



PATIENT DISCLOSURES

Enclosed is your copy of the patient disclosures and policies, including but not limited to the HIPAA Policy, Notice of Privacy Policy, Financial Responsibility, Patient’s Rights and Responsibilities, Patient Services, Telemedicine, and the Grievance Policy.

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HIPAA POLICY

HIPAA (The Health Insurance Portability and Accountability Act) The Company's Commitment to Patient Privacy

Protecting the privacy of members' personal health information is a core responsibility that the company takes very seriously. The company is committed to complying with all federal and state laws regarding the privacy and security of patients' protected health information (PHI).

Provider/Practitioner Responsibilities

The company expects that its contracted providers/practitioners will respect the privacy of the company members and comply with all applicable laws and regulations regarding the privacy of patient PHI.

Applicable Laws

Providers must understand all state and federal healthcare privacy laws applicable to their practice and organization. Currently, there is no comprehensive regulatory framework that protects all health information in the United States; instead, there is a patchwork of laws that providers must comply with.

In general, most healthcare providers/practitioners are subject to various laws and regulations pertaining to privacy of health information including, without limitation, the following:

- Federal Laws and Regulations,
- HIPAA, and
- Applicable State Laws and Regulations

Providers should be aware that HIPAA provides a floor for patient privacy but that state laws should be followed in certain situations, especially if the state law is more stringent than HIPAA.

Uses and Disclosures of PHI

Patient PHI should only be used or disclosed as permitted or required by applicable law.

Under HIPAA, a provider may use and disclose PHI for their own treatment, payment, and healthcare operations activities (TPO) without the consent or authorization of the patient

who is the subject of the PHI. Uses and disclosures for TPO apply not only to the provider's own TPO activities, but also for the TPO of another covered entity.

Disclosure of PHI by one covered entity to another covered entity, or healthcare provider, for the recipient's TPO is specifically permitted under HIPAA in the following situations:

- A covered entity may disclose PHI to another covered entity or a healthcare provider for the payment activities of the recipient. Please note that "payment" is a defined term under the HIPAA Privacy Rule that includes, without limitation, utilization review activities, such as reauthorization of services, concurrent review, and retrospective review of "services."
- A covered entity may disclose PHI to another covered entity for the health care operations activities of the covered entity that receives the PHI, if each covered entity either has or had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is for the following health care operations activities:
 - Quality improvement;
 - Disease management;
 - Case management and care coordination;
 - Training Programs;
 - Accreditation, licensing, and credentialing

Importantly, this allows providers/practitioners to share PHI with the company for our healthcare operations activities, such as HEDIS and quality improvement.

Written Authorizations

Uses and disclosures of PHI that are not permitted or required under applicable law require the valid written authorization of the patient. Authorizations should meet the requirements of HIPAA and applicable state law. A sample Authorization for the Use and Disclosure of Protected Health Information is included at the end of this section.

Patient Rights

Patients are afforded various rights under HIPAA. The company providers/practitioners must allow patients to exercise any of the below-listed rights that apply to the provider/practitioner's practice:

Notice of Privacy Practices

Providers/practitioners that are covered under HIPAA and that have a direct treatment relationship with the patient should provide patients with a notice of privacy practices that explains the patient's privacy rights and the process the patient should follow to exercise



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those rights. The provider/practitioner should obtain a written acknowledgment that the patient received the notice of privacy practices.

Requests for Restrictions on Uses and Disclosures of PHI

Patients may request that a healthcare provider/practitioner restrict its uses and disclosures of PHI. The provider/practitioner is not required to agree to any such request for restrictions.

Requests for Confidential Communications

Patients may request that a healthcare provider/practitioner communicate PHI by alternative means or at alternative locations. Providers/practitioners must accommodate reasonable requests by the patient

Requests for Patient Access to PHI

Patients have a right to access their own PHI within a provider/practitioner's designated record set. Personal representatives of patients have the right to access the PHI of the subject patient. The designated record set of a provider/practitioner includes the patient's medical record, as well as billing and other records used to make decisions about the member's care or payment for care.

Request to Amend PHI

Patients have a right to request that the provider/practitioner amend information in their designated record set.

HIPAA Security

Providers/practitioners should implement and maintain reasonable and appropriate safeguards to protect the confidentiality, availability, and integrity of member PHI. Providers/practitioners should recognize that identity theft is a rapidly growing problem and that their patients trust them to keep their most sensitive information private and confidential.

In addition, medical identity theft is an emerging threat in the healthcare industry. Medical identity theft occurs when someone uses a person's name and sometimes other parts of their identity –such as health insurance information—without the person's knowledge or consent to obtain healthcare services or goods. Medical identity theft frequently results in erroneous entries being put into existing medical records. Providers should be aware of this growing problem and report any suspected fraud to the company.



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HIPAA Transactions and Code Sets

The company strongly supports the use of electronic transactions to streamline healthcare administrative activities. The company providers/practitioners are encouraged to submit claims and other transactions to the company using electronic formats. Certain electronic transactions are subject to HIPAA's Transactions and Code Sets Rule including, but not limited to, the following:

- Claims and encounters
- Member eligibility status inquiries and responses
- Claims status inquiries and responses
- Authorization requests and responses
- Remittance advices

National Provider Identifier

Provider/practitioners must comply with the National Provider Identifier (NPI) Rule promulgated under HIPAA. The provider/practitioners must obtain an NPI from the National Plan and Provider Enumeration System (NPPES) for itself or for any subparts of the provider/practitioner.

The provider/practitioner must report its NPI and any subparts to the company and to any other entity that requires it. Any changes in its NPI or subparts information must be reported to NPPES within 30 days and should also be reported to the company within 30 days of the change.

