



## Notice of Privacy Practices

Policy # PRV-POL-001

**§164.520**

**Approved by:**

**Review:** Every 2 Years

**Adopted:**

**Revised:**

**Reviewed:**

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### Policy Statement

It is the policy of Aspire to provide patients with a Notice of Privacy Practices (NPP) that outlines their rights and explains how their Protected Health Information (PHI) may be used and disclosed. The NPP details the Aspire's legal responsibilities, patient rights, and the circumstances under which PHI may be shared.

The Notice of Privacy Practices (PRV-APDX-001) must include the following:

- ◆ A description of patient rights and the Aspire's privacy practices.
- ◆ All permitted uses and disclosures of PHI that do not require written authorization.
- ◆ Types of uses and disclosures that require written authorization.
- ◆ A statement that any uses and disclosures not specified in the NPP will require additional written authorization.
- ◆ Contact information for the Privacy Officer or the primary office.
- ◆ The effective date of the NPP.
- ◆ Compliance with all applicable state and federal laws, including HITECH, with updates made as regulations change.

### Procedure

- **Delivery & Acknowledgement of NPP** §164.520(c)(2)(ii)

Patients or their legally authorized representative must be provided a copy of the NPP on the date of the first service delivery.

- Individuals will be asked to sign the Acknowledgment of Receipt of Notice of Privacy Practices (PRV-APDX-021). Signed Acknowledgments shall be filed in the patient's medical record.
- If the patient refuses to accept the NPP or sign the Acknowledgment, document the refusal on the Acknowledgement form, sign and date the notation, and file it in the medical record.
- For telemedicine, the NPP will be provided electronically through secure patient portals or email before the first virtual session. Electronic acknowledgments will be recorded and retained in the patient's record. These processes are described in the Telemedicine and Telehealth Services Policy (PRV-POL-010).

- **Emergency Medical Treatment** *§164.520(c)(2)(i)(B)*

In such cases where the first service delivery involves emergency medical treatment, the NPP shall be provided as soon as it is practical to do so.

- Documentation in the medical record should corroborate that the patient required and received emergency medical treatment.
- Written acknowledgement is not required in cases of emergency medical treatment; however, it is highly recommended to make a reasonable attempt to collect written acknowledgement. This acknowledgement will be filed in the medical record.

- **Specialized Protections for Sensitive Health Information** *42 CFR Part 2, §164.501, §164.502*

Aspire recognizes the importance of safeguarding sensitive health information, including substance use disorder (SUD) records and psychotherapy notes. This section consolidates these areas into a unified framework to ensure compliance with federal and state laws while providing clear guidance for workforce members.

- **Substance Use Disorder (SUD) Compliance** *42 CFR Part 2*

The confidentiality of substance use disorder treatment records is protected under federal law to ensure sensitive information is safeguarded. This section details Aspire's commitment to complying with 42 CFR Part 2 and providing workforce members with clear guidance on handling SUD records appropriately.

To ensure compliance:

- Disclosure of SUD treatment records will require specific written consent from the patient, except in circumstances permitted by 42 CFR Part 2 (e.g., medical emergencies, research, audits, or court orders).
- A separate notice will inform patients of their rights under Part 2, outlining the conditions under which disclosures may occur.
- SUD treatment records will be segregated from other PHI to ensure additional protections.

- Staff members will receive training on 42 CFR Part 2 requirements to ensure the confidentiality of SUD records.
- Internal procedures will be developed for workforce members to follow when handling SUD treatment records to ensure compliance with state and federal regulations.

○ **Psychotherapy Notes** *45 CFR §164.501*

Psychotherapy notes, which document private counseling sessions, are subject to heightened protections to ensure the privacy of patient communications. This section explains the safeguards in place for psychotherapy notes and provides staff with clear protocols for their management.

Aspire will:

- Obtain specific written authorization from patients before disclosing psychotherapy notes, except as permitted under HIPAA (e.g., use by the treating provider, legal defense, or oversight by the Department of Health and Human Services).
- Exclude psychotherapy notes from standard disclosures for treatment, payment, or healthcare operations unless specifically authorized.
- Maintain psychotherapy notes separately from the rest of the patient's medical record to ensure privacy.
- Provide workforce members with clear internal procedures for managing, storing, and disclosing psychotherapy notes.

