

**Eastern Washington University
Department of Dental Hygiene
Health Information Portability
and
Accountability Act (HIPAA)
Policy Manual**

Revised July 2017

Health Information Portability and Accountability Act (HIPAA) Policies

Purpose: The HIPAA Privacy Rule represents the federal government's attempt to protect the privacy of personal health care information by establishing a nationwide foundation of required practices and procedures to safeguard the confidentiality of health care information in this age of technology. This document details the policies adopted by the EWU Department of Dental Hygiene for protecting patients' health care information. These departmental policies are supplemental to the general EWU HIPAA Policies.

This information includes any information, whether oral, written or electronic which relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual or billing and payments made for the provision of health care to an individual.

In preparation of this manual, it is assumed that in any case, where Washington State Law is more stringent than HIPAA, that the Washington State Law is followed. It is also assumed that all health care providers, staff, and students in the Department of Dental Hygiene use commonsense, and make reasonable efforts to protect an individual's privacy and protected health information (PHI).

Section 1: Administration

1. **Privacy Official:** The Communication Sciences and Disorders Clinic Director shall serve as the University's HIPAA Privacy Officer.
2. **Security Compliance Officer:** The IT Security Manager and Engineer, or designee shall serve as the University's Security Compliance Officer.
3. **Record Keeper:** The Department's Record Keeper is the Operations Manager.
4. **Home Computer Access:** Because the EagleSoft network is not linked to the Internet and is available only in the clinical areas, no home access is possible or granted.

Section 2: Record Keeping

1. **Manual:** This manual is updated annually or more often if new and recent information is released in terms of the Act. The Department Chair manages revisions and updates to the HIPAA Manual.
2. **Training and Authorization Records:** All faculty and students participate in mandatory training within 30 days of initial hire or matriculation into the program. Upon completion of training, the department Chair authorizes faculty and students access to PHI.

The university and or department at biannual faculty in-services and student orientation provide annual updates. Any change in HIPAA policy between these times is dispersed via emails to faculty, posting in the Faculty Information

CANVAS course and in regular clinical course content for students. In addition, midterm and end of term reminders regarding HIPAA Policy compliance are posted in CANVAS.

The university and department keep a record of faculty, staff, and student training. Training records are kept indicating date, persons trained, length of training, and what information was presented. These dental hygiene department training and authorization records are kept in the office of the Operations Manager.

3. **Paper File Storage:** All paper patient dental records are stored in locked filing cabinets in the front office area. Only the Patient Service Representatives and Operations Manager have keys to these cabinets. The front office door is locked at all times to monitor access to PHI. Students and employees are not allowed to remove patient files from the clinical areas.
4. **Digital File Storage and Server Back-Up:** All patient files are digitized and housed on the DH server in the Eastern Washington University Server Room on the Eastern Washington University Cheney Washington campus that has limited access. The server has a Cisco Firewall and it is maintained by the Operations and Networking group at EWU. EWU uses Trend Micro for Anti-virus. Physical Machine backup is currently handled by Veritas NetBackup, and is maintained by the Datacenter group.
5. **Equipment:** The university and department keeps an inventory of all electronic equipment within the department that someone has access to or has PHI such as clinic computers, printers, and iPads. The inventory is updated annually of as new equipment is purchased.
6. **Use of iPads Checkout system for Clinic iPads:** Clinic iPads are stored in the front office, checked out by clinical instructors, and returned at the end of the day or clinic session once their scheduled time in clinic is complete. All transitory PHI must be deleted from the iPad prior to check-in. Staff checks iPads on a weekly basis to assure no PHI is on iPads and log results. The Chair or Clinic Director is notified of any PHI that is not deleted and takes corrective action with the offending personnel.
7. **Protected Health Information (PHI):** Health Insurance Portability and Accountability Act (HIPAA) --- Departmental security and privacy policies are followed in the office as well as in clinic and the reception area. No patient charts, or x-rays may be removed from the dental hygiene office or clinic. Only persons providing direct services to the patient may have access to the chart. Charts are locked every evening. Patient health should not be discussed in the reception, hallway, or office areas. Patient information is only released to a third party (not including other health care providers) with prior written authorization of the patient. Written release is only valid for 90 days in the State of Washington. (See Appendix A Records Request and Release Form) For more information, see the HIPAA section of the Clinic Policies and Procedures Manual. Unauthorized people are never allowed in the front office.