Provider/practitioners must use its NPI to identify it on all electronic transactions required under HIPAA and on all claims and encounters (both electronic and paper formats) submitted to The Company.

Additional Requirements for Delegated Providers/Practitioners

Providers/practitioners that are delegated for claims and utilization management activities are the "business associates" of the company. Under HIPAA, the company must obtain contractual assurances from all business associates that they will safeguard member PHI.

Delegated providers/practitioners must agree to various contractual provisions required under HIPAA's Privacy and Security Rules



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Notice of Privacy Policy

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION ABOUT MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The company is dedicated to maintaining the privacy of our patients (the “Patient”) individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding the Patient and the treatment and services we provide. We are required by law to maintain the confidentiality of health information that identifies Patients. We are also required by law to provide this notice of our legal duties and the privacy practices that we maintain in our practice concerning Patient’s PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose a Patient’s PHI,
- Privacy rights in PHI,
- Our obligations concerning the use and disclosure of PHI.

The terms of this notice apply to all records containing a Patient’s PHI that are created or retained by the company, Inc. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all records created or maintained in the past, and for any records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

The Use and Disclosure of PHI

The company will use and disclose a Patient’s PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of our uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment or Health Care Operations Do Not Require Prior Written

1. Consent. The company may use and disclose a Patient’s PHI without consent for the following reasons:
 - i. For treatment. The company may disclose PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide a Patient with health care services or are otherwise

involved in his or her care, including but not limited to our subsidiary companies. Example: If a psychiatrist is treating a patient, the company may disclose PHI to her/him in order to coordinate services.

- ii. For health care operations. The company may disclose PHI to facilitate the efficient and correct operation of the services it provides. Examples: Quality control – the company might use PHI in the evaluation of the quality of services that a Patient receives or to evaluate the performance of the provider who provided these services. The company may also provide PHI to company attorneys, accountants, consultants, and others to make sure that the company is in compliance with applicable laws.

2. To obtain payment for treatment. The company may use and disclose PHI to bill and collect payment for the treatment and services the company has provided. Example: We might send PHI to the patient’s insurance company in order to get payment for the services that the company has provided. The company could also provide PHI to business associates that provide services for The Company.

- i. Other disclosures. Examples: Consent isn’t required if a Patient needs emergency treatment provided that the company attempts to get consent after treatment is rendered. In the event that the company tries to get consent, but you are unable to communicate with us, but the company thinks that you would consent to such treatment if you could, the company may disclose PHI.

- B. Certain Other Uses and Disclosures Do Not Require Consent. The company may use and/or disclose PHI without consent or authorization for the following reasons:

1. Required By Law. When disclosure is
 - i. required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement;
 - ii. compelled by a party to a proceeding before a court, arbitration panel or an administrative agency pursuant to its lawful authority;
 - iii. required a search warrant lawfully issued to a government law enforcement agency; or
 - iv. compelled by the patient or the patient’s representative pursuant to Washington Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.

2. To avoid harm. When disclosure:
 - i. to law enforcement personnel or persons may be able to prevent or mitigate a serious threat to the health or safety of a person or the public;
 - ii. is compelled or permitted by the fact that the Patient is in such mental or emotional condition as to be dangerous to him or herself or the person or property of others, and if the company determines that disclosure is necessary to prevent the threatened danger;
 - iii. is mandated by the Abuse and Neglect Reporting law (for example, if we have a reasonable suspicion of abuse or neglect);
 - iv. is mandated by Adult Abuse Reporting law (for example, if we have a reasonable suspicion of elder abuse or dependent adult abuse); and
3. For public health activities. When disclosure is for:
 - i. maintaining vital records, such as births and deaths;
 - ii. preventing or controlling disease, injury or disability,
 - iii. notifying a person regarding potential exposure to a communicable disease;
 - iv. notifying a person regarding a potential risk for spreading or contracting a disease or condition;
 - v. reporting reactions to drugs or problems with products or devices; or
 - vi. notifying individuals if a product or device they may be using has been recalled.
4. For health oversight activities. The company may disclose PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example: investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
5. For specific government functions. Examples: The company may disclose PHI of military personnel and veterans under certain circumstances.
6. For Workers' Compensation purposes. The company may provide PHI in order to comply with Workers' Compensation laws.
7. Appointment reminders and health related benefits or services. The company is permitted to contact you, without prior authorization, to provide

appointment reminders or information about alternative or other health-related benefits and services that may be of interest.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. The company may provide PHI to a family member, friend, or other individual who you indicate as involved in the Patient's care or responsible for the payment of health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.
2. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections I.A, I.B, and I.C above, the company will request written authorization before using or disclosing any of the PHI. Even if you have signed an authorization to disclose PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that the company has not taken any action subsequent to the original authorization) of PHI by The Company.

Rights Regarding PHI

These are your rights with respect to PHI:

- A. The Right to See and Get Copies of PHI. In general, you have the right to see PHI that is in the company's possession, or to get copies of it; however, you must request it in writing. If the company does not have the PHI, but the company knows who does, the company will advise you how you can get it. You will receive a response from the company within 30 days of receipt of your written request. Under certain circumstances, the company may deny your request, but the company will give you, in writing, the reasons for the denial. The company will also explain your right to have the denial reviewed.
 1. If you ask for copies of PHI, the company will charge you no more than \$.25 per page. The company may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- B. The Right to Request Limits on Uses and Disclosures of PHI. You have the right to ask that the company limit how it uses and discloses PHI. While The company will consider your request, The company is not legally bound to agree. If The company does agree to your request, The company will put those limits in writing and abide by

them except in emergency situations. You do not have the right to limit the uses and disclosures that the company is legally required or permitted to make.

