*SHENANDOAH VALLEY COMMUNITY RESIDENCES, INC.*

**HIPAA Privacy Standards**

In accordance with Health Insurance Portability and Accountability Act of 1996, hereafter referred to as HIPAA, Shenandoah Valley Community Residences, Inc. (SVCR) has been identified as a covered entity. Therefore, the following policy and procedures have been established and have not been addressed in detail elsewhere within the SVCR policies and procedures manual.

I. **Notice of Privacy Practices** – describes SVCR’s obligations, policies and procedures and the client’s rights regarding protected health information (hereafter referred as PHI).

1. The *Notice of Privacy Practices* must be given to the client before the delivery of the first service.
2. The *Notice of Privacy Practices* will only be given once, unless there is a material change to the privacy practices.
3. SVCR will promptly revise and distribute its notice whenever there is a material change to uses or disclosures, individual’s right, legally duties, or privacy practices. A material change to any term of the notice will not be implemented prior to the effective date of the notice.
4. The current *Notice of Privacy Practices* will be posted prominently in the residential facilities.
5. The *Notice of Privacy Practices* will be made available to any person, upon request, for review or to take with them.
6. Copies of all versions of the *Notice of Privacy Practices* will be maintained for five (5) years from the date they were last in effect.

II. **ACKNOWLEDGEMENT OF RECEIPT OF THE *Notice of Privacy Practices*** – documents the client and / or authorized representative received a copy of the *Notice of Privacy Practices.*

1. The client and / or authorized representative will be requested to sign the top portion of the *Acknowledgement of Receipt of Notice of Privacy Practices* form.
2. SVCR will make a good faith effort to obtain written acknowledgement from the client and / or authorized representative that they have received a copy of the *Notice of Privacy Practices.*
3. The signed *Acknowledgement of Receipt of Notice of Privacy Practices* form will be maintained in the client’s record by the Administrative Assistant.
4. Should the client and / or authorized representative refuse to sign the *Acknowledgement of Receipt of Notice of Privacy Practices* form, the “Provider Use Only” section will be completed in its entirety.

III. **CONFIDENTIAL COMMUNICATIONS** – The client and / or authorized representative may request SVCR communicate with them about medical matters in a certain way or location. Every attempt will be made to comply with reasonable requests; however, SVCR has a right to deny the request.

1. The request must be made in writing and forwarded to the Administrative Assistant.
2. The client and / or authorized representative must specify how he / she is to be contacted.
3. The client and / or authorized representative must specify where he / she is to be contacted.
4. If the request is denied, a written explanation will be provided to the client and / or authorized representative.

IV. **PHYSICAL SAFEGUARDS**

* 1. Areas in which only SVCR authorized staff are permitted and are not areas to be accessible by clients or non-SVCR staff are to be clearly designated by signs indicating the area is not accessible to unauthorized individuals.
	2. Offices, file cabinets and / or desks draws that maintain client protected health information (PHI) are to be locked when not attended by authorized personnel.
	3. Computer monitor / screens are to be protected from view while client PHI is being accessed. All software programs containing client PHI are to be closed when the computer is not be attended by authorized personnel.
	4. Prior to disposal of fax or copy machines (which store PHI), SVCR will ensure the internal data storage devices are removed and destroyed.

V. **TECHNICAL SAFEGUARDS**

A. Every authorized SVCR staff will be assigned a user password in order to access the network computer terminal.

B. Only authorized personnel will be given access to automated client PHI.