8. **Clinic Access:** The dental hygiene clinic is locked at all times. Students are given a code for access to the clinic between 7:30 am and 5:30 pm. Part-time and full time faculty and staff have access codes for access 24/7. Codes are changed on a semi-annual basis or as needed to assure safety. A list of students and department personnel with access codes is kept by the Operations Manager and updated as needed.

Key assignments for the department are reviewed on an annual basis and verified with WSU.

9. **Disposal of Confidential Information:** Upon sale or disposal of computer equipment that may have stored patient information, the hardware is completely erased by reformatting the hard drive. All computers, printers, and other electronic equipment are surplus through the EWU Surplus. The EWU IT department erases and scrubs the drives to remove PHI prior to resale.

Patient paper charts with PHI are disposed of per Washington State Records and Retention policies.

All employees and students are advised to shred any documentation with PHI such as “sticky notes” that they may have used during the workday. During each clinic session, any extra forms printed containing PHI are shredded. Students may receive a demerit or grade deduction for leaving forms with PHI in the printer after the completion of the clinic session. This shredding process should take place daily. Shred bins are in the bulk storage room in the clinic in the Health Sciences Building. A shredding company picks them up every 2 weeks.

All students and employees are instructed not to include any PHI in their individual day planners to keep them secure to the extent as reasonable as possible.

10. **Retention of Patient Dental Records:** Dental records are retained for at least 6 years from date of patient death; at least 10 years from the last patient contact; or 21 years from the patient’s date of birth. Patient financial information is retained for 10 years. Patient scheduling information is retained for 10 years.

Section 3: Personnel/Workforce

1. **Eaglesoft Access:** Only employees who perform direct patient care, or maintain PHI, are given password access to the EagleSoft computer software. Only students formally admitted and enrolled in classes in the Dental Hygiene Program are given password access to the EagleSoft computer software.

Login access to the clinic computers is via the EWU Single Sign On username and password. This password is changed every 3 months. Students and faculty create an Eaglesoft password to access Eaglesoft. Graduated students are inactivated in Eaglesoft as soon as the final chart audits are completed each summer. Terminated and former faculty members are inactivated according to their work schedule; those who are

terminated are inactivated immediately and those who are on the substitution list or only employed certain semesters are inactivated after one year of not working in the EWU Dental Hygiene clinic. Eaglesoft monitors log in attempts when an incorrect password is used.

Eaglesoft and computer access is suspended for students and employees immediately upon graduation and or termination. Students are issued an encrypted flash drive upon matriculation. This flash drive is collected and scrubbed upon their graduation and or upon suspension.

2. **Patient Record Access:** During the workday, students only have access to those specific patient records for whom they are providing dental treatment. Students must request other files in writing from the Office Assistant with at least 24 hours' notice. These requests will only be granted if the file use is for an approved purpose as outlined in this policy.
3. **Employee/Student Confidentiality Agreement:** All employees and students must sign an Employee/Student Confidentiality agreement upon entering the program or becoming employed. A sample agreement can be found in Appendix B Data Security and Confidentiality Agreement.
4. **Non-compliance:** Non-compliance with HIPAA policies or procedures may result in formal warning or dismissal for faculty and staff and academic demerit, course failure, or dismissal from the program for students.

Section 4: Patient Relations

1. **Waiting Room Procedures:** All personnel limit conversations in the patient waiting room. Patients are addressed by name and escorted directly back to the clinical operatory for any further health discussions.

Parents of small children are escorted back to the clinical operatory, with their child, for discussion of health information. After completion of periodontal or restorative treatment, parents of children are asked to return to the clinical operatory for discussion of patient status and treatment outcomes.