- C. The Right to Choose How the company Sends PHI to You. It is your right to ask that PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). The company is obliged to agree to your request providing that the company can give you the PHI, in the format you requested, without undue inconvenience.
- D. The Right to Get a List of the Disclosures the company Has Made. You are entitled to a list of disclosures of PHI that the company has made. The list will not include uses or disclosures to which you have already consented. i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 13, 2003. After April 15, 2003, disclosure records will be held for six years.
1. The company will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list the company gives you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. The company will provide the list to you at no cost, unless you make more than one request in the same year, in which case The company will charge you a reasonable sum based on a set fee for each additional request.
- E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that the company correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of receipt of your request.
1. The company may deny your request, in writing, if the company find that the PHI is:
 - i. correct and complete,
 - ii. forbidden to be disclosed,
 - iii. not part of the records or
 - iv. written by someone other than you.



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2. The company denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and the company denial be attached to any future disclosures of your PHI. If The company approves your request, The company will make the change(s) to your PHI. Additionally, the company will tell you that the changes have been made, and the company will advise all others who need to know about the change(s) to your PHI.
- F. The Right to Get This Notice by Email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

How to File Complaint

- A. If, in your opinion, The Company, Inc., may have violated the Patient's privacy rights, or if you object to a decision the company has made about access to PHI, you are entitled to file a complaint with:

Senior Doc
5 Hutton Centre Dr., STE 950
Santa Ana, CA 92707
Phone: 855-434-7763
Fax: 949-281-5550
info@seniordoc.com

- B. You may also send a written complaint to:

Secretary of the Department
Health and Human Services
dependence Avenue S.W.
Washington, D.C. 20201.

If you file a complaint about The Company' privacy practices, the company will take no retaliatory action against you.



PHI Disclosure

How PHI May be Used and Disclosed without Prior Authorization

Generally, PHI may be used and disclosed by the company only with express written authorization. However, there are some exceptions to this general rule.

Exception: Treatment, Payment, or Health Care Operations

- **Treatment Purposes.** The company may use or disclose PHI to provide, coordinate, or manage medical treatment or services. The company may disclose medical information to other health care providers who are or will be involved in taking care of the patient. For example, if a patient is referred to another physician, we may provide that physician with PHI to ensure that the physician has the necessary information to diagnose and/or treat the patient. Situations may also arise when it is necessary to disclose PHI to health care providers outside our facility who may be involved in care planning. For example, if a patient resides in a nursing facility, it may be necessary for provider to disclose prompting guidelines recommended by him/her so that they can be appropriately administered by the nursing facility.
- **Payment Purposes.** The company may use or disclose PHI for payment purposes. It is necessary for the company to use or disclose PHI so that treatment and services provided by the company may be billed and collected from the patient, the insurance company, or other third party payers. Bills requesting payment will usually include information that identifies the patients, diagnosis, and any procedures or supplies used. It may also be necessary to release PHI to obtain prior approval for services from the health insurer. We may also release PHI to another health care provider or individual or entity covered by the HIPAA privacy regulations for their payment activities.
- **Health Care Operations.** The company may use and disclose PHI in order for the company to conduct our healthcare business and to perform functions that support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, and conducting or arranging for other business activities. Also, we may contact the patient to provide appointment reminders or information about treatment alternatives or other health-related benefits or services.

In addition, the company may release PHI to third party "business associates" who perform various activities for us, such as billing or electronic transmissions of PHI. Whenever our arrangement with a business associate involves the use or disclosure of PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Exception: Public Health Activities

- Collection of Information by Public Health Agencies. The company may use or disclosure information to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. This information may be used to report disease, injury, or vital events, and to conduct public health surveillance, public health investigations and interventions. The company may also use or disclosure information to a foreign government agency that is collaborating with the public health authority.
- Abuse or Neglect. The company may disclose PHI to a government authority that is authorized by law to receive reports of abuse or neglect.
- Food and Drug Administration. The company may disclose PHI to a person or company required by the FDA to report adverse events, product defects or problems, or biological product deviations; track products; enable product recalls; make repairs or replacements, or to conduct post marketing surveillance.
- Communicable Diseases. The company may disclose PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- Workplace Injuries. The company may disclose PHI, if authorized by law, in certain situations relating to the reporting of workplace injuries.

Other Permitted Uses and Disclosures without Your Authorization

- Required by Law. The company may use or disclose PHI to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the requirements of such law.
- Victims of Abuse, Neglect, or Domestic Violence. The company may disclose PHI to the appropriate governmental entity if we believe that the patient has been a victim of abuse, neglect, or domestic violence. The disclosure will be made consistent with the requirements of state and federal law.
- Health Oversight Activities. The company may disclose PHI to a health oversight agency for oversight activities authorized by law, such as audits, investigations, and inspections.



