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Privacy Policy - Notice of Privacy Practices

CI.HH.1.1605

PURPOSE:

To ensure that each Hendrick Health affiliated facility understands the requirement to provide a Notice of Privacy Practices to all patients as required by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act (HITECH) component of the American Recovery and Reinvestment Act (ARRA), and any and all other Federal regulations and interpretive guidelines promulgated thereunder.

SCOPE:

All Hendrick Health facilities and affiliated facilities including, but not limited to hospitals, ambulatory surgery centers, home health agencies, urgent care centers, clinics, physician practices, hospital outpatient provider departments (HOPD), rural health clinics, outpatient imaging centers and other outpatient post-acute services collectively Hendrick Health.

DEFINITIONS:

Business Associate: A person or entity that performs certain functions or activities that involve the Use or Disclosure of PHI on behalf of, or provides services to, a covered entity. A member of the covered entity's workforce is not a Business Associate.

- Business Associate functions and activities include claims processing or administration; data

- analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; and repricing.
- Business Associate services include legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; and financial.

Disclosure: Refers to releasing Protected Health Information (PHI) to individuals or other entities outside of an entity, such as sharing patient information with a referring physician, a health plan for Payment, or a public health authority for disease tracking.

Health Care Operations: Refer to certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of Treatment and Payment. These activities include:

- Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination;
- Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims
- Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs;
- Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity; and
- Business management and general administrative activities, including those related to implementing and complying with the regulations, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or a limited data set, and fund-raising for the benefit of the covered entity.

Health Information Exchange or Organization: An organization that oversees and governs the exchange of health-related information among and between organizations according to nationally recognized standards.

Individually Identifiable Health Information: Any information, including demographic data, that relates to an individual's past, present, or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future Payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

Notice of Privacy Practices (NPP) or ("Notice"): The Notice of Privacy Practices or "Notice" is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights. The notice explains how Hendrick Health may Use and Disclose Protected Health Information about the individual, as well as his or her rights and the covered entity's obligations with respect to that information.

Payment: Encompasses the various activities of health care providers to obtain payment or be reimbursed for their services. HIPAA provides an example of common payment activities which include, but are not limited to:

- Determining eligibility or coverage under a plan and adjudicating claims;
- Risk adjustments;
- Billing and collection activities;
- Reviewing health care services for medical necessity, coverage justification of charges, and the like;
- Utilization review activities; and
- Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the covered entity).

Protected Health Information (PHI): Protected Health Information (PHI) includes all 'individually identifiable health information' held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

Sale of PHI: Disclosure of PHI by a covered entity or business associate where the covered entity directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI.

Treatment: Refers to the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

Use: Refers to using Protected Health Information (PHI) within an entity for purposes such as providing treatment, making billing claims, or performing health care operations (e.g., a hospital using patient records to treat a patient).

POLICY:

The HIPAA Privacy Rule provides individuals a fundamental right to be informed of the privacy practices of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Hendrick Health is required to develop and distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights. The notice must include an effective date. See 45 CFR 164.520(b) for the specific requirements for developing the content of the notice. A covered entity is required to promptly revise and distribute its notice whenever it makes material changes to any of its privacy practices. See 45 CFR 164.520(b)(3), 164.520(c)(1)(i)(C) for health plans, and 164.520(c)(2)(iv) for covered health care providers with direct treatment relationships with individuals.

Hendrick Health and affiliated covered entities are required to provide a notice of privacy practices in plain language that describes:

- How the covered entity may Use and Disclose Protected Health Information about an individual.

- The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity.
- The covered entity's legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of Protected Health Information.
- Whom individuals can contact for further information about the covered entity's privacy policies.
For emergency treatment situations, acknowledgement of the Notice of Privacy Practices is encouraged but not required.
If despite good faith efforts, written acknowledgment is not obtained, then the efforts and the reason(s) why the written acknowledgment of receipt could not be obtained must be documented in the medical record.

A. Required Elements

The header statement must state:

1. 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. A statement that Hendrick Health uses computerized systems that may subject PHI to electronic Disclosure for purposes of Treatment, Payment and/or Health Care Operations.
3. A description, including at least one example, of the types of Disclosures for the purposes of Treatment, Payment and Health Care Operations.
4. A description of each of the other purposes for which Hendrick Health is permitted or required to Use or Disclose the information without an individual's consent or authorization (e.g., State Reporting).
5. A statement that an individual's PHI may be Used and Disclosed with other health care providers or other health care entities for Treatment, Payment and Health Care Operations purposes, as permitted by law, through a Health Information Organizations if they choose to opt-in. A statement that informs the individual they may opt-out of the Health Information Exchanges or Organizations to prevent health care providers from obtaining their information through the organizations.
6. A statement that if a Use or Disclosure is prohibited or materially limited by other applicable law, the description of such Use or Disclosure must reflect the more stringent law.
7. A statement that Hendrick Health may contact the individual to provide appointment reminders on the patient's answering machine/voice mail.
8. A statement that the Hendrick Health may contact the individual to provide information about treatment alternatives for which Hendrick Health may receive financial remuneration and the individual has the right to opt out of receiving this communication.
9. A statement that Hendrick Health may contact the individual to raise funds for Hendrick Health and the individual has a right to opt out of receiving such communications.
10. A statement that Hendrick Health may contact the individual to provide information about other health-related benefits and services, as applicable.
11. A description of certain types of Uses and Disclosures of PHI that require an authorization (i.e.,

psychotherapy notes, marketing, and sale of PHI).

12. A statement that other Uses or Disclosures will be made only with the individual's written authorization and that the individual may revoke this authorization.
13. A statement regarding patient's rights under the 21st Century Cures Act regarding Information Blocking requirements.
14. A statement regarding patient's right under Texas H.B. 4, regulation also known as the Texas Data Privacy and Security Act ("TDPSA").
15. A statement of the patient's rights with respect to PHI.
 - a. Hendrick Health must agree to the request of an individual to restrict Disclosure of PHI to a health plan if the PHI pertains solely to a healthcare item or service for which the individual has paid Hendrick Health in full and out of pocket;
 - b. The right to request restrictions on certain Uses and Disclosures including a statement that Hendrick Health is not required to agree to a requested restriction, except in case of a Disclosure restriction related to Disclosure for the purposes of carrying out Payment or Health Care Operations and is not otherwise required by law solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full;
 - c. The right to receive confidential communications;
 - d. The right to access PHI;
 - e. The right to amend PHI;
 - f. The right to an accounting of disclosures;
 - g. The right to be notified of a breach;
 - h. The right to privacy regarding reproductive health care;
 - i. The right to access free language interpreter services, sign language and digital aides and tools to address patient communication and disability needs;
 - j. The right to non-discrimination of patients using patient care decision support tools or Artificial Intelligence;
 - k. The right to non-discrimination during the provision of health care services, including telehealth, based on race, color, citizenship status, national origin, sex, gender identity, age, or disability;
 - l. The right to obtain a copy of the "Notice of Privacy Practices" or "**Notice**" in paper or, if available, in electronic form;
 - m. Hendrick Health is required by law to maintain the privacy of PHI and to provide this Notice of Privacy Practices with respect to PHI;
 - n. Hendrick Health must abide by the terms of the Notice of Privacy Practices; and
 - o. Hendrick Health may apply a change to the Notice of Privacy Practices and make the new Notice effective for all PHI it maintains. The statement will also include how it will provide the revised Notice of Privacy Practices to individuals.
16. A statement that patients may complain to Hendrick Health's Compliance and Integrity

Department or the Secretary of the U.S. Department of Health and Human Services (HHS) if they believe their privacy rights have been violated; a brief description of how the individual may file a complaint; and a statement that the individual will not be retaliated against for filing a complaint.

17. A statement that Hendrick Health and its Business Associates will be prohibited from engaging in the Sale of PHI, unless a valid Authorization has been signed by the individual. The Sale of PHI does not include receiving remuneration in connection with:
 - a. Public health activities;
 - b. Research purposes where the only remuneration received by the covered entity is a reasonable cost-based fee to cover the cost to prepare and transmit Protected Health Information for such research;
 - c. Treatment, Payment, or Health Care Operations;
 - d. Sale, transfer, merger or consolidation of Hendrick Health or an affiliated entity;
 - e. Services provided by a Business Associate, pursuant to a Business Associate Agreement;
 - f. Providing an individual with a copy of their PHI; and
 - g. Disclosures required by law.
18. A statement that includes the title and telephone number of Hendrick Health's Compliance Officer, Privacy Officer and/or designee who will address items in the Notice of Privacy Practices.
19. The effective date of the Notice of Privacy Practices.
20. A statement that the Notice of Privacy Practices may change.