2. **Patient Check-In Window and Check-Out Window:** All conversation at the patient check-in and checkout windows is kept to a minimum. No discussion of PHI is conducted at either window. Daily clinic schedules are in Eaglesoft and accessible from all clinic computers. These schedules are used to announce patient arrival by turning a button green.
3. **Phone Conversations:** Phone conversations are kept to a minimum in the front office and clinical areas. All measures are taken to keep the phone conversation private by going to an uninhabited section of the clinic and/or limiting the amount of personal and private information that is discussed on the phone in the front office area. Voicemail messages are obtained privately. Background music is

always in use when the clinic is operating to help prevent unintentional hearing of private information.

4. **Front Office Areas:** Conversations and comments about patient information must not take place in the front office area. Students and employees are instructed to limit conversations in the front office area.
5. **FAX Cover Letters:** A fax cover letter is mandatory for sending faxes from the Department of Dental Hygiene (See Appendix C FAX Cover Letter). This cover letter states that the information contained in the fax transmittal is confidential and that the dental hygiene office is to be phoned if the reader is not the intended recipient. A telephone call must be made to the office receiving the fax verifying the fax number of the office and receipt of the fax if confidential information is faxed.
6. **Clinical and Office Countertops:** Patient files must not be left open and visible on any desk or clinical countertop. This is to prevent unintentional or intentional access to patient personal information from persons simply passing by. Files may be opened inside the clinical operatory for assistance to dental treatment.
7. **Computer Monitors/iPads:** The Department determined that monitor time-outs are not necessary on the 46 dental operatory monitors because of the distance and angle of the monitors in the dental hygiene clinic. A person simply walking by the clinical operatory cannot see what is visible on the monitor. All clinic computers are turned off at the end of each day.

All employees and students are instructed to never leave patient information visible on computer monitors when walking away or having guests into their operatory spaces. Faculty office computers do not have access to the EagleSoft software system.

Faculty and staff are instructed to keep their checked out iPad screen closed when not in use and delete all PHI at the end of each clinic session

8. **Authorization for Release of Protected Health Information: (See Appendix D)**
9. **Radiographic Release:** Radiographs are released upon completion of the X-ray release form (See Appendix A, Records Request and Release). Radiographs are sent and received by EWU Dental Hygiene department through encryption.
10. **Patient Information in Electronic Portfolios:** Students are instructed via face-to-face instruction, written information in syllabi, and the Livetext eportfolio Guidelines that are updated annually that all patients used in student portfolios must have all PHI redacted (either blackened out or covered up). Students are provided instructions on how to redact as well as to transfer redacted information via their encrypted flash drive using this method:
 - Take a screen shot of the Electronic Health Record in Eaglesoft on the clinic computer
 - Save the screen shot as Word document to the encrypted flash drive
 - Redact any PHI on the screen shot Word document by using the Paint feature
 - Save redacted screen shot to encrypted flash drive