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- Legal Proceedings. The company may disclose PHI in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request, or other lawful process.
- Law Enforcement. The company may disclose PHI to a law enforcement official for law enforcement purposes. These disclosures include the following purposes: (1) Disclosures pursuant to legal processes and as otherwise required by law; (2) disclosures of limited information for identification and location of a suspect, fugitive, material witness, or missing person; (3) disclosures about an individual who is suspected to be a crime victim; (4) disclosure if there is suspicion that a death occurred as a result of a crime; (5) disclosure if we believe that a crime has occurred on our premises; and (6) disclosures which are related to reporting a crime in response to or during a medical emergency.
- Information about Deceased Individuals. The company may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for other duties required by law. The company may also disclose PHI to a funeral director in order to permit the funeral director to carry out his/her duties. If the patient has not indicated otherwise, the company may, after death, release health information to a family member or other person who acted as a personal representative or was involved in care or payment for care before death if the health information is relevant to such person's involvement in care or payment for care.
- Organ Donation. The company may disclose PHI as necessary to facilitate organ, eye, or tissue donation and transplantation.
- Research. In some instances, the company may disclose your PHI for research purposes. All research projects which use PHI are subject to a special approval process which will, among other things, evaluate the precautions used to protect patient medical information. In many cases, information which identifies a patient will be removed.
- Workers' Compensation. The company may disclose PHI as authorized to comply with workers' compensation laws and other similar programs.
- Threats to Health or Safety. The company may disclose limited PHI if we believe it is necessary to prevent or lessen a serious and imminent threat to a patient or to the public.

- Specialized Government Functions. The company may disclose PHI for the following government functions:
 - Military and veterans' activities, including information relating to armed forces personnel for the execution of military missions, separation or discharge from military services, veterans' benefits, and foreign military personnel;
 - National security and intelligence activities;
 - Protective services for the president and others;
 - Medical suitability determinations;
 - Correctional institutions and other law enforcement custodial situations, including information about inmates of correctional facilities if necessary to protect the health and safety of the inmate or others; and
 - Government programs providing public benefits as authorized by law and for purposes of sharing eligibility or enrollment information or for other covered functions.

Uses and Disclosures Based Upon Your Written Authorization

Other uses and disclosures of PHI will be made only with written authorization unless otherwise permitted or required by law.

These include:

- Psychotherapy notes. These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. However, we may use or disclose your psychotherapy notes without your authorization to carry out the following treatment, payment, or health care operations:
 - use by the originator of the psychotherapy notes;
 - use or disclosure for our own training programs where students, trainees, or practitioners in the mental health field learn under supervision;
 - use to defend ourselves in a legal action or other proceeding brought by you.
- Marketing. The company will not use or disclose protected health information for marketing purposes without prior written authorization unless it is in the form of face-to-face communication or a promotional gift of nominal value. Also, if we receive



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any financial remuneration from a third party in connection with marketing, it will be detailed in the authorization form.

- Sale. The company will not sell protected health information to third parties without prior written authorization. Any such authorization will state that we will receive payment for the information.

You may revoke an authorization at any time; in writing (unless we have acted in accordance with an authorization executed by you, or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer to contest a claim under the policy).

Uses and Disclosures That May Be Made With Your Opportunity to Object

- Patient Directory. Our facility maintains a directory of patient names and their location within our facility, including information related to your general condition and religious affiliation. This information is provided upon request to members of the clergy and to other persons who ask for your information by your name. You may object to the inclusion of this information in our directory. If you wish to object to the inclusion of your information in our patient directory, please notify staff at the time of registration.
- Notification. Unless you have informed us otherwise, your PHI may be used or disclosed by us to notify or assist in notifying a family member or other person(s) responsible for your care. In most cases, PHI disclosed for notification purposes will be limited to your name, location, and general condition. If you wish to limit or prevent the use of your PHI for notification purposes, please notify your care provider.
- Communication with Family Members and Caregivers. Unless you have informed us otherwise, we will release PHI to a family member, relative and/or friend involved in your care to the extent necessary for them to participate in your care. If you wish to limit or prevent the use of your PHI for this purpose, or if you wish to limit the person(s) to whom this information may be communicated, please contact your care provider or our Privacy Officer.

Financial Responsibility

The medical services you seek here imply an obligation on your part to ensure payment in full is made for services you receive. This Patient Financial Responsibility Agreement will assist you in understanding that financial responsibility.

- **Consent.** I consent to treatment and services ordered by my medical provider. I understand my healthcare provider may perform medically necessary services, as well as 'elective' services, according to current standard of care guidelines. I do have the right to consider or decline services prior to them being performed. My consent to undergo such treatment and/or services will be considered a non-verbal agreement to pay for the services provided to me.
- **Responsibility.** I understand I am ultimately responsible for all payment obligations arising out of my treatment and care and I guarantee payment for these services. I am responsible for deductibles, co-payments, co-insurance, or any other patient responsibility amounts indicated by my insurance carrier or for any services not covered by my insurance.
- **Insurance Policy.** It is my responsibility for knowing and understanding my insurance policy, both the coverage benefits and policy limitations. I understand I am personally responsible for payment when: (i) my health plan requires prior authorization/referral by a primary care physician (PCP) before receiving services, and I have not obtained such an authorization or referral; (ii) I receive services in excess of the authorization/referral; (iii) my health plan determines the services I received are not medically necessary and/or not covered by my insurance plan; (iv) my coverage has lapsed/expired at the time services are rendered; (v) I have chosen to utilize my out-of-network benefits; or (vi) I have chosen not to use my health plan coverage for services I receive.
- **Payment Arrangements.** Whether or not I have insurance or am self-pay, payment of my account balance is due within thirty (30) days of receipt of my billing statement. I understand if I need to make special payment arrangements, I may contact the Patient Accounts Staff to arrange a mutually agreeable payment plan. I agree to make monthly payments on this plan until my account is paid in full. If my account is over ninety (90) days past due, my account will be in default and may be referred to a collection agency.
- **Payments Accepted.** I understand I can make payments by check, cash, money order, debit cards or credit cards (Visa, MasterCard, American Express or Discover).

