

In compliance...

...with HIPAA rules

by the Division of Advocacy and Health Policy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all surgical and medical practices develop “notices of privacy practices.” These announcements should be included in the authorization forms discussed in this column last month. They also must be written in “plain language,” including any privacy provisions mandated through state law as well as the following items.

1. A header stating, “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. Information on uses and disclosures, including at least one example of the types of uses and disclosures that the practice is permitted to make for treatment and payment and any situation for which authorization or consent forms are needed. Though consent forms are no longer required under the most recently finalized version of the HIPAA regulations, practices should check state law to determine if such a form is required. The notice must contain a statement notifying patients that other uses and disclosures will be made only with the individual’s written authorization and that the individual may revoke such authorization.

3. Patients must be informed that the practice may contact them to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest.

4. The notice must state that the practice may deny a patient access to that information if, in the physician’s professional judgment:

- The patient’s access may endanger the life or safety of the patient or another person.
- The information makes reference to another person who is not a health care provider and that the access requested is reasonably likely to cause substantial harm to that person.
- The request for access is made by a patient’s representative and the provision of access to that representative is reasonably likely

to cause substantial harm to the patient or another person.

The practice must include information about these denial provisions and the practice’s process for contesting denial of access.

5. A statement of the practice’s duties, including the duty to ensure the privacy of confidential information and to inform the patient of any changes in the notice. The statement must also describe how it will provide individuals with a revised notice.

6. A statement that patients may complain to the practice and to the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. This portion of the notice must include 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.

7. The name, or title, and telephone number of the practice’s privacy officer who patients would contact if they had a complaint.

8. The date the notice is effective and/or revised. Practices are required to document compliance with notice requirements by retaining copies of the versions of the notice issued. Practices need to consider how they will notify patients of revisions to the notice and how they will provide the revised document to patients.

The notice must be prominently displayed in the office. If the practice maintains a Web site, the notice must be prominently posted there. Because in most cases surgeons are considered health care providers with direct treatment relationships, they must also provide a copy of the notice to a patient either in paper form or by e-mail if a patient agrees to electronic notice at the time of first service delivery to the patient. We would suggest adding that statement to the initial intake form. Document that the notice was provided or that a good-faith effort was made to provide the notice to the patient. Simply including an area on an existing form that

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Advances in Trauma seminar set for December

The College's Committee on Trauma, Region VII (Iowa, Kansas, Missouri, and Nebraska) is sponsoring the Twenty-Fifth annual Advances in Trauma seminar at The Westin Crown Center in Kansas City, MO, on Friday and Saturday, December 6-7.

The regional and state chairs have planned a program that will benefit all physicians who are involved in trauma care. Program chairs are: Michael H. Metzler, MD, FACS, Chief, Region VII; Philip R. Caropreso, MD, FACS, Iowa State Chair; R. Stephen Smith, MD, FACS, Kansas State Chair; Marc J. Shapiro, MD, FACS, Missouri State Chair; Joseph C. Stothert, Jr., MD, PhD, FACS, Nebraska State Chair; and Frank L. Mitchell, Jr., MD, FACS, program co-chair.

The objective of this continuing medical education course is to present nationally recognized faculty who will discuss timely trauma and critical care issues aimed at improving care of the acutely injured patient. Current trauma diagnostic and therapeutic techniques will provide the audience with the

most up-to-date information available.

The Friday program will include presentations on: Success in Resuscitation: When Less Is More; Penetrating Trauma Management: Have We Reached a Consensus?; 10 Golden Rules for Multiple Casualty Incidents; Pediatric Prehospital Considerations; Trauma Diagnostic Changes; Genomics of Trauma; Nonoperative Management of Visceral Injury: When to Operate? When to Observe? When to Embolize?; Pediatric Blunt Abdominal Trauma; Trauma Education and Work Hour Restrictions: Can They Get Along?; and Town Meeting: Trauma—Past Accomplishments.

Saturday's program continues with presentations on: ICU Care—Lessons Learned in the Last 25 Years; Blunt Cardiac Trauma; What Price Commitment?; CNS Trauma—BTF Guidelines; Penetrating Cardiac Trauma; Spinal Cord Trauma—BTF Guidelines; A Crash Course in Traffic Safety; and Town Meeting—The Next 25 Years.

Optional "Sunrise Sessions" on Friday and Saturday morn-


ings include: Percutaneous Tracheostomy Course; Ultrasound Orientation; Prehospital Medical Director; Ventilator Associated Pneumonia; Management of the Pediatric Burn Patient; and Avoiding the Diversion Blues.

Faculty members include: Juan A. Asensio, MD, FACS; L.D. Britt, MD, MPH, FACS; Timothy G. Buchman, MD, PhD, FACS; Akella Chendrasekhar, MD, FACS; Elizabeth Carlton, RN, MS, CCRN; Leonard Evans, DPhil; David V. Feliciano, MD, FACS; Robert P. Fogalia, MD, FACS; Thomas M. Foley, MD, FACS; Michael H. Metzler, MD, FACS; Frank L. Mitchell, Jr., MD, FACS; Nelson M. Oyesiku, MB, BS, FACS; Paul E. Pepe, MD, MPH; Thomas M. Scalea, MD, FACS; Marc J. Shapiro, MD, FACS; R. Stephen Smith, MD, FACS; Joseph C. Stothert, Jr., MD, PhD, FACS; Jeffrey Strickler, RN, MA, CEN; Donald D. Trunkey, MD, FACS; and David W. Tuggle, MD, FACS.

Further information may be obtained on the College's Web site at www.facs.org.

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the surgeon can initial will satisfy this requirement.

Patients must be granted a number of rights to be compliant with HIPAA. We will outline those privileges in detail in next month's column. 

ACS guidance on HIPAA issues is based on information contained in the "Small Practice Implementation Guide" version 1.2 (<http://snip.wedi.org/public/articles/index.cfm?Cat=17>), copyright 2001, The Workgroup on Electronic Data Interchange.