11. **PHI in student assignments:** Students are instructed on the procedure of PHI redaction and storage of redacted PHI on their encrypted flash drives. Faculty and staff to assure compliance complete random checks. An academic demerit or grade deduction is given for non-compliance.
12. **PHI in student calendars:** Students are instructed not to include PHI in their personal planners. Faculty and staff to assure compliance complete random checks. An academic demerit or grade deduction is given for non-compliance.
13. **PHI on patient recare lists:** Students are instructed to download their patient recare list and save it to their encrypted flash drive. If a student chooses to print their recare list, the hard copy must be kept in their mailbox and shredded when they are done with it.
14. **PHI on cellphones/Smartphones:** Students are instructed to use a password on their cellphones and to block their number for purposes of contacting their patients. Students are instructed not to text nor accept a text from their patients. Faculty and staff to assure compliance complete random checks. An academic demerit or grade deduction is given for non-compliance.
15. **Quality Assurance:** HIPAA practices are monitored as part of the department's quality assurance program. Student grades are influenced by the completion and accuracy of the patient health records. The faculty supervises records amendment.
16. **Use of PHI in research:** The department of dental hygiene faculty and students follow EWU's established guidelines to assure all PHI is protected if used in a research project. Full time graduate faculty members supervise all student research.
17. **Student Clinical Grading Tracking Sheets:** All student clinical grading tracking sheets that contain PHI are kept in locked drawers in the clinic. Only faculty and staff have access to these drawers.
18. **Use of videotaping:** Students or faculties are required to use the dental hygiene department iPads or Go Pro cameras for videotaping patient care experiences. Patient consent must be obtained using the Dental Hygiene Audio/Video Consent prior to videotaping. (See Appendix E Dental Hygiene Audio/Video Consent). Students are instructed to protect the patient's identity through body placement to assure only the back of the patient's head is visible. Videos are uploaded as assignments to CANVAS.
19. **Patient Consent Form for Release of Clinical Records:** This consent form (see Appendix A) includes the following sections:
 - a. Purpose of release
 - b. Specific persons authorized to disclose and receive.
 - c. Specific information to be released including HIV/AIDS, sexually transmitted diseases, drug/alcohol abuse, psychiatric disorders/mental health, and genetic testing information.
 - d. Patient name

- e. Patient date of birth
- f. Patient address
- g. Signature of patient
- h. Signature of witness
- i. Date
- j. Statement of 90-day expiration of release.

20. Notice of Privacy Practices: Notices are posted by the drinking fountain just inside the clinic door and near the front office reception window. All patients are given a Notice of Privacy Practices and must sign indicating receipt of such notice (See Appendix F).

Section 5: Business Associates

1. **Agreements:** Written agreements exist with any business associates with whom the Dental Hygiene Department may share patient PHI or whom may encounter patient PHI.
2. **Education:** Business associates are educated about pertinent practices/policies pertaining to privacy and security when they perform any job-related functions on premises.
3. **Privacy Awareness Forms:** Any business associate, janitorial or maintenance staff, observers, or interpreter who enters the clinical treatment or front office area signs in at the front office and signs a Business Associate Agreement. This form indicates that they accept the fact that they must hold any conversation, paperwork, or situations they see or hear in the clinical or front office areas in strict confidence.

Section 6: Formal Complaint Process

1. Any individual, whether dental patient, student, or staff, may file a formal letter of complaint with the Privacy Officer. This letter should indicate the private information the individual believes has been disclosed, the nature of the discloser, date, place, and time of the disclosure as well as the person(s) involved in the alleged discloser.
2. All formal complaints will be acknowledged by the Privacy Office within 10 business days and will be investigated in accordance with EWU Policy 401-06 (Protected Health Information), available at: <https://sites.ewu.edu/policies/policies-and-procedures/ewu-401-06-protected-health-information-phi/>. EWU will not retaliate against you for filing a complaint.
3. A written response is given to the individual filing the complaint, if the complainant's identity is known, and cc'd to the Dean of the College of Health Science and Public Health. If a complainant is not satisfied with the results of an investigation, the complainant may request review of the decision, as is outlined in EWU Policy 401-06 (Protected Health Information). Eastern Washington University officials in accordance with Washington State Law conduct any further investigation.

APPENDICES

Appendix A

RECORDS REQUEST AND RELEASE

I consent to the release of:

X-rays Perio Chart Dental Chart

For the purpose of (please check one box):

Transfer of care Referral/Consultation Other/Self

Patient Name (print): _____

Relationship to patient (if other than self): _____

X-rays to be e-mailed or mailed to:

Patient will pick-up x-rays at clinic

I release the attending dentists, faculty, staff and students of Eastern Washington University's Dental Hygiene Clinic from any liability arising from the release of this information. I understand that I may be charged for copying costs. This authorization may be revoked at any time and expires in 90 days from the date signed. I consent in advance to the faxing of my health care information when needed.

