



**VBG**  
*Health service*

# **Notice of Privacy Practices (NPP) Policy**

for

## **VBG Health Service**

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### **Purpose**

The purpose of this **Notice of Privacy Practices (NPP) Policy** is to ensure that **VBG Health Service** communicates to patients how their Protected Health Information (PHI) is used, disclosed, and safeguarded, and to establish procedures for patient rights under HIPAA.

### **Audience**

This policy applies to all workforce members, including employees, contractors, interns, and volunteers, who handle PHI or are involved in patient communications.

### **Policy**

## General

- Provide the NPP to each patient at their first service encounter and upon request.
- Post the NPP conspicuously in the reception area and on the organization's website.
- Maintain a process to document patient acknowledgment of receipt of the NPP.
- Respond to patient requests for PHI access, amendments, and restrictions in accordance with HIPAA timelines (generally 60 days).
- Provide an accounting of disclosures of PHI for the past six years upon request.
- Ensure the NPP reflects current practices and is updated as needed.
- The NPP will state when marketing/fundraising uses require written authorization and explain the right to opt out of fundraising communications without affecting care.

## Patient Rights

- Access: Patients may request a copy of their PHI.
- Amendment: Patients may request corrections to their PHI within HIPAA timelines.
- Restrictions: Patients may request limitations on PHI use/disclosure.
- Confidential Communications: Patients may request contact via alternative means or locations.
- Accounting of Disclosures: Patients may request a record of disclosures for the last six years.
- Individuals may opt out of fundraising communications at any time; requests are honored and logged.

## Procedures for Access & Amendments

- All patient requests for access or amendments must be submitted in writing to the Privacy Officer.
- Written responses must be issued within HIPAA timeframes.

## Patient Restrictions on PHI (45 CFR §164.522)

Patients have the right to request restrictions on the use or disclosure of their PHI for treatment, payment, or healthcare operations.

- Requests must be submitted in writing using the Patient Restriction Request Form available at reception or online.
- The Privacy Officer will review requests within 10 business days to determine feasibility.
- **VBG Health Service** is not required to agree to every request, but once a restriction is accepted, it must be honored except in emergencies or when required by law.
- If a patient pays in full out-of-pocket and requests that related information not be shared with their health plan, the restriction must be approved.
- Approved restrictions are logged in the Patient Restriction Log, communicated to relevant staff, and stored in the patient record.
- Patients may modify or revoke a restriction by submitting a new written request.
- Records of restriction requests and responses will be maintained for six (6) years.

## **Substitute Notice Procedures (45 CFR §164.404(d))**

When direct contact information for affected individuals is unavailable or outdated, **VBG Health Service** will use substitute notice methods to ensure individuals are properly informed of breaches involving unsecured PHI.

- The Privacy Officer determines when substitute notice is necessary after reasonable contact attempts fail.
- For fewer than 10 individuals: **VBG Health Service** may use telephone, alternative email, or notice to a personal representative.
- For 10 or more individuals: **VBG Health Service** will post a conspicuous notice on the organization's website for at least 90 days or use major print/broadcast media likely to reach the affected individuals.
- Substitute notice will include:
  - A brief description of the incident and the date it was discovered.
  - The types of PHI involved.
  - Steps individuals should take to protect themselves.
  - What the organization is doing to investigate and mitigate the issue.
  - Contact information for the Privacy Officer and a toll-free phone number active for at least 90 days.
- All substitute notices and records are retained for six (6) years in the Breach Notification Log.

## **Definitions**

- PHI: Protected Health Information as defined by HIPAA.
- NPP: Notice of Privacy Practices, a document explaining how PHI is used and patient rights.

## **References**

- HIPAA Privacy Rule (45 CFR §164.520)
- HIPAA Privacy Rule (45 CFR §164.522)
- HIPAA Breach Notification Rule (45 CFR §164.404(d))
- NIST CSF: PR.AC, PR.DS, PR.IP, DE.CM, RS.CO
- Organization's HIPAA Privacy and Breach Notification Policies

## **Waivers**

Requests for policy waivers must follow the organization's Waiver Process.

## **Enforcement**

Violations of this policy may result in disciplinary action, up to and including termination of employment or contracts, and legal penalties as permitted by law.