



**CITY OF SHEBOYGAN
HIPAA POLICIES AND PROCEDURES MANUAL**

**VOLUME 2:
PRIVACY POLICIES AND PROCEDURES**

ADOPTED: _____

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I. AUTHORIZATION FOR USE AND DISCLOSURE OF PHI

1. PURPOSE

To establish the City of Sheboygan's policy and identify procedures for obtaining authorization from Individuals for release of PHI when an authorization is Required By Law. In addition, to define procedures for revocation of authorization by Individuals for access, release, Use, and/or Disclosure of their PHI.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan HIPAA Policies and Procedures Manual Glossary.

3. POLICY

- A. **Authorizations.** Except as otherwise permitted or required by the Privacy Rule (*see, e.g.*, City of Sheboygan's Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations Policy and Procedure and Incidental Uses and Disclosures of PHI Policy and Procedure), the City of Sheboygan will not Use or Disclose PHI without a valid authorization. The City of Sheboygan, including any Business Associates on behalf of City of Sheboygan, may choose to obtain a signed authorization in situations where it is not required. Global authorizations may be obtained from the Individual as determined appropriate by the City of Sheboygan. When the City of Sheboygan receives an authorization, the City of Sheboygan will Use and Disclose PHI consistent with such authorization.
- B. **Revocation of Authorization.** Individuals have the right to revoke any authorization to Use or Disclose their PHI at any time. Information that has been Disclosed under an authorization cannot be recalled, but revocation of an authorization prevents further Uses or Disclosures under the authorization.

4. PROCEDURE

A. Authorization Requirements.

1. The City Administrator or his/her designee will be responsible for ensuring that authorizations are obtained when Use or Disclosure of PHI is necessary.
2. The provision of Treatment, Payment, including eligibility for benefits, and Health Care Operations may not be conditioned upon the Individual's provision of an authorization for the Use or Disclosure of PHI.
3. Each authorization for the Use or Disclosure of an Individual's PHI will be written in easy-to-read language and will include, at a minimum, the following information:
 - a. A specific and meaningful description of the information to be Used or Disclosed, including an affirmative note of any sensitive health

information to be disclosed (e.g., alcohol or other drug abuse records, mental health records, sexual assault records, HIV test results);

- b. The name or identification of the person or class of person(s) authorized to make the Use or Disclosure;
- c. The name or identification of the person or class of person(s) to whom the requested Use or Disclosure may be made;
- d. An expiration date, condition, or event that relates to the Individual or the purpose of the Use or Disclosure;
- e. A description of each purpose of the requested Use or Disclosure;
- f. A statement that the authorization will expire after twelve (12) months unless the Individual has opted for a shorter or longer time (e.g., part of an approved research study or expected to continue to receive services for a longer period of time);
- g. A statement of the Individual's right to revoke the authorization in writing, and exceptions to the right to revoke, together with a description of how the Individual may revoke the authorization;
- h. A statement that upon the City of Sheboygan's receipt of the written notice of revocation, the City of Sheboygan's further Use or Disclosure of PHI shall cease immediately except to the extent that the City of Sheboygan has acted in reliance upon the authorization or to the extent that Use or Disclosure is otherwise permitted or Required by Law;
- i. A statement that the information may only be released with the written authorization of the Individual, except as Required by Law;
- j. A statement that the Individual may refuse to sign the authorization;
- k. A statement either that: (i) Treatment, Payment, and eligibility for benefits will not be conditioned upon the Individual's provision of an authorization or (ii) the circumstances under which Treatment, Payment, and/or eligibility for benefits will be conditioned upon the Individual's provision of an authorization (e.g., Research, and provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on provision of an authorization for the Disclosure of the PHI to such third party);
- l. If applicable (e.g., Sale of PHI), a statement that the Use or Disclosure will result in direct or indirect remuneration for a third party;

- m. A statement that a copy of the signed authorization will be provided to the Individual;
 - n. The signature of the Individual and date signed; and
 - o. If the authorization is signed by a Personal Representative of an Individual, a description of the representative’s authority to act on behalf of the Individual.
4. The City of Sheboygan will attempt to use its Authorization for Use and Disclosure of PHI Form – rather than third party forms – for authorizations as possible.

B. Revocation Request.

- 1. Form of Request. All requests for revocation of an Individual’s authorization to access, release, Use or Disclose PHI must be submitted to the Privacy Officer or his/her designee in writing. When possible, the City of Sheboygan will provide its Revocation Form to Individuals. If the City of Sheboygan’s Revocation Form is not used, the Privacy Officer will confirm that the revocation is specific enough to permit identification of the authorization that is being revoked. Oral requests will not be honored. The HIPAA Privacy Officer shall be consulted with any questions on specificity of revocation and/or oral requests.
- 2. Processing Request. Upon receipt of a written revocation – and, if applicable, confirmation of specificity of the request – the Privacy Officer will notify the relevant staff and impacted Business Associates that a revocation has been received and that no further PHI may be released as specified in the authorization.