Signature of patient/guardian _____ Date _____

Witness _____ Translated by _____

Approved by EWU Counsel 8/2017

Revised 8/2017

Appendix B
Eastern Washington University Health Care
Data Security and Confidentiality Agreement

I understand that I must maintain and safeguard the confidentiality of any and all EWU protected health information accessed or obtained in the performance of my authorized duties or activities. Protected health information includes individually identifying patient information orally disclosed, information contained in written form, regardless of medium, and any other individually identifying patient information, regardless of medium.

I will not access, use, and disclose protected health information for any purpose other than the performance of authorized activities or duties. I will limit my access, use, and disclosure to the minimum amount of information necessary to perform my authorized activity or duty.

I will maintain all protected health information in the strictest confidence and will not disclose or allow access to protected health information to others unless my authorized activities require that I do so. In such cases, I will disclose or allow access only to individuals having appropriate authority to access, receive, and use such information.

I understand that patient identifiable data collected or obtained from, analyzed, or entered into any EWU information management system(s) or database(s) is the property of EWU.

I understand that my access to protected health information may be monitored to assure appropriate access, compliance with system integrity and EWU Health Care policies and procedures.

I understand that I am responsible for the security of my User ID (login) and Password on any EWU computer system. I understand that it is my responsibility to protect my password's confidentiality.

I understand that failure to comply with the above confidentiality guidelines may result in disciplinary action or denial of access to information.

Enforcement: All officers, agents, and employees and students of Eastern Washington University (Departments of Communication Sciences and Disorders and Dental Hygiene) must adhere to the Data Security and Confidentiality Agreement and all supervisors are responsible for enforcing this Complaint Procedure. Eastern Washington University (Departments of Communication Sciences and Disorders and Dental Hygiene) will not tolerate violations of this Complaint Procedure. Violation of this Complaint Procedure is grounds for disciplinary action. Based on the outcome of a HIPAA violation individuals may be subject to disciplinary action up to and including termination. Students may fail the course and/or be dismissed from their program

Print Name:

Department:

Job Title:

Signature:

Date:

Co-signed by:

Department Chair Name:

Signature:

Date:

Appendix C



EWU Fax

To: _____

Office of: _____

Fax Number: _____

Phone Number: _____

From: _____ Dr. Charles Regalado _____

Faxed by: _____

Date: _____

Re: **Medical Consultation for** _____

This fax includes _____ pages, including the cover sheet.

Dear

The attached medical consultation form is an EWU Dental Hygiene requirement. Prior to providing dental therapy to patients with certain medical conditions, this form must be completed by the physician treating the specific condition(s).

Please indicate on the form if there are any contraindications to dental treatment or if a pre-medication is needed.

This patient is scheduled for _____ at _____ please return the form via fax prior to this date/time.

Thank you for your assistance.

CONFIDENTIALITY NOTE

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION WHICH IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE TRUE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR REPRODUCTION OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE IMMEDIATELY NOTIFY THE DENTAL HYGIENE DEPARTMENT BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO 310 N RIVERPOINT BLVD., BOX E, SPOKANE, WA 99202 VIA THE UNITED STATES POSTAL SERVICE. THANK YOU

Dental Hygiene Department: (509) 828-1300 **Fax: (509) 828-1283**

Appendix D

Authorization Form to Release Protected Health

Individual to Release Information to:

I hereby authorize EWU Dental Hygiene to use and disclose my individually identifiable health information as described above. I understand that this authorization is voluntary. I understand that once this information is disclosed to my spouse / significant other, or the party named below, the released information may no longer be protected by federal privacy regulations.

