individual.