B. Provision of the Notice of Privacy Practices

1. A Hendrick Health entity that has a direct treatment relationship with patients must provide the "**Notice**" no later than the date of the first service delivery; except in an emergency situation, in which case the facility must deliver the "**Notice**" as soon as practicable after the emergency situation. Hendrick Health is required to distribute the Notice on subsequent service deliveries if the Notice has had a material change since last providing a copy to the patient:
 - a. If the first service delivery to a patient is in person, the "**Notice**" must be delivered to the patient in person (in admitting or another appropriate area where the patient has first encounter with Hendrick Health).
 - b. If the first service delivery to a patient is provided over the telephone, the Notice of Privacy Practice or "**Notice**" will be provided to the patient prior to service delivery through the patient portal. The "**Notice**" will be mailed to the patient via U.S. Mail or other mail service if a patient requests.
 - c. If the first service delivery to a patient is delivered electronically (e.g., a telemedicine service), the "**Notice**" must be provided before the telemedicine encounter.
2. Hendrick Health must have the "**Notice**" posted in a clear and prominent location (i.e., each patient access/registration location) where it is reasonable to expect individuals seeking

service from the Hendrick Health Facility to read the Notice of Privacy Practices.

3. Hendrick Health must have the Notice of Privacy Practices available for individuals to take with them upon request.
4. Hendrick Health may review and update the "**Notice**" but must distribute its "**Notice**" whenever there is a material change to the Uses or Disclosures, individual's rights, legal duties or other privacy practices stated in the Notice of Privacy Practices. A material change to any term of the Notice of Privacy Practices may not be implemented prior to the effective date of "**Notice**" in which a material change is reflected.

C. Electronic Distribution & Dissemination

1. Hendrick Health may provide the Notice of Privacy Practices by e-mail. A paper copy must be provided at the request of the patient or if the e-mail transmission fails. If the Notice of Privacy Practices is provided by e-mail, the patient must have agreed to this form of notice; the patient's agreement must be documented in writing; the agreement must not have been withdrawn and confirmation of completed transmission must be retained.
2. Any Hendrick Health facility that maintains a website must prominently post its most current Notice of Privacy Practices on the website and make the "**Notice**" available electronically through the website.

D. Translation for Limited English Proficient (LEP) Persons

Hendrick Health shall provide written translations of the Notice of Privacy Practices for LEP language groups under Title VI Prohibition Against National Origin Discrimination of the Civil Rights Act that constitutes five percent or 1,000, whichever is less, of the population of persons served or likely to be affected or encountered.

Translation of the "**Notice**", if needed, can be provided orally. Translated Notice of Privacy Practices versions do not need to be posted unless required by state or federal law.

E. Documentation

Hendrick Health and all affiliated covered entities must retain copies of the Notice of Privacy Practices issued and, if applicable, any written acknowledgments of receipt of the notice or documentation of good faith efforts to obtain such written acknowledgment as required by Hendrick's admissions process.

PROCEDURE:

1. **Post Notice.** Hendrick Health will post the "**Notice**" in a prominent location where it is likely that individuals seeking services from Hendrick Health will be able to read the "**Notice**".
2. **Distribute the Notice on the Date of First Service Delivery.** Hendrick Health will provide each patient with a copy of the Notice no later than the date of first service delivery to the patient (including at the time of admission, at a first visit to a hospital department, or any other first service contact with the patient) or when reasonably practical following an emergency

treatment situation. If the first service is delivered to the patient electronically, an electronic "**Notice**" will be provided. Upon request, Hendrick Health will provide a copy of the "**Notice**" to individuals who are not patients.

3. **Written Acknowledgment.** Except in emergency treatment situations, Hendrick Health will make a good faith effort to obtain from each patient a written acknowledgment of receipt of the "**Notice**", and if not obtained, Hendrick Health will document on the acknowledgement form its efforts to obtain such acknowledgment and the reason why the acknowledgment was not obtained (e.g., the individual refused to sign it).
4. **Post Notice on Web Site.** Hendrick Health will post its "**Notice**" on its web site and upon request, make the Notice available electronically through the web site.
5. **Exception.** Hendrick Health does not have an obligation to give an inmate receiving medical attention from Hendrick Health a copy of the "**Notice**".
6. **Document Retention.** Hendrick Health will retain its "**Notice**", including all subsequent revisions to its Notice made available to individuals, and all written acknowledgments received from patients (or documentation establishing Hendrick Health's efforts to obtain such acknowledgment) in paper or electronic form for six (6) years from the date when such documents were last in effect.
7. **See Notice of Privacy Practices Document**

References:

[Notice of Privacy Practices for Protected Health Information | HHS.gov](#)

Attachments:

[Notice of Privacy Practices \(English\)](#)

[Notice of Privacy Practices \(Spanish\)](#)

Attachments

 [Notice of Privacy Practices \(NPP Document\)](#)

 [Notice of Privacy Practices \(NPP Document\) Spanish Version](#)

Approval Signatures

Step Description	Approver	Date
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VP, Compliance	Lisa Herota: Hendrick Health Vice President, Compliance - Admin	5/12/2025
Director of Compliance and Integrity	Donna Jennings: Hendrick Health Director, Compliance & Integrity -	5/10/2025