PATIENT NAME: _____

Date of Birth: _____

Patient Address: _____

Patient Phone: _____

Spouse / Significant Other / Other: _____

If other, Relationship to Patient: _____

If address or phone number is different from Patient's, please provide address and phone number:

The patient must read and initial the following statements:

1. I understand that this authorization will (Please check one)
 - Expire 1 year from the date signed by the patient
 - Be effective for the lifetime of the patient unless revoked (see # 2 below) Patient's Initials: _____
2. I understand that I may revoke this authorization at any time by notifying EWU Dental Hygiene in writing; however, if I do revoke the authorization, it will not have any effect on any actions taken by EWU Dental Hygiene prior to their receipt of the revocation. Patient's Initials: _____
3. I understand that my treatment cannot be conditioned on whether I sign this authorization. Patient's Initials: _____

(Form must be completed before signing or will not be valid)

Patient's Signature: _____

Date: _____

* * YOU MAY REFUSE TO SIGN THIS AUTHORIZATION * *

Appendix E

DENTAL HYGIENE AUDIO/VIDEO CONSENT

CONSENT TO AUDIO/VIDEO TAPE/OBSERVATION

The Eastern Washington University Dental Hygiene Clinic is a student education and community service facility. As such, all patients are seen by student clinicians who are directed and supervised by state licensed and certified dental hygiene faculty and dentists. The student clinicians may sometimes be required to photograph, videotape and/or audio record part, or all, of the session for their clinical education as Dental Hygienists. These photographs, videotapes, and/or audio recordings of patients also may be used to keep a record of the patient's care and as an assessment and/or treatment tool during treatment. In addition, fellow student clinicians may observe some evaluation or treatment sessions for educational purposes.

I understand I am authorizing the Eastern Washington University Dental Hygiene Clinic to take and use photographs, videotapes, and/or audio recordings from my evaluation or treatment sessions, or the treatment sessions of my dependents for the purpose of serving as a record of patient care, a treatment tool during evaluation or treatment, and for educational purposes and training of student clinicians.

This authorization expires on 12/31/2099 **OR** when I revoke this consent by notifying the clinic in writing. Should I withdrawal my consent, I understand it would not apply to the photographs, videotapes, and/or audio recordings previously collected under the prior consent.

Print Name: _____ Date: _____

Signature (patient or person authorized to give consent)

 Relationship (parent, legal guardian, etc.)

Appendix F

Eastern Washington University Notice of Privacy Practices

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.

Overview

Eastern Washington University is committed to protecting the privacy of its patients' protected health information. This notice explains the University's privacy practices, our legal duties, and your rights concerning your personal and health information.

Protected Health Information

"Protected health information" (PHI) is information that identifies you; relates to your past, present, or future physical or mental condition; relates to care provided; or relates to the past, present, or future payment for your healthcare. For example, PHI includes your symptoms, tests, diagnosis, treatment, and billing and payment information related to these healthcare services. State and federal law protects the confidentiality of this information. The information contained in your medical record serves as:

- A basis for planning your care.
- A means for communication among the many health professionals who contribute to your care.
- A means by which you or a third-party payer (such as healthcare insurance) can verify that services billed were provided.
- A legal document describing the care you received.
- A tool to educate health professionals.
- A source of information for public health officials.
- A source of information for facility planning.
- A tool we use to improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used and disclosed helps you to:

- Ensure accuracy in the record.
- Better understand who, what, where, and why others may access your health information.
- Make a more informed decision when authorizing disclosures to others.

Providers

The following providers may share health information, when appropriate, to provide healthcare services and to perform payment and healthcare operations: EWU Department of Dental Hygiene, EWU College of Health Science and Public Health, and EWU Department of Communication Sciences and Disorders.

Uses and Disclosures of Your Protected Health Information (PHI) Without Your Authorization

We may use and disclose PHI without your written authorization for the following reasons:

Treatment. Your PHI may be provided to other care providers such as physicians, nurses, therapists, and others who are involved in your care. For example:

- We may disclose your prescription information with pharmacies and health plans to improve patient safety.
- We may disclose your PHI to another physician or subsequent healthcare provider who is treating you to assist with your treatment.
- Your doctor or other healthcare provider may use your PHI to determine the nature and scope of your treatment.

Future Contact. Your PHI may be used to contact you or send you a letter to remind you about future appointments, provide test results, inform you about treatment options, or advise you about other health-related benefits and services.