C. Documentation. The City of Sheboygan shall maintain Individuals’ authorizations for Use and Disclosure of PHI (including Authorization for Use and Disclosure of PHI Forms) and Individuals’ written revocations on the Use and Disclosure of PHI (including Revocation Forms) consistent with the Retention of HIPAA Documentation Policy and Procedure.

D. Sanctions for Non-Compliance. Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.508 – Uses and disclosures for which an authorization is required 45 C.F.R. § 164.512 – Uses and disclosures for which an authorization or opportunity to agree or object is not required Use and Disclosure to Carry Out Treatment, Payment and Health Care Operations Policy and Procedure Incidental Uses and Disclosures of PHI Policy and Procedure Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	Authorization for Use and Disclosure of PHI Form Revocation Form
Responsible Senior Leader	Privacy Officer

Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

II. USES AND DISCLOSURES TO CARRY OUT TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS (TPO)

1. PURPOSE

To establish a policy and identify the procedures for Uses or Disclosures of PHI for carrying out Treatment, Payment, and Health Care Operations in accordance with HIPAA.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

Except as permitted or Required by Law, the City of Sheboygan will not Use or Disclose (including obtaining) PHI without Individual authorization for purposes other than Treatment, Payment, or Health Care Operations.

All Workforce members are trained to understand and identify elements of PHI.

4. PROCEDURE

A. **City of Sheboygan's TPO Purposes.** The City of Sheboygan may Use and Disclose PHI without an Individual's authorization for the City of Sheboygan's own Treatment, Payment, or Health Care Operations purposes.

B. **Another Covered Entity's TPO Purposes.** The City of Sheboygan may Disclose PHI without an Individual's authorization as follows:

1. To another Covered Entity for the Treatment of the Individual who is the subject of the PHI.
2. To another Covered Entity for the Payment activities of that entity.
3. To another Covered Entity for the Health Care Operations activities of the entity that receives the information if each entity (both the City of Sheboygan and the other entity) either has or had a relationship with the Individual who is the subject of the PHI, the PHI pertains to such relationship, and the Disclosure is:
 - a. For Health Care Operations regarding conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing healthcare costs, protocol development, case management and care coordination, contacting healthcare providers and patients with information about Treatment alternatives, and related functions that do not include Treatment, reviewing the competence or qualification of healthcare

professionals, evaluating practitioner and provider performance or Health Plan performance, or credentialing activities.

- b. For the purpose of healthcare fraud and abuse detection or compliance.

C. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.506 – Uses and disclosure to carry out treatment, payment, or health care operations Sanction and Discipline Policy and Procedure
Attachments	N/A
Responsible Senior Leader	Privacy Officer
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III. USES AND DISCLOSURES NOT REQUIRING INDIVIDUAL AUTHORIZATION

1. PURPOSE

To establish a policy and identify procedures for how the City of Sheboygan will Use and Disclose PHI without Individual authorization.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

The City of Sheboygan may Use or Disclose PHI without Individual authorization for reasons based on public policy and as permitted or Required by Law.

4. PROCEDURE

A. **Use and Disclosure Without Authorization.** The City of Sheboygan may Use or Disclose PHI without Individual authorization in the following circumstances:

1. Treatment Alternatives. Information about treatment alternatives or other health-related benefits and services that may be of interest to Individuals. However, when the City of Sheboygan is receiving remuneration above the cost of communication for the provision of such information, authorization is required unless such information is provided via face-to-face communication.
2. Family and Friends Involved in Care. Disclosures to family members and those involved in the Individual's care consistent with the City of Sheboygan's Use and Disclosures of PHI to Persons Involved in the Individual's Care and for Notification Purposes Policy and Procedure.
3. Serious Threat to Health or Safety of Self or Others. Consistent with applicable law and standards of ethical conduct, the City of Sheboygan may Use and Disclose PHI to the proper authorities (i.e., person(s) reasonably able to prevent or lessen the threat, including the target of the threat) if the City of Sheboygan believes, in good faith, that such Use or Disclosure is necessary (i) to prevent or lessen a serious and imminent threat to the health or safety of a person (including, but not limited to, the subject Individual) or the public and (ii) for law enforcement authorities to identify or apprehend an Individual (because of a statement by an Individual admitting participation in a violent crime that the City of Sheboygan reasonably believes may have caused serious physical harm to the victim or where it appears from all the circumstances that the Individual has escaped from a correctional institution or from lawful custody).

4. Activities Related to Death. The City of Sheboygan may Disclose PHI to coroners, medical examiners, and funeral directors so they can carry out their duties related to an Individual's death, such as identifying the body, determining cause of death, or in the case of funeral directors to carry out funeral preparations.
5. Public Health Activities. The City of Sheboygan may Use or Disclose PHI for the following public health activities to:
 - a. A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;
 - b. A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;
 - c. A person subject to the jurisdiction of the Food and Drug Administration ("FDA") with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity;
 - d. A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the City of Sheboygan or a public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation;
 - e. An employer, about an Individual who is a member of the workforce of the employer if:
 - i. The City of Sheboygan provides health care to the Individual at the request of the employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether the Individual has a work-related illness or injury;
 - ii. The PHI Disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance;
 - iii. The employer needs such findings in order to comply with its obligations, under the Occupational Safety and Health Administration standards or under state law having a similar

purpose, to record such illness or injury or to carry out responsibilities for workplace medical surveillance; and