- Payment by Check. If my check payment is returned or declined for any reason, my account will be charged a surcharge of \$35.00 in addition to any costs assessed or charged by the bank. Checks returned to the office are also subject to further collections by any legal means necessary unless a valid method of payment is forwarded upon request. After two (2) returned checks have been received, my personal checks will no longer be accepted, and I will be responsible for using another method of payment.
- Ancillary Services. I may receive ancillary medical services while a patient of the company, such as the interpretation of tests; imaging services (e.g., ultrasound and mammogram); diagnostic testing, etc. I understand some physicians may not provide services directly in my presence but are actively involved in the course of my diagnosis and treatment. I authorize payment directly for these services under the policy issued to me by my insurance carrier. I may incur additional charges as a result of ancillary services. I agree to pay all remaining charges for services after benefits paid on my behalf are credited to my account as determined by my insurance carrier.
- Non-Payment on Account. Should collection proceedings or other legal action become necessary to collect my overdue or delinquent account, I understand the company has the right to disclose to an outside collection agency or attorney all relevant personal and account information necessary to collect payment for services rendered. I am responsible for all costs of collection including, but not limited to: (i) late fees and charges and interest due as a result of such delinquency; (ii) a \$50.00 collection agency fee will be added to outstanding balances placed with a collection agency; (iii) Interest of 10% per year will be accrued on the principal balance placed with the agency; (ii) all attorney/court costs and fees incurred in the collection process; and I acknowledge that if my account is referred to a collection agency, legal representative, court, or when the past due status is reported to a credit reporting agency, it may have an adverse effect on my credit history. Once my account is placed with a credit/collection agency, I am responsible for communicating with their offices for payment. I may lose my ability to be seen by a company provider as a result of my account being sent to a collection agency.
- Authorization to Contact. I authorize personnel to communicate with me by mail, answering machine messages, and/or e-mail according to the information provided in my patient registration information and my patient portal setting preferences. The Company, or any agent or servicer of my patient account, may use any information I have provided, including contact information, e-mail addresses, cell phone numbers, and landline numbers, to contact me for purposes related to my health and my account, including debt collection. I authorize the use this information in any manner consistent with the information I have provided, including mail, telephone calls, e-

mails, or text messages. I expressly consent to any such contact being made by the most efficient technology available, including automatic dialing/e-mailing or similar equipment, or pre-recorded or other messages.

- Acknowledgement. I understand I am ultimately responsible for payment for the services I receive, regardless of my health insurance coverage. I understand that the company will make all reasonable attempts to bill my insurance carrier first and will work with me to address potential problems. However, if my insurance company does not pay for any portion of services provided, I agree and acknowledge that I am responsible for outstanding fees remaining.
- Care Coordination Acknowledgement. I acknowledge that my health information may be shared with care team members, my health insurance provider, and, if applicable, a licensed insurance agent for the purpose of developing a personalized care plan. This may include discussing my eligibility, benefits, and care needs in order to help coordinate services and ensure I receive the appropriate care and support based on my coverage.
- Authorization. I authorize payment from the insurance company to be directly sent to the company, and I authorize the company to file claims on my behalf.

Patient Rights and Responsibilities

Patient Rights

- A patient has the right to respectful care given by competent caregivers.
- A patient has the right to know the names and the jobs of his or her caregivers.
- A patient has the right to privacy with respect to his or her medical condition. A patient's care and treatment will be discussed only with those who need to know.
- A patient has the right to have his or her medical records treated as confidential and read only by people with a need to know. Information about a patient will be released only with permission from the patient or as required by law.
- A patient has the right to request amendments to and obtain information on disclosures of his or her health information, in accordance with law and regulations.
- A patient has the right to know what facility rules and regulations apply to his or her conduct as a patient.
- A patient has the right to have emergency procedures done without unnecessary delay.
- A patient has the right to good quality care and high professional standards that are continually maintained and reviewed.

- A patient has the right to make informed decisions regarding his or her care and has the right to include family members in those decisions.
- A patient has the right to information from his or her doctor in order to make informed decisions about his or her care. This means that patients will be given information about their diagnosis, prognosis, and different treatment choices. This information will be given in terms that the patient can understand. This may not be possible in an emergency.
- A patient given the option to participate in research studies has the right to complete information and may refuse to participate in the program. A patient who chooses to participate has the right to stop at any time. Any refusal to participate in a research program will not affect the patient's access to care.
- A patient has the right to refuse any drugs, treatment or procedures to the extent permitted by law after hearing the medical consequences of refusing the drug, treatment or procedure.
- A patient has the right to have help getting another doctor's opinion at his or her request and expense.
- A patient has the right to care without regard to race, color, religion, disability, sex, sexual orientation, national origin, or source of payment.
- A patient has the right to be given information in a manner that he or she can understand. A patient who does not speak English, or is hearing or speech impaired, has the right to an interpreter, when possible.
- Upon request, a patient has the right to access all information contained in the patient's medical records within a reasonable timeframe. This access may be restricted by the patient's doctor only for sound medical reasons. A patient has the right to have information in the medical record explained to him or her.
- A patient has the right not to be awakened by staff unless it is medically necessary.
- A patient has the right to be free from needless duplication of medical and nursing procedures.
- A patient has the right to treatment that avoids unnecessary discomfort.
- A patient has the right to be transferred to another facility only after care and arrangements have been made and the patient has been given complete information about the hospital's obligations under law.
- A patient has the right to a copy of his or her bills. A patient also has the right to have the bill explained.
- A patient has the right to request help in finding ways to pay his or her medical bills.
- A patient has the right to help in planning for his or her discharge so that he or she will know about continuing health care needs after discharge and how to meet them.
- A patient has the right to access people or agencies to act on the patient's behalf or to protect the patient's right under law. A patient has the right to have protective services contacted when he or she or the patient's family members are concerned about safety.