Payment Purposes. We may use and disclose your PHI to obtain payment for services provided to you. For example:

- We may use PHI to prepare claims for payment of services received.
- If you have health insurance and we bill your insurance directly, we may include information that identifies you, your diagnosis, procedures performed, and supplies used.

Health Care Operations. We may use and disclose your PHI to support daily activities related to healthcare, for example, to monitor and improve our health services or for authorized staff to perform administrative activities. Certain people or offices within the University provide support functions that may include the use of PHI, such as the Division of Business and Finance or the Office of Information Technology. When providing these support services, University staff maintains and protects the confidentiality of your PHI. Additionally, the University is a teaching facility; therefore, we may use your information in the process of educating and training students. For example, our teaching staff may review PHI while supervising a trainee or student clinician. In addition, we may share your personal information with health care providers or suppliers outside of our clinic for consultation, referral, or coordination of your care, as outlined below.

Research. Under certain limited circumstances, we may use and disclose PHI for research purposes. For example, we may look at medical charts to determine if we have enough patients to conduct a research study. In these cases, all research projects are subject to a special approval process to determine if using information without your authorization is justified and to ensure that steps are taken to limit its use. In all other cases, we must obtain your authorization to use or disclose your information for a research project. We follow the Eastern Washington University policies and procedures for conducting research.

Joint Activities. PHI may be used and shared with other individuals or organizations that engage in joint treatment, payment, or healthcare operational activities with the University. Health information is shared when necessary to provide clinical services, secure payment for clinical care services, and perform other joint healthcare operations such as peer review and quality improvement activities, accreditation related activities, and evaluation of trainees.

Business Associates. Your health information may be used by the University and disclosed to individuals or organizations that assist the University conduct its business or to comply with legal obligations as described in this Notice. For example, we may disclose information to consultants or attorneys who assist us in our business activities. These business associates are required to protect the confidentiality of your information with administrative, technical, and physical safeguards.

Required by Law. We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. This includes, but is not limited to, disclosure of information regarding regulated drugs and devices to the United States Food and Drug Administration, information to government oversight agencies with oversight activities such as auditing or licensure, information on communicable diseases and vital records to public health authorities, or to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of privacy rules. We will also provide information to workers' compensation agencies and self-insured employers for work-related illnesses or injuries.

We may also disclose PHI regarding deceased patients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Threat to Health or Safety, Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law when we suspect abuse, neglect, or domestic violence to the extent necessary under the law. We may disclose notice to appropriate individuals when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm to an individual.

Criminal Activity or Compulsory Process. We will provide information to law enforcement when required by law. We will disclose information pursuant to court order or a lawful subpoena. We will disclose your PHI if you have been notified in writing at least 14 days in advance of a subpoena or other legal demand, and no protective order has been obtained. We will also provide information to governmental officials when required for specifically identified government functions such as national security.

Use and Disclosure When You Have the Opportunity to Object

Disclosure to and Notification of Family, Friends, or Others. Your health care provider will use his or her professional judgment in providing relevant information from your PHI to your family members, friends, or other people you may indicate have an interest in your care or in paying for your health care.

Disclosure for Disaster Relief Purposes. We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by its charter or law to assist in disaster relief efforts.

Use and Disclose Requiring Your Authorization

Other than the uses and disclosures described above, we will not use or disclose your PHI without your written authorization. The University requires your written authorization for most uses and disclosures of psychotherapy notes, for marketing, or before selling your protected health information. If you provide us with written authorization, you may revoke your written authorization at any time unless disclosure is required to obtain payment for services already provided, we have otherwise relied on the authorization, or the law prohibits revocation. Revocation must be in writing and shall be valid as of the date received.

Additional Protection of Your Patient Health Information (PHI)

Special state and federal laws apply to certain classes of patient health information. For example, additional protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

Your Individual rights About Patient Health Information (PHI)

You have the following rights regarding PHI that is maintained about you:

Right to Request Restrictions. You have the right to request a restriction on certain uses and disclosures of your health information. We are not required to agree to your request. If we will not agree to your request, we will notify you in writing.

