



## John S Conniff, PLLC

A Pacific Northwest Law Firm

P.O. Box 7933

Tacoma, Washington 98417

Tel. (253) 759-7767 Fax. (253) 761-5328

### Summary of WSCA Health Care Forms and Supporting Material

#### *Forms*

1. New Patient Static and New Patient Interactive Forms (*Interactive allows completion of the form on a computer. Users should remember to save the form under different name when completed.*)
  - a. These are standard intake forms that include insurance information, request for communication preferences, assignment of benefits and authorization for release of information for payment and insurance benefits. Practitioners can choose to use these forms or continue with their existing forms.
2. Notice of Privacy Practices including new disclosures such as patient right to notice of security breaches. (*The forms are provided interactive and static and include a tri-fold brochure layout permitting insertion of logo and business information on the first and last pages.*)
  - a. Included is a sample trifold with for the law firm showing use of logo space (photo) and address. Here is the link to the summary of the [privacy rules](#).
  - b. These [notices must be delivered](#) to new patients.
3. Acknowledgement of receipt of notice of privacy practices with information about access to patient records.
  - a. These acknowledgements must be signed by new patients.
4. Updated Authorization for release of health records includes section for [minors](#) and notice of limit expiration date for release of information related to employment.
  - a. Authorization is required for use and disclosure other than those already permitted by HIPAA such as disclosure for [treatment, payment, and health care operations](#).
  - b. A copy of the minor health care rights chart prepared by King County Public Health.
5. Patient Statement of Financial Responsibility and Health Plan Coverage form developed to create a record for practitioners of insurance verification and patient acceptance of financial responsibility. The Form includes a statement of financial responsibility for missed appointments and insurer non-coverage of these liabilities.
6. Non-covered Services Disclosure Form developed to comply with network and health plan program requirements that practitioners advise patients of lack of coverage and obtain consent for patient liability for care prior to delivery of care. [Regence Sample](#)
7. Fax Cover Sheet provides confidentiality notice to recipients.
8. New Practitioner checklist used in part to verify communication and training of HIPAA requirements for new health care practitioners added to clinic staff. [Security Compliance](#)

9. HIPAA Security and Breach Notification compliance checklist designed to walk the practitioner through new regulatory requirements. [HIPAA Security Requirements](#)
10. Patient Request to Copy Records form required to comply with HIPAA. Practitioners should use this form whenever patients request access to their own records.
11. Patient Privacy Complaint form required to comply with HIPAA requirements that practitioners advise patients of right to complain and keep record of such complaints. The form should be used whenever a patient complains of a privacy violation.
12. Patient Request for Accounting of Record Disclosures form required to comply with HIPAA and should be used whenever a patient requests an accounting of the disclosures made by practitioner.
13. Authorization for Release of Information for [marketing purposes](#) form should be used whenever a practitioner is uncertain as to whether a particular use or disclosure of information related to products and services falls outside the HIPAA exceptions for practitioner communication with patients.
14. Patient Request for Alternative Communications form provides method of compliance with HIPAA requirements that patients be permitted to direct communications to a certain person or by a certain method.
15. General Employee Confidentiality notice is to be used whenever a Business Associate Agreement is not necessary but a promise of confidentiality is advisable.
16. Business Associate Agreement interactive contract that includes elements of HITECH and other [HIPAA rules](#). *(Although this business associate agreement satisfies all practitioner needs, many current and potential business associates will have their own standard form that may or may not comply with current legal requirements. Furthermore, practitioners are advised to review other business associate agreements to ensure protection of practitioner from business associate negligence.)*
17. Breach notification sample letters to patients and to HHS. These requirements were adopted last fall and practitioners must familiarize themselves both with the security requirements and the breach notification standards.
  - a. Here is the link for reporting breaches to the feds: [Breach notification to HHS](#)
  - b. Information about breach notification standards and reporting requirements can be found here: [Health Information Security Breach Requirements](#)
18. FTC identity theft reporting form is a standard form developed by the FTC for use by affected consumers. Practitioners may provide this form to patients who either the practitioner or patient believes may be affected by an actual or potential theft of identity information.

## **Training**

HIPAA requires practitioners and their staff to undergo periodic training to ensure knowledge of and compliance with HIPAA privacy and security requirements. Proof of completion of such training should be kept with the practitioner's HIPAA policy and procedure manual. For those wishing to attend such training classes contact the [Firm](#) for course titles and dates.