- A patient has the right to be informed of his or her rights at the earliest possible time in the course of his or her treatment.
- A patient has the right to make advance directives (such as a living will, health care power of attorney and advance instruction for mental health treatment) and to have those directives followed to the extent permitted by law.
- A patient has the right to personal privacy and to receive care in a safe and secure setting.
- A Medicare patient has the right to appeal decisions about his or her care to a local Medicare Review Board. The Facility will provide the name, address, and phone number of the local Medicare Review Board and information about filing an appeal.
- A patient has the right to be free from all forms of abuse or harassment.
- A patient has the right to be free from the use of seclusion and restraint, unless medically authorized by the physician. Restraints and seclusion will be used only as a last resort and in the least restrictive manner possible to protect the patient or others from harm and will be removed or ended at the earliest possible time.
- A patient has the right to designate visitors who shall receive the same visitation privileges as the patient's immediate family members, regardless of whether the visitors are legally related to the patient.
- A patient has the right to pastoral care and other spiritual services.
- A patient has the right to be involved in resolving dilemmas about care decisions.
- A patient has the right to have his or her complaints about care resolved.
- A patient and his or her family have the right to request assistance from the Nash Hospitals, Inc ad hoc ethics committee for ethical issues, such as starting or stopping treatments to keep patients alive, differences of opinion or when advance directives cannot be honored.
- A patient has the right to appropriate pain management.
- A patient has the right to be free from financial exploitation by the health care facility.

Patient Responsibilities

- Patients are responsible for providing correct and complete information about their health and past medical history.
- Patients are responsible for reporting changes in their general health condition, symptoms, or allergies to the responsible caregiver.
- Patients are responsible for reporting if they do not understand the planned treatment or their part in the plan.
- Patients are responsible for following the recommended treatment plan they have agreed to, including instruction from nurses and other health personnel.
- Patients are responsible for keeping appointments.
- Patients are responsible for treating others with respect.

- Patients are responsible for following facility rules regarding smoking, noise, and use of electrical equipment.
- Patients are responsible for what happens if they refuse the planned treatment.
- Patients are responsible for paying for their care.
- Patients are responsible for respecting the property and rights of others.
- Patients are responsible for assisting in the control of noise and the number of visitors in their living space.
- Patients are responsible for ensuring their insurance and billing information is maintained and up to date; immediately notifying the intake department with information changes.

Chronic Care Management

The majority of Americans have at least one chronic medical condition. Those conditions not only increase how much you spend on health care, they can also have an impact on your quality of life. This is why Medicare created the Chronic Care Management (CCM) program. People with chronic medical conditions are likely to use more healthcare services than people without them. They may need more frequent follow-up visits with their doctors, hospital stays, referrals to specialists, tests, and medications.

Where Routine Follow-Ups Fall Short

Many people have their medical conditions managed by their primary care physician, but specialists can take on that role too. Follow-up visits, depending on the condition, are often scheduled every few months to annually.

Coordination of care is key. Unfortunately, there can be breaks in communication when multiple providers are involved in your care or if you are hospitalized outside of your provider network. It can be difficult for your provider to give quality care if they do not know what has happened since your last visit.

Eligibility for Chronic Care Management

The Chronic Care Management program was created by Medicare to close those communication gaps. It also looks to give 24/7 access to care so that people with chronic conditions have better health outcomes.

To be eligible for the program, you must be enrolled in Medicare Part B and have two or more chronic conditions. Medicare defines these as conditions expected to last at least 12 months or, if you are at the end of life, as long as you live.

Those conditions put you at risk for disease complications, flare-ups, functional decline, or even death. Simply put, the disease affects your quality of life and is expected to get worse over time if not properly treated.

How Chronic Care Management Works

The CCM program starts with a face-to-face visit with your healthcare professional—either a physician, certified nurse-midwife, clinical nurse specialist, nurse practitioner, or physician assistant.

A comprehensive care plan will be developed that will then be monitored monthly without a face-to-face visit each month. Your doctor will still see you for your regularly scheduled visits.

Not only will your provider address your chronic conditions each month, but they will also coordinate care with pharmacies and other providers. This assures you get refills on time and that you understand any changes to your medical condition or care plan.

They will also manage any care transitions when they occur, for example, when you go to a hospital or skilled nursing facility. The goal is to provide continuity of care and address your medical, functional, and psychosocial needs to keep you healthy.

This could mean making sure you have equipment and services available at home, arranging transportation to make sure you get to all your medical appointments, or setting you up with community resources to address any social determinants of health.

Better yet, it is your access to care. Health professionals in the program have to provide more than one way to get in touch with them, whether by an electronic patient portal, telephone, or email. They must also be available 24/7 for emergency care.

Their office will not necessarily be open around the clock, but there will always be someone on call to answer your questions and direct you to emergency care if and when the office is closed.

Benefits of Chronic Care Management Program

People who participate in the Chronic Care Management program were 2.3% less likely to need emergency room or observation care in the hospital, according to one evaluation. Their risk for inpatient hospitalization decreased by 4.7%. Specifically, hospitalizations related to congestive heart failure, dehydration, diabetes, and urinary tract infections were statistically



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Phone 855-434-7763 | Fax 949-281-5550 | info@seniordoc.com

reduced. People also reported being more satisfied with their care. Overall, the Chronic Care Management program saves Medicare \$74 per patient per month or \$888 per patient per year. These savings were attributed to the decreased need for more expensive services (hospital care and skilled nursing care) and improved efficiencies in care.

