HIPAA Associates

Your best choice for

HIPAA Policies

HIPAA Associates

HIPAA Policies for Covered Entities and Business Associates

HIPAA Associates will assist your organization in becoming compliant with the HIPAA Rules by means of HIPAA Privacy and Security Policies.

HIPAA is comprised of several regulations, the **Privacy Rule**, the **Security Rule** and the **Breach Notification Rule**, together they are called the HIPAA Rules.

Who Must Comply with the HIPAA Rules?

All covered entities must follow the HIPAA Rules. Business Associates must follow the HIPAA Rules that apply when it enters into a Business Associate contract or agreement with a covered entity.

- **Covered entities** include hospitals, medical practitioners, nursing homes, and pharmacies.
- Covered entities are also **Health Plans** and **Healthcare Clearinghouses**.
- **Business Associates** are people or organizations that have access to or use PHI in order to provide services to covered entities.

HIPAA COMPLIANT

To be compliant a covered entity must have:

1. **A designated Privacy Officer and Security Officer**
2. **HIPAA policies and procedures**
3. **A Security Risk Analysis**
4. **Training for all members of its workforce**

HIPAA Privacy and Security Policies

HIPAA Associates can help you by providing your organization with the policies, procedures and documents required for compliance. Our HIPAA compliance program was created by a HIPAA professional with over 20 year's experience including 12 years as a Privacy Officer for a large health care system.

HIPAA Privacy and Security Policies are required due to the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended from time to time and the regulations promulgated thereunder at 45 C.F.R. Parts 160 and 164, and the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and the regulations promulgated thereunder (HIPAA Rules).

HIPAA PRIVACY RULE

The HIPAA Privacy Rule provides federal protection for individually identifiable health information also called protected health information (PHI). It was implemented in 2003 and applies to PHI in paper, electronic, and verbal form.

All covered entities must comply with HIPAA. A provider of health care services and any other person or organization that furnishes, bills, or is paid for health care in the normal course of business is a covered entity. Health care providers (e.g., physicians, hospitals, and clinics) are covered entities if they transmit health information in electronic form in connection with a transaction for which a HIPAA standard has been adopted by HHS (e.g., billing).

HIPAA grants individuals' rights over their health information including the right to access their PHI and the right to privacy of their information. HIPAA gives covered entities responsibilities over the PHI and requires them to use reasonable safeguards to protect the PHI.

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A covered entity is permitted to use and disclose PHI for certain purposes including treatment, payment and health care operations without the individual's authorization. Some disclosures require the individual be given the opportunity to object and others require authorization in writing.

HIPAA requires a covered entity to implement policies and procedures with respect to protected health information that are designed to comply with its requirements.

HIPAA SECURITY RULE

The HIPAA Security Rule applies only to protected health information in electronic form or EPHI. This includes EPHI that is created, received, maintained or transmitted. For example, EPHI may be transmitted over the internet, stored on a computer, a CD, a disk, magnetic tape, or other type of media. The Security Rule implemented in 2005 does not cover PHI that is transmitted or stored on paper or provided orally.

The Security Rule requires covered entities to put into place reasonable and appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of EPHI that is created, received or maintained by the covered entity.

The security standards are divided into the categories of administrative, physical, and technical safeguards. It requires that covered entities and its business associates conduct a risk assessment of their health care organization. A risk assessment helps the organization ensure it is compliant with HIPAA's administrative, physical, and technical safeguards and helps reveal areas where your organization's EPHI could be at risk. The risk assessment helps you look at the electronic systems and software the organization uses to store EPHI, the protections that are in place and those that are required.

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Policy Templates include all necessary documents for your organization

1. HIPAA Privacy Policies
2. HIPAA Security Policies
3. Notice of Privacy Practices
4. Acknowledgement of Receipt of Notice of Privacy Practices
5. Authorization for Disclosure of Protected Health Information
6. Privacy Complaint Form
7. Privacy Complaint Intake Form
8. Business Associate Agreement
9. Information Blocking Policy

Policies Based on Your Requirements

Our HIPAA policy templates are created based on your requirements. HIPAA applies to both covered entities and business associates. The needs of each of these organizations will be different, consequently we have created separately policy templates for covered entities and business associates. Please review the following description to determine the type of policy your organization requires.

Entities Affected by HIPAA

Covered Entities

- Health Care Providers: physicians, nurses, pharmacies, clinical lab workers
- Health Care Plans: HMOs, employer group health plans, government programs
- Health Care Clearinghouses: entities processing nonstandard health information

Business Associates

- Third parties who create, maintain or transmit PHI on behalf of a covered entity: consultants, medical record storage, lawyers, accountants, IT consultants, medical billing

“Our experts make the world of HIPAA easy”

Policy Template Pricing

Privacy Policy Templates begin at - $600.00

We provide all of the required policies, forms and documents you need for a complete HIPAA Privacy Plan.

Security Policy Templates begin at - $600.00

We will provide all of the required policies, forms and documents you need for a complete HIPAA Security Plan addressing Administrative, Physical and Technical Safeguards.

Choose your templates based on whether you are a **Covered Entity** or a **Business Associate.**

Included with your policies we provide online Compliance and IT Security training for your Privacy Officer.

HIPAA Associates

Customized Compliance Plans

We can help you create a customized HIPAA compliance plan that includes all policies and training for your organization.

We will review and revise your plan to assure compliance with the HIPAA Rule and best practices. If you don't have a compliance plan we will draft a plan with policies and procedures that offers complete coverage of the privacy, security and HITECH requirements.

We can work with you to assure you have a HIPAA Privacy Officer who is knowledgeable of the rules and is able to manage the plan effectively. Privacy Officer training is included.

HIPAA Associates will remain available to you for any modifications for an additional fee based on our present rate which is $250.00 per hour. We are always available to answer your questions or help with new issues that develop.

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Why you should choose HIPAA Associates

- Our documentation is user friendly
- HIPAA Associates has 20 years experience in HIPAA compliance
- We have guided large health organizations with HIPAA
- Our staff includes legal, medical, health information management and nursing professionals
- We are certified in Healthcare & Privacy Compliance by HCCA and AHIMA
- Our products cover all the important aspects of Privacy and Security
- Expert support available by email and phone

HIPAA Associates

Contact Us for your Policy Templates now

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