



HIPAA Privacy Policy

PRIVACY POLICY STATEMENT

Purpose: The following privacy policy is adopted to ensure that Smart-ER™ complies with all federal and state privacy protection laws and regulations. Protection of patient privacy is of paramount importance to Smart-ER™. Violations of any of the following provisions will result in disciplinary action up to and including termination of employment, revocation of partnership, and possible referral for criminal prosecution.

Effective Date: This policy was put into effect May 18, 2013.

Policy: It is the policy of Smart-ER™ to adopt, maintain and comply with HIPAA regulations.

Notice of Privacy Practices

Smart-ER™ that publishes a link to this document for easy download by staff and other interested parties.

Assigning Privacy and Security Responsibilities

It is the policy of Smart-ER™ that specific individuals within our workforce are assigned the responsibility of implementing and maintaining this policy. Furthermore, it is the policy of Smart-ER™ that these individuals will be provided sufficient resources and authority to fulfill their responsibilities. Smart-ER™ always has one individual designated as our Privacy Official. Currently, Febin Mootheril, our Chief Information Officer, serves as our Privacy Official.

Expired (Deceased) Individuals

It is the policy of Smart-ER™ that privacy protections extend to information concerning expired (deceased) individuals.

Minimum Necessary Use and Disclosure of Protected Health Information (PHI)

It is the policy of Smart-ER™ that for all routine and recurring uses and disclosures of PHI (except for uses or disclosures made 1) for treatment purposes, 2) to or as authorized by the patient or 3) as required by law for HIPAA compliance such uses and disclosures of PHI must be limited to the minimum amount of information needed to accomplish the purpose of the use or disclosure. It is also the policy of Smart-ER™ that non-routine uses and disclosures will be handled pursuant to established criteria. It is also the policy of this organization that all requests for PHI (except as specified above) must be limited to the minimum amount of information needed to accomplish the purpose of the request.

Marketing Activities

It is the policy of Smart-ER™ that any uses or disclosures of PHI for marketing activities will be done only after a valid authorization is in effect. It is the policy of this organization to consider marketing any communication to purchase or use a product or service where an arrangement exists in exchange for direct or indirect remuneration, or where this organization encourages purchase or use of a product or service. This organization does not consider the communication of alternate forms of treatment, or the use of products and services in treatment to be



marketing. Further, this organization adheres to the HIPAA Privacy Rule that a face to face communication made by us to the patient, or a promotional gift of nominal value given to the patient does not require an Authorization.

Prohibited Activities-No Retaliation or Intimidation

It is the policy of Smart-ER™ that no employee or contractor may engage in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under HIPAA regulations. It is also the policy of this organization that no employee or contractor may condition treatment, payment, enrollment or eligibility for benefits on the provision of an authorization to disclose PHI except as expressly authorized under the regulations.

Responsibility

It is the policy of Smart-ER™ that the responsibility for designing and implementing procedures to implement this policy lies with the Privacy Official.

Verification of Identity

It is the policy of Smart-ER™ that the identity of all persons who request access to PHI be verified before such access is granted.

Mitigation

It is the policy of Smart-ER™ that the effects of any unauthorized use or disclosure of PHI be mitigated to the extent possible.

Safeguards

It is the policy of Smart-ER™ that appropriate physical safeguards will be in place to reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Rule. These safeguards will include physical protection of premises and PHI, technical protection of PHI maintained electronically and administrative protection. These safeguards will extend to the oral communication of PHI. These safeguards will extend to PHI that is removed from this organization.

Business Associates

It is the policy of Smart-ER™ that business associates must be contractually bound to protect health information to the same degree as set forth in this policy. It is also the policy of this organization that business associates who violate their agreement will be dealt with first by an attempt to correct the problem, and if that fails by termination of the agreement and discontinuation of services by the business associate.

Training and Awareness

It is the policy of Smart-ER™ that all members of our workforce have been trained by the compliance date on the policies and procedures governing PHI and how Smart-ER™ complies with the HIPAA Privacy and Security Rules. It is also the policy of Smart-ER™ that new members of our workforce receive training on these matters within a one week after they have joined the workforce. It is the policy of Smart-ER™ to provide training should any policy or procedure related to the HIPAA Privacy and Security Rule materially change. This training will be provided within



one week after the policy or procedure materially changes. Furthermore, it is the policy of Smart-ER™ that training will be documented indicating participants, date and subject matter.

Material Change

It is the policy of Smart-ER™ that the term ‘material change’ for the purposes of these policies is any change in our HIPAA compliance activities.

Sanctions

It is the policy of Smart-ER™ that sanctions will be in effect for any member of the workforce who intentionally or unintentionally violates any of these policies or any procedures related to the fulfillment of these policies. Such sanctions will be recorded in the individual’s personnel file.

Retention of Records

It is the policy of Smart-ER™ that the HIPAA Privacy Rule records retention requirement of six years will be strictly adhered to. All records designated by HIPAA in this retention requirement will be maintained in a manner that allows for access within a reasonable period of time. This records retention time requirement may be extended at this organization’s discretion to meet with other governmental regulations or those requirements imposed by our professional liability carrier.


Regulatory Currency


It is the policy of Smart-ER™ to remain current in our compliance program with HIPAA regulations.

Cooperation with Privacy Oversight Authorities

It is the policy of Smart-ER™ that oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of health information within this organization. It is also the policy of this organization that all personnel must cooperate fully with all privacy compliance reviews and investigations.

Smart-ER LLC Partners/Staff with Database Access

Signature: 
Name: Tom Scaletta MD
Title: President, Smart-ER
Date: May 18, 2013

Signature: 
Name: Febin Mootheril
Title: Chief Information Officer
Date: May 18, 2013