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**University of Wisconsin – Madison**  
**Policy and Procedure**

Policy Number: 2.1  
Policy Title: Notice of Privacy Practices (NPP) Distribution and Acknowledgement  
Effective Date: April 14, 2003  
Last Revision Date: September 22, 2014  
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**I. Policy**

This policy describes the Notice of Privacy Practices (NPP), the method of distribution and documentation of distribution.

The HIPAA Privacy Rule and HITECH regulations require that covered healthcare providers that provide direct care distribute to all patients who they treat on or after April 14, 2003, a “Notice of Privacy Practices” (“NPP”) which describes the provider’s uses and disclosures of protected health information, a patient’s rights with regard to his/her own protected health information, the provider’s duties with regard to the patient’s protected health information, the complaint process, a contact number, and the effective date of the NPP.

**II. Definitions**

- A. **Disclosure:** The release, transfer, provision of access to, or divulging in any manner of PHI by an individual within the HCC or ACE with a person or entity outside the HCC or ACE.
- B. **Health Care Operations:** Any of a number of business and administrative activities, including
- Conducting quality assessment and improvement activities
  - Reviewing the competence or qualifications of health care professionals
  - Conducting training programs.
  - Accreditation
  - Credentialing
  - Conducting or arranging for medical review, legal services and auditing functions
  - Business planning and development
  - Business management and general administrative activities

Health care operations do not include research and many fundraising and marketing activities. See Privacy Policies # 3.6 “Uses and Disclosures of

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Protected Health Information for Marketing” and # 3.7 “Uses and Disclosures of Protected Health Information for Fundraising” for more information.

- C. HITECH: The Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009, to promote the adoption and meaningful use of health information technology.
- D. Payment: The activities undertaken by a health care provider to obtain payment for the provision of care or by a health plan to provide reimbursement for the provision of care.
- E. Protected Health Information (“PHI”): Health information or health care payment information, including demographic information collected from an individual, which identifies the individual or can be used to identify the individual. PHI does not include student records held by educational institutions or employment records held by employers.
- F. Psychotherapy Notes: Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record.
- G. Treatment: The provision, coordination, or management of health care and related services.
- H. University of Wisconsin Affiliated Covered Entity (UW ACE): The UW-Madison Health Care Component (except University Health Services and the State Laboratory of Hygiene), the University of Wisconsin Medical Foundation and the University of Wisconsin Hospital and Clinics. See Privacy Policy # 1.2 “Designation of the University of Wisconsin Affiliated Covered Entity (UW ACE)”.

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- I. Use: The sharing, employment, application, utilization, examination, or analysis of PHI by an individual within the UW HCC or the UW ACE.
- J. UW-Madison Health Care Component (“UW HCC”): Those units of the University of Wisconsin-Madison that have been designated by the University as part of its health care component under HIPAA. See Privacy Policy # 1.1 “Designation of UW-Madison Health Care Component”.

**III. Procedures**

- A. Each Provider Unit in the UW HCC will distribute a printed NPP once to any patient who is treated on or after April 14, 2003. The NPP will include all of the information required by the HIPAA Privacy Rule:
  - 1. The NPP must contain the following statement as a header or otherwise predominantly displayed: “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.”
  - 2. The NPP must contain:
    - a. A description, including at least one example, of the types of uses and disclosures that the Provider Unit is permitted to make for each of the following: treatment, payment or health care operations.
    - b. A description of each of the other purposes for which the Provider Unit is permitted or required to use or disclose PHI without the individual’s written authorization.
    - c. If a use or disclosure for any purposes described above is prohibited or materially limited by other applicable law, the description of such use or disclosure must reflect the more stringent law.

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- d. For each purpose described above in 2.a. or 2.b., the description must include sufficient detail to place the individual on notice of the uses or disclosures that are permitted or required.
- e. A description of the uses and disclosures that require an authorization as follows:
  - i. Psychotherapy Notes. Use or disclosure by the covered entity requires patient authorization except to carry out treatment, payment or health care operations; to train mental health students or practitioners to improve their skills; to defend itself in a legal action; or for use by the originator for treatment.
  - ii. Marketing. Authorization is required for *uses* of PHI made for marketing except to communicate about treatment, care coordinator, or to describe a health related product or service or payment for such included in the covered entity's health plan. Authorization is required for *disclosures* of PHI for remuneration made to another entity to market its services except to describe a drug or biologic already prescribed to the patient or for refill reminders.
  - iii. Sale of PHI. A covered entity must obtain authorization for any disclosure of PHI in which the disclosure will result in remuneration to the covered entity.
- f. A statement that other uses and disclosures not described in the NPP will be made only with the individual's written authorization and that the individual may revoke such authorization.

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3. If the Provider Unit intends to engage in any of the following activities, the description required above of the uses and disclosures the Provider Unit is permitted to make must include a separate statement, as applicable that:
  - a. The Provider Unit may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual;
  - b. The Provider Unit may contact the individual to raise funds for the Provider Unit and the individual has the right to opt out of such communications.
  
