

**SUBJECT/TITLE:**     **Notice of Privacy Practices**

**PURPOSE:**            To define how the Notice of Privacy Practices (NPP) must be provided to patients to tell them about their rights and the uses and disclosures of their information

**SCOPE:**                University of Iowa (UI) hybrid entity *College of Nursing Faculty Practice* workforce

**POLICY:**

A. The UI College of Nursing Faculty Practice provides a Notice of Privacy Practices (NPP) to all patients, as well as to individuals requesting a copy.

**PROCEDURES:**

**A. Dissemination of the NPP:**

1. The UI College of Nursing Faculty Practice provides the Notice of Privacy Practices (NPP) at the first date of service to all patients. In the case of patients who are minors, the NPP should be given to the minor's parent or guardian.
2. The UI College of Nursing Faculty Practice makes a good faith effort to obtain a written acknowledgement of receipt of the NPP.
  - a) In an emergency, if it is impossible or impractical to provide the notice, or if doing so would delay care, providing patient care takes the highest priority.
  - b) If a written acknowledgement was not obtained from the patient, document the reason for the failure. Such reason for failure may be, for example, that the patient refused to sign after being requested to do so.
3. Have the Privacy Notice available for patients to take with them.

**B. Publication of the NPP**

1. The NPP must be posted in clear and prominent location(s) where is it reasonable to expect patients to be able to see and read, such as admissions areas.
2. If a website is maintained that provides information about customer services or benefits, a NPP must be prominently posted and made available electronically through the website. It will be labeled as HIPAA Notice of Privacy Practices and be accessible from the UI *College of Nursing Faculty Practice* home page.

**C. Revisions to the Privacy Notice**

1. The Privacy Notice will be revised and made available whenever there is a material change to the uses or disclosures, the individual's rights, or other privacy practices stated in the notice. Except when required by law, a material change to any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected.

**REFERENCES:** 45 C.F.R. §§164.504, 164.524, 164.526, 164.528

**CONTACT:**

Joint Office for Compliance

319-384-8282

[compliance@healthcare.uiowa.edu](mailto:compliance@healthcare.uiowa.edu)

Source: Joint Office for Compliance

Effective Date: 1/21/2022

Version Number: 1



Name

\_\_\_\_\_

Hosp. #:

\_\_\_\_\_

### PRIVACY NOTICE ACKNOWLEDGEMENT FORM

By signing below, I agree I have received and/or been offered a copy of the University of Iowa *College of Nursing Faculty Practice* of Privacy Practices. I have the right to review the Notice of Privacy Practices prior to signing this form.

University of Iowa *College of Nursing Faculty Practice* has the right to change the Notice of Privacy Practices. The revised Notice of Privacy Practices will be posted within the clinic and online at *[insert hybrid component's website]* and paper copies will be available at registration and check-in locations.

Signature: \_\_\_\_\_  
(Patient or person legally authorized to consent for patient)

Date: \_\_\_\_\_

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(Printed name of legally authorized person signing)

\_\_\_\_\_  
(Relationship of legally authorized person)