With more than 62.5 million people on Medicare in 2021 (35.6 million on Original Medicare and 26.9 million on Medicare Advantage), and half of them having two or more chronic conditions, there are billions of dollars in potential savings for Medicare.⁸ More importantly, the improvements in care have a real impact on quality of life.

Should You Enroll in Chronic Care Management?

The CCM program has a lot to offer, but it is not free. The time your healthcare professional spends coordinating care each month and reviewing your records will be billed to Medicare.

The time spent on these services must be a minimum of 20 minutes, which is, on average, the amount of time they would normally spend with you in a face-to-face office visit.

Chronic Care Management services cost approximately \$40 per month, though prices may vary based on where you live. Medicare reimburses the physician 80%, and you will pay a Part B 20% coinsurance. On average, that would be \$8 each month.

Your provider may charge more if they spend more time on your care, up to an hour, or if the care is more complicated.

Many Medicare beneficiaries are on fixed incomes and may not be able to afford this monthly charge. What is important to know in these and all cases is that your healthcare professional cannot sign you up for these services without your permission.

If you have a Medicare supplement plan, also known as a Medigap plan, it may pay your Part B coinsurance for you. Likewise, if you are eligible for certain Medicare Savings Programs, you will not need to pay out of pocket for these services. Services may be canceled at any time by contacting your Care Manager.

Summary

Chronic Care Management is an effective program developed to improve care coordination for the millions of Medicare beneficiaries with chronic medical conditions. It improves access to care, increases patient satisfaction, and decreases long-term medical complications.

Chronic Care Management opens up time in your doctor's schedule to ensure you get the care and attention you need. If you can afford the monthly fee, it may be worth considering. If you cannot, you may want to look into Medicare Savings Programs to see if you can save on your Medicare expenses. Talk to your doctor about your options.

Remote Patient Monitoring

Use of Remote Sensing & Monitoring Devices

AMA Code of Medical Ethics 1.2.9

- Sensing and monitoring devices can benefit patients by allowing physicians and other health care professionals to obtain timely information about the patient's vital signs or health status without requiring an in-person, face-to-face encounter.
- Implantable devices can also enable physicians to identify patients rapidly and expedite access to patients' medical records.
- Devices that transmit patient information wirelessly to remote receiving stations can offer convenience for both patients and physicians, enhance the efficiency and quality of care, and promote increased access to care, but also raise concerns about safety and the confidentiality of patient information.
- Individually, physicians who employ remote sensing and monitoring devices in providing patient care should:
 - (a) Determine whether using one or more such devices is appropriate in light of individual patients' medical needs and circumstances, including patients' ability to use the chosen device appropriately.
 - (b) Explain how the device(s) will be used in the patient's care and what will be expected of the patient in using the technology, and disclose any limitations, risks, or medical uncertainties associated with the device(s) and data transmission.
 - (c) Obtain the patient's or surrogate's informed consent before implementing the device in treatment. Collectively, physicians should:
 - (d) Support research into the safety, efficacy, and possible non-medical uses of remote sensing and monitoring devices, including devices intended to transmit biometric data and implantable radio frequency ID devices.
 - (e) Advocate for appropriate oversight of remote sensing and monitoring devices. *AMA Principles of Medical Ethics: I,III,V*

Telemedicine Policy

Ethical Practice in Telemedicine

AMA Code of Medical Ethics 1.2.12

- Innovation in technology, including information technology, is redefining how people perceive time and distance. It is reshaping how individuals interact with and relate to others, including when, where, and how patients and physicians engage with one another.

- Telehealth and telemedicine span a continuum of technologies that offer new ways to deliver care. Yet as in any mode of care, patients need to be able to trust that physicians will place patient welfare above other interests, provide competent care, provide the information patients need to make well-considered decisions about care, respect patient privacy and confidentiality, and take steps to ensure continuity of care.
- Although physicians' fundamental ethical responsibilities do not change, the continuum of possible patient-physician interactions in telehealth/telemedicine give rise to differing levels of accountability for physicians.
- All physicians who participate in telehealth/telemedicine have an ethical responsibility to uphold fundamental fiduciary obligations by disclosing any financial or other interests the physician has in the telehealth/telemedicine application or service and taking steps to manage or eliminate conflicts of interests.
- Whenever they provide health information, including health content for websites or mobile health applications, physicians must ensure that the information they provide or that is attributed to them is objective and accurate.
- Similarly, all physicians who participate in telehealth/telemedicine must assure themselves that telemedicine services have appropriate protocols to prevent unauthorized access and to protect the security and integrity of patient information at the patient end of the electronic encounter, during transmission, and among all health care professionals and other personnel who participate in the telehealth/telemedicine service consistent with their individual roles.
- Physicians who respond to individual health queries or provide personalized health advice electronically through a telehealth service in addition should:
 - (a) Inform users about the limitations of the relationship and services provided.
 - (b) Advise site users about how to arrange for needed care when follow-up care is indicated.
 - (c) Encourage users who have primary care physicians to inform their primary physicians about the online health consultation, even if in-person care is not immediately needed. Physicians who provide clinical services through telehealth/telemedicine must uphold the standards of professionalism expected in in-person interactions, follow appropriate ethical guidelines of relevant specialty societies and adhere to applicable law governing the practice of telemedicine. In the context of telehealth/telemedicine they further should:
 - (d) Be proficient in the use of the relevant technologies and comfortable interacting with patients and/or surrogates electronically.
 - (e) Recognize the limitations of the relevant technologies and take appropriate steps to overcome those limitations. Physicians must ensure that they have the information they need to make well-