Right to Request Non-Disclosure to Health Plans for Items or Services that are Self-Paid.

You have the right to request in writing that healthcare items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.

Right to Receive Confidential Communications. You have the right to request that we communicate with you about medical matters in a particular way or at a certain location. For example, you may ask that we only contact you at home or by mail. Requests for confidential communications must be made in writing to the address below and must specify how or where you wish to be contacted. We will grant all reasonable requests.

Right of Access to Inspect and Copy. You have the right to inspect and copy the medical information in your health record. All requests must be in writing. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associate with your request. You also have the right to obtain a copy of your electronic PHI records in an electronic format. We may charge a reasonable fee for providing you with a copy of your electronic records in electronic format. We are not required to provide you with an electronic copy of paper records.

Right to Amend. If you feel your health information is incorrect, you may request to have your information amended. All requests to amend records must be in writing and must include an explanation of why you would like the information amended. We may deny your request in certain circumstances. If we deny your request, we will explain our reasons for doing so. You may then send another statement explaining why you disagree with our decision and your statement will be included in your health record.

Right to an Accounting of Disclosures & Notification of a Privacy Breach. You have a right to request an accounting of certain types of disclosures of your PHI. The accounting will not include some types of disclosures, such as disclosures for treatment, payment, health care operations, or when you have authorized the use or disclosure. Additionally, we are generally required to notify you of any breach of your unsecured PHI.

Right to a Copy of this Notice. You have the right to a paper copy of this notice.

Right of Complaint. You have the right to file a complaint in writing with the EWU privacy Officer or with the Secretary of Health and Human Services if you believe that we have violated your privacy rights, or you disagree with a decision we made about access to your records. We will not retaliate against you for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with the University, you may bring your complaint to the department in person or send it to the following address:

Eastern Washington University Privacy Officer
310 N Riverpoint Blvd. Box V
Spokane, WA 99202
(509) 828-1333
privacyofficer@ewu.edu

To file a complaint with the federal government, mail a copy of your written complaint to the following address:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: (877) 696-6775

Our Legal Duties

We are required by law to maintain the privacy of your protected health information, notify affected individuals following a compromise of unsecured protected health information, provided this Notice about our privacy practices, and follow the privacy practices that are described in this Notice.

Privacy Notice Changes

We reserve the right to change or alter the privacy practices described in this Notice. We reserve the right to make any new provisions effective for all personal health information we maintain. A copy of this Notice will be posted at the Front Desk. In addition, each time you receive treatment or healthcare services, you may request a copy of the current Notice. An electronic version of the notice is posted on EWU Department of Dental Hygiene website and the Department of Communication Sciences and Disorders website.

Further Information Contact

If you have questions, specific requests regarding the use or disclosure of your PHI, or would like additional information, contact the University Privacy Officer at

Eastern Washington University
310 N Riverpoint Blvd. Box V
Spokane, WA 99202
(509) 828-1333

Effective date: September 23, 2013

Revised: August 15, 2017

PATIENT REGISTRATION

Date: _____ Chart # (Office Only) _____

First Name: _____ Last Name: _____ Middle Initial _____

Other Names (nicknames) _____ Birth Date: _____ Age: _____

Male Female X Marital Status: Married Single Divorced Separated Widowed

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____ Emergency Contact: _____

Spouse or Nearest Relative _____ Phone: _____

Employer: _____ Occupation: _____

How did you learn about our dental clinic? _____

NOTICE OF PRIVACY PRACTICES - Acknowledgement Updated 8/2017

EWU'S Dental Hygiene Department maintains a record of healthcare services we provide. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. Our *Notice of Privacy Practices* describes in further detail how your health information may be used and disclosed, and how you can access your information.

By my signature below, I acknowledge receipt of the *Notice of Privacy Practices* at EWU's Dental Hygiene Department.

Print Name: _____ Date: _____

Signature (patient or person authorized to give consent)

 Relationship (parent, legal guardian, etc.)