



Memorandum

12 April 2004

To: All Employees
From: Eric Hovermale

Re: HIPAA Privacy Policy Statement
Revision (1) dated: 12 April 2004

As your employer, we are committed to protecting the privacy of individual health information in compliance with all applicable laws and regulations. To achieve this end, we have adopted policies and procedures to protect the privacy of individual health information. We have designated a Privacy Officer to carry out such policies and procedures in an effort to assure the privacy and security of individual health information at our company.

From time to time, management may have access to protected health information ("PHI") to provide insurance services for our employees. We will seek each employee's permission through a release form, and if you as our employee sign it we will not use or disclose the PHI created or received from or on your behalf in an impermissible manner and will appropriately safeguard the information. Our administrative staff will complete appropriate HIPAA (Health Insurance Portability and Accountability Act) training prior to accessing the PHI and will have access only to the information they need to perform the duties of their job. We will use only the "minimum information necessary" of PHI to accomplish the tasks that we are responsible for. Administrators who have been given your permission, will provide information about their use or disclosure of PHI to the company's Privacy Officer as necessary to assure that we comply with HIPAA.

We will establish appropriate safeguards to ensure that no one will inappropriately disclose PHI to another entity or internal company representative with the power to influence your employment except as permitted or required by state and federal law. As your employer, we are committed to providing ongoing training & education to our staff regarding policies, procedures and legal requirements related to maintaining privacy particular to PHI.

In the case where compliance may be in question we will cooperate with the Secretary of the Department of Health and Human Services ("Secretary") as required for complaint investigations and compliance reviews. We will respond to questions and complaints regarding privacy and security of PHI at our company and will resolve the complaints as appropriate.

We will not sanction and will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against persons who file complaints with the Secretary, persons who testify, assist or participate in an investigation, compliance review, proceeding or hearing or a person opposing any act or practice that is unlawful provided that the person had a good faith belief that the practice complained about is unlawful, the manner of opposition is reasonable and does not involve an unlawful disclosure of PHI.

Reason for Policy

- To foster an environment that is sensitive to the privacy of individual health information.
- To assure compliance with rules regarding individuals' rights, including access to PHI, requests for amendments to PHI, receipt of an accounting of disclosures, requests for restrictions and receipt of Notice of Privacy Practices.
- To protect the privacy of individual health information in accordance with state and federal laws.
- To protect our company against damaging legal consequences.
- To provide appropriate administrative and oversight mechanisms to facilitate compliance with all applicable laws and policies

HIPAA and PHI Complaint Procedures

Our internal privacy officer responsible for maintaining privacy and investigation of PHI disclosure complaints is *Kelly Patricio* at phone number *401-849-4010, ext. 231*.

We have also attached a federal HIPAA complaint form that may be used in the event you suspect that PHI or other provisions of HIPAA have been violated. Fill out the attached complaint form and send it directly to the address listed so that further investigation may be made.

NOTICE OF PRIVACY PRACTICES

Attached you will also find a Notice of Privacy Practices. Please review the information, sign and *return the form to Kelly Patricio by 14 April 2004.*

Department of Health and Human Services
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Electronic Health Care Transactions and Code Sets Complaint Submission Form

You may use this form to file a HIPAA complaint. This form is for the submission of complaints about covered entities that are not compliant with the HIPAA electronic health care transactions and code set standards. This form should not be used to file complaints regarding the privacy of health information.

If you choose, you can now file on-line at <http://cms.hhs.gov/hipaa/hipaa2/default.asp>. Or you may mail your complaint to the following address:

HIPAA Complaint
7500 Security Blvd., C5-24-04
Baltimore, MD 21244

Section A: Your Contact Information (person or entity filing the complaint)		
First Name: _____	Middle Initial: ____	Last Name: _____
Title: _____		Organization: _____
Street Address Line 1: _____		
Street Address Line 2: _____		
City: _____	State: _____	Zip Code: _____
Telephone Number: _____	Extension: _____	
Email Address: _____		

Section B: Information about the Entity that you are filing a complaint about		
Name of Covered Entity: _____		
Tax Identification Number: _____		Medicare Identification Number: _____
Type of Covered Entity (Check one)		
<input type="checkbox"/> Health Care Clearinghouse		
<input type="checkbox"/> Health Plan		
<input type="checkbox"/> Health Care Provider (choose one)		
<input type="radio"/> Dentist		
<input type="radio"/> DME Supplier		
<input type="radio"/> Home Health Agency		
<input type="radio"/> Hospice		
<input type="radio"/> Hospital		
<input type="radio"/> Nursing Home		
<input type="radio"/> Pharmacy		
<input type="radio"/> Physician/Group Practice		
<input type="radio"/> Other		
Covered Entity Contact Person:		
First Name: _____	Middle Initial: ____	Last Name: _____
Title: _____		
Street Address Line 1: _____		
Street Address Line 2: _____		
City: _____	State: _____	Zip Code: _____
Telephone Number: _____	Extension: _____	

McLaughlin Research Corporation
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

McLaughlin Research Corporation is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our participants with notice of our legal duties and privacy procedures with respect to your protected health information.

Disclosure of your Health Care Information

Workers' Compensation

If applicable, we may disclose your health information as necessary to comply with state Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Judicial and Administrative Proceedings.

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement.

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Deceased Persons.

We may disclose your health information to coroners or medical examiners.

Organ Donation & Research.

We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, or to researchers conducting research that has been approved by an Institutional Review Board

Public Safety.

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies.

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Change of Ownership.

In the event that *McLaughlin Research Corporation* is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that *McLaughlin Research Corporation* is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that *McLaughlin Research Corporation* amend your protected health information. Please be advised, however, that *McLaughlin Research Corporation* is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by *McLaughlin Research Corporation*.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

McLaughlin Research Corporation reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, *McLaughlin Research Corporation* is required by law to comply with this Notice.

McLaughlin Research Corporation is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Kelly Patricio by calling this office at 401 849 4010. If Kelly Patricio is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy Rights, or how *McLaughlin Research Corporation* has handled your health information should be directed to Kelly Patricio by calling this office at 401 849 4010. If Kelly Patricio is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of **12 April 2004.**

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide McLaughlin Research Corporation with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice

Participant's Name (print)

Participant's Signature

Date

Authorized Facility Signature

Date