- grounded clinical recommendations when they cannot personally conduct a physical examination, such as by having another health care professional at the patient's site conduct the exam or obtaining vital information through remote technologies.
- (f) Be prudent in carrying out a diagnostic evaluation or prescribing medication by:
 - (i) establishing the patient's identity;
 - (ii) confirming that telehealth/telemedicine services are appropriate for that patient's individual situation and medical needs;
 - (iii) evaluating the indication, appropriateness and safety of any prescription in keeping with best practice guidelines and any formulary limitations that apply to the electronic interaction;
 - (iv) documenting the clinical evaluation and prescription.
 - (g) When the physician would otherwise be expected to obtain informed consent, tailor the informed consent process to provide information patients (or their surrogates) need about the distinctive features of telehealth/telemedicine, in addition to information about medical issues and treatment options. Patients and surrogates should have a basic understanding of how telemedicine technologies will be used in care, the limitations of those technologies, the credentials of health care professionals involved, and what will be expected of patients for using these technologies.
 - (h) As in any patient-physician interaction, take steps to promote continuity of care, giving consideration to how information can be preserved and accessible for future episodes of care in keeping with patients' preferences (or the decisions of their surrogates) and how follow-up care can be provided when needed. Physicians should assure themselves how information will be conveyed to the patient's primary care physician when the patient has a primary care physician and to other physicians currently caring for the patient. Collectively, through their professional organizations and health care institutions, physicians should:
 - (i) Support ongoing refinement of telehealth/telemedicine technologies, and the development and implementation of clinical and technical standards to ensure the safety and quality of care.
 - (j) Advocate for policies and initiatives to promote access to telehealth/telemedicine services for all patients who could benefit from receiving care electronically.
 - (k) Routinely monitor the telehealth/telemedicine landscape to:
 - (i) identify and address adverse consequences as technologies and activities evolve;

- (ii) identify and encourage dissemination of both positive and negative outcomes.

AMA Principles of Medical Ethics: I,IV,VI,IX

Grievance Policy

The company intends to foster relationships with patients and their families that thrive on respect, professionalism, and care. Because of this, our desire is that open communication exists between the patient and the patient's family and the care team assigned to that patient. The company encourages families to voice concerns with their assigned care manager, as they arise. Assigned staff will make every attempt to validate and address concerns immediately. Should a patient or their family encounter a situation in which they do not think their concern has been adequately addressed, they may follow the steps below to escalate their concern or file a grievance with the company.

The following steps shall be taken to resolve concerns:

1. The Assigned Care Manager should be the first point of contact for all concerns.
2. If the Care Manager is unable to adequately resolve your concerns,
 - a. Contact the Care Manager's Supervisor Case Supervisor
3. If the Care Manager's Supervisor is unable to adequately address your concerns,
 - a. Contact the Vice President of Operations.
4. If the Vice President is unable to adequately address your concerns, you may contact your funding source to seek a referral for service from a different provider or company.

Photographs and Videos

HIPAA and Photographs: What are the Rules?

Now more than ever physicians are using patient photographs to help them make diagnoses. But did you know that medical photographic images, even if they are taken by a patient, fall under HIPAA's policy jurisdiction? To clear up how medical photos can and cannot be used or disclosed, HIPAA and images are discussed.

HIPAA and Photographs: When is a Photo Considered PHI?

Protected health information (PHI) is an individually identifiable health information used for the past, present, or future provision of healthcare. Examples of such images may include images sent to a dermatologist that include birthmarks or skin conditions, full facial photos sent to a plastic surgeon, x-rays, or any other image that contains any of the 18 PHI identifiers.

HIPAA and Photographs: How are Medical Images Used?

Medical images are used in a variety of ways. The most common use of medical photographs include treatment and diagnosis, patient testimonials, and social media.

HIPAA and Photographs

- Patient Treatment and Diagnosis. Healthcare providers use medical images for a variety of treatment purposes. This is particularly true for dermatologists, plastic surgeons, and dentists.
- Patient Testimonials. A good way to build trust with prospective patients is by showcasing patient testimonials from your existing patients. However, before it is permitted to include patient images, or other PHI on, your website, you must obtain written patient consent.
- Social Media. The use of social media has become an integral way to promote businesses. However, just as you need patient consent to share patient information on your website, you also need consent before sharing it on social media.

HIPAA and Photographs: How to Secure Medical Images

Healthcare organizations have an obligation to ensure the confidentiality, integrity, and availability of PHI, and this includes medical photographs. In regards to HIPAA policy, how can you ensure the security of your medical images?

- Encryption. Whether you are storing medical images on a laptop or USB drive, it is important to encrypt the images. Encryption prevents unauthorized access to data by allowing only users possessing a decryption key to access encrypted data.
- Access Controls. Only employees that require access to medical images should have access to the files. As such, each employee must have unique login credentials to access patient data, and employees should only be granted access to the files that they need to perform their job.



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- Policies and Procedures. To ensure that PHI is used and disclosed in a HIPAA compliant manner, it is important to have policies and procedures that dictate the proper uses and disclosures of PHI, including medical images.
- Employee Training. Training employees is an important aspect of HIPAA compliance. Employees must be trained on the proper uses and disclosures of PHI, among other things, to ensure that employees are aware of their HIPAA obligations.

HIPAA and Photographs: HIPAA Photo and Video Violations

There are several instances in which sharing patient photos, or videos or patients, would constitute a HIPAA violation. Common occurrences for HIPAA photo violations include:

- Use or disclosure of unencrypted medical images
- Posting a patient testimonial to your website without patient authorization
- Including patient images, or other PHI, in marketing material without patient authorization, such as a brochure
- Sharing PHI on social media without patient authorization, even if the PHI is in the background of a photo or video