4. The NPP must include a statement about the individual's rights with respect to PHI, and a brief description of how to exercise such rights, to:
  - a. Request restrictions on certain uses and disclosures including that the Provider Unit is not required to agree except when a disclosure is made for payment or health care operations and the PHI at issue pertains to services paid in full by patient;
  - b. To receive confidential communications;
  - c. To inspect and copy PHI;
  - d. To amend PHI;
  - e. To receive an accounting of disclosures;
  - f. To receive a paper copy of the NPP.

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5. The NPP must contain:
  - a. A statement that the Provider Unit is required by law to maintain the privacy of PHI and to provide individual with notice of its legal duties and privacy practices with respect to PHI;
  - b. A statement that the Provider Unit is required by law to notify affected individuals following a breach of unsecured PHI;
  - c. A statement that the Provider Unit is required to abide by the terms of the NPP currently in effect;
  - d. A statement that the Provider Unit reserves the right to change the terms of its NPP and to make the new NPP provisions effective for all PHI that it maintains. The statement must also describe how it will provide individuals with a revised notice.
6. The NPP must contain a statement that individuals may complain to the Provider Unit and to the Secretary of the Department of Health and Human Services if they believe their privacy rights have been violated, a brief description of how to file a complaint with the Provider Unit, and a statement that the individual will not be retaliated against for filing a complaint.
7. The NPP must contain the name, or title, and telephone number of a person or office to contact for further information.
8. The NPP must contain the date on which the notice is first in effect, which may not be earlier than the date on which the notice is printed or otherwise published.

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- B. The NPP will ordinarily be handed to the patient or patient’s parent or guardian at time of first service on or after April 14, 2003, but may be mailed or delivered by other means. In any event, the UW HCC must provide the NPP within 24 hours of patient treatment.
- Those UW HCC units in the UW ACE will distribute the joint ACE NPP.
- C. The UW HCC Provider Unit will provide the NPP document in either English or Spanish as the patients chooses. The NPP may be translated to other languages as applicable.
- D. The UW HCC Provider Unit will document that the patient has received the NPP using the NPP Acknowledgment for Receipt of Notice of Privacy Practices (attached) or the applicable NPP Acknowledgement form for the joint ACE NPP. The UW HCC Provider Unit will maintain a record of this completed form in either paper or electronic image format. The UW HCC Provider Unit will document completion of the Acknowledgment form electronically wherever possible.
- E. Each UW HCC Provider Unit with a physical service delivery site will have the NPP available at the site for patients to request to take with them and will post the NPP in a clear and prominent location where it is reasonable to expect individuals seeking service will be able to read the NPP.
- F. The UW HCC Provider Unit will revise its NPP whenever there is a material change to the uses or disclosures, the individual’s rights, the UW HCC Provider Unit’s legal duties or other privacy practices stated in the NPP. The NPP shall be made available upon request on or after the effective date of the revision and posted as required in “D” above.
- G. If the UW HCC Provider Unit has a website, the unit will post the NPP on its website and make the NPP available electronically through the website.

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**IV. Documentation Requirements**

- A. The UW HCC Provider Unit will retain a copy of each NPP issued by the UW HCC Provider Unit for at least six years from the date the NPP was last in effect and file a copy of each NPP version with the UW-Madison HIPAA Privacy Officer.
- B. The UW HCC Provider Unit will retain a written or electronic record of each completed NPP Acknowledgment form or documentation of good faith efforts to obtain such Acknowledgment form for at least six years from the date it was last in effect.

**V. Forms**

Acknowledgment for Receipt of Notice of Privacy Practices

**VI. References**

45 CFR 164.520 (HIPAA Privacy Rule)

**VII. Related Policies**

- Policy Number 3.2 “Uses and Disclosures of Protected Health Information That Require Patient Authorization”
- Policy Number 3.4 “Uses and Disclosures of Protected Health Information That Require Providing the Patient with an Opportunity to Agree or to Object”
- Policy Number 3.6 “Uses and Disclosures of Protected Health Information for Marketing”
- Policy Number 3.7 “Uses and Disclosures of Protected Health Information for Fundraising”
- Policy Number 3.10 “Designated Record Set”
- Policy Number 7.1 “Requests by Patients for an Accounting of Certain Disclosures”

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- Policy Number 7.2 “Requests by Patients to Amend Protected Health Information”
- Policy Number 7.3 “Requests by Patients for Alternative Confidential Communications
- Policy Number 7.4 “Requests by Patients for Access to Inspect and Obtain a Copy of Protected Health Information”
- Policy Number 7.5 “Requests by Patients for Restrictions on Uses and Disclosures of Protected Health Information
- Policy Number 8.8 “Notification and Reporting in the Case of Breach of Unsecured Protected Health Information”

**VIII. For Further Information**

For further information concerning this policy, please contact the UW-Madison HIPAA Privacy Officer or the appropriate unit HIPAA Privacy Coordinator or sub-Coordinator. Contact information is available within the “Contact Us” tab at [hipaa.wisc.edu](http://hipaa.wisc.edu).

**Reviewed By**

Chancellor  
Chancellor’s Task Force on HIPAA Privacy  
UW-Madison HIPAA Privacy Officer  
UW-Madison Office of Legal Affairs

**Approved By**

Interim HIPAA Privacy and Security Operations Committee