● **Telemedicine** *§482.12(a)(8)*

Principles outlined in the Notice of Privacy Practices about telemedicine services, ensures compliance with HIPAA regulations and the protection of patient privacy. Telemedicine platforms that are utilized are secure and HIPAA-compliant, equipped with safeguards to securely transmit and store sensitive PHI.

Workforce members engaged in telemedicine services are required to follow established privacy procedures to maintain compliance with regulatory standards and safeguard patient confidentiality. These measures align telemedicine practices with the privacy protections described in the Telemedicine and Telehealth Services Policy (PRV-POL-010), reinforcing the commitment to upholding patient privacy across all modes of care delivery.

● **Use of AI Technology** *HIPAA Compliance and Federal Standards*

The use of AI has been implemented for enhancing operations, data management, and treatment planning. To ensure responsible and secure use, workforce members must adhere to the following guidelines, maintaining compliance with HIPAA and other privacy regulations:

- AI systems are designed and operated to ensure PHI remains confidential and secure.
- Any PHI processed by AI is handled with the same level of protection as other patient records.
- Patients are informed when AI technologies process their PHI.
- A clear explanation of the purpose, benefits, and limitations of AI in their care is provided.
- AI systems undergo regular audits to ensure compliance with privacy regulations and identify potential risks to PHI.
- Any identified risks are promptly addressed to maintain data integrity and security.
- AI tools do not make autonomous clinical decisions.
- All AI-assisted recommendations are reviewed and approved by a licensed healthcare provider before implementation.
- Workforce members follow established guidelines on the proper use of AI tools.
- Training ensures compliance with state and federal privacy regulations.
- PHI related to substance use disorders (SUD), psychotherapy notes, and other sensitive data receives the same level of privacy protection whether processed through AI or traditional in-person care.

- **Access to the NPP** §164.520(a)(1)

The current NPP will be posted in a prominent on-site location where it is reasonable to expect that patients will see and have an opportunity to read it. In addition, the current NPP must be prominently posted on Aspire's website. At any time, a patient or the patient's legally authorized representative may request and receive a copy of the current NPP, consistent with the procedures outlined in the Access to Information Policy (PRV-POL-004).

Any member of the public (who is not a patient or patient's legally authorized representative) requesting the NPP shall be provided the current NPP as promptly as circumstances permit. In these instances, no documentation that the NPP has been provided will be required.

Any related information notices required by state law will also be posted in a prominent location and/or provided to the patient as another notice. This may be contained in the Acknowledgment of Receipt of Notice of Privacy Practices (PRV-APDX-021).

- **Revisions** §164.520(b)(3)

The NPP must be promptly updated and redistributed to reflect any material changes in PHI usage or disclosure, patient rights, legal obligations, or privacy practices outlined in the notice. These changes may only take effect after the revised NPP's official implementation date. The previous version must be retained for six years from its last effective date.

Revised copies will be made available at service delivery locations for patients to request and take with them. The updated NPP must also be posted in a prominent location, and new patients must acknowledge receipt of the notice as part of the standard intake process.

- **Understanding the NPP** §164.520(b)(1)

Patients receiving the NPP who have questions or desire further information should be directed Privacy Officer as necessary. Every effort should be made to help interested patients understand the information contained within the NPP.

- **Handling Complaints of Privacy Practices** §164.520(b)(1)(vi)

Aspire is committed to promptly, fairly, and thoroughly resolving privacy-related complaints. Patients have the right to file concerns regarding potential privacy violations, HIPAA compliance, or decisions related to accessing or modifying their medical records.

To ensure effective handling of complaints:

- Patients should be directed to complete the Privacy Rights Complaint Form (PRV-APDX-013), which is available at all service locations and on the Aspire's website. Completed forms should be submitted to the Privacy Officer.
- The Privacy Officer will acknowledge receipt of the complaint within five business days and initiate an investigation into the matter.
- Investigations will include a review of relevant records, interviews with involved staff, and an assessment of compliance with applicable laws and policies.
- A written response detailing the findings and any corrective actions will be provided to the patient within 30 calendar days of receipt of the complaint. Extensions may be granted, if necessary, with written notification to the patient.
- Patients are informed of their right to file a complaint directly with the Department of Health and Human Services if they are dissatisfied with the resolution provided.
- All complaints and related documentation will be retained for at least six years to comply with HIPAA recordkeeping requirements.

- Workforce members involved in the investigation process will adhere to strict confidentiality and impartiality standards.