- iv. The City of Sheboygan provides written notice to the Individual that PHI relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer.
 - f. A school, about an Individual who is a student or prospective student of the school if the PHI Disclosed is limited to proof of immunization, the school is required by state or other law to have such proof of immunization prior to admitting the Individual, and the City of Sheboygan obtains and documents the agreement to the Disclosure.
6. Victims of Abuse, Neglect, or Domestic Violence. Except for reports of child abuse or neglect permitted by the public health reporting outlined in Section 4.A.5.b of this Policy and Procedure, the City of Sheboygan may disclose PHI about an Individual whom the City of Sheboygan reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence:
- a. To the extent the Disclosure is Required by Law and the Disclosure complies with and is limited to the relevant requirements of such law;
 - b. If the Individual agrees to the Disclosure; or
 - c. To the extent the Disclosure is expressly authorized by statute or regulation and (i) in the exercise of professional judgment, the City of Sheboygan believes the Disclosure is necessary to prevent serious harm to the Individual or other potential victims or (ii) the Individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that PHI for which Disclosure is sought is not intended to be used against the Individual and that an immediate enforcement activity that depends upon the Disclosure would be materially and adversely affected by waiting until the Individual is able to agree to the Disclosure.

The City of Sheboygan will promptly inform the Individual that such a report has been or will be made, except if, in the exercise of professional judgment, it believes informing the Individual would place the Individual at risk of serious harm or the City of Sheboygan would be informing a Personal Representative, and the City of Sheboygan reasonably believes the Personal Representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of

the Individual as determined by the City of Sheboygan, in the exercise of professional judgment.

7. Health Oversight. The City of Sheboygan may Disclose PHI to a health oversight agency for oversight activities authorized by law in compliance with the HIPAA Rules.
 8. Judicial and Administrative Proceedings. The City of Sheboygan may Disclose PHI in the course of any judicial or administrative proceeding:
 - a. In response to a court order signed by a judge, provided that the City of Sheboygan Discloses only the PHI expressly authorized by such order; or
 - b. In response to a subpoena, discovery request, or other lawful process that is not accompanied by a court order signed by a judge in compliance with the HIPAA Rules.
 9. Law Enforcement Purposes. The City of Sheboygan may Disclose PHI for a law enforcement purpose to a law enforcement official in compliance with the HIPAA Rules (e.g., victims of a crime, crime on premises, reporting crime in emergencies).
 10. Decedents. The City of Sheboygan may Disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
 11. Donations. The City of Sheboygan may Disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
 12. Research. The City of Sheboygan may Disclose PHI for Research purposes consistent with the HIPAA Rules and the City of Sheboygan's Use and Disclosure of PHI for Research Purposes Policy and Procedure.
 13. Workers' Compensation. The City of Sheboygan may Disclose PHI authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- B. Other Situations When Requirements are Met.** The City of Sheboygan may Use or Disclose PHI without Individual authorization (i) as Required by Law and (ii) for other reasons, when specific requirements are met. The situations in which PHI may be Used or Disclosed include, but are not limited to, situations involving:
1. Order of the court
 2. Disclosures to Health Plan sponsor
 3. Organ tissue donation

4. Military and veterans
5. Workers' compensation
6. Public health and safety
7. Health oversight activities
8. Lawsuits and disputes
9. Law enforcement
10. National security and intelligence activities; and
11. Inmates

C. **Documentation.** The City of Sheboygan shall record each Use and Disclosure made under this Policy and Procedure on the Accounting of Disclosures Log, consistent with the Accounting of Disclosures of PHI Policy and Procedure and Retention of HIPAA Documentation Policy and Procedure.

D. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan's Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.502(g)(5) – Uses and disclosures of protected health information: General Rules, Abuse, neglect, endangerment situations 45 C.F.R. § 164.512 – Uses and disclosures for which an authorization or opportunity to agree or object is not required Accounting of Disclosures of PHI Policy and Procedure Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure Uses and Disclosures of PHI to Persons Involved in the Individual's Care and for Notification Purposes Policy and Procedure Uses and Disclosures of PHI for Research Purposes Policy and Procedure
Attachments	N/A
Responsible Senior Leader	Privacy Officer
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

IV. PERSONAL REPRESENTATIVES

1. PURPOSE

To establish a policy and identify procedures for how the City of Sheboygan will address (1) Personal Representatives and (2) the privacy rights of minors who are not emancipated from the care of their parents or guardian.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

The City of Sheboygan shall treat a Personal Representative the same as it would treat the Individual who is the subject of the PHI, unless any one of the exceptions applies.

4. PROCEDURE

- A. **General Rules.** Unless one of the below exceptions applies, the City of Sheboygan shall treat a Personal Representative as the Individual for purposes of the Privacy Rule.
- B. **Access to Records.** Regardless, however, of whether a parent is the Personal Representative of a minor child, the City of Sheboygan is permitted to Disclose to a parent, or provide the parent with access to, a minor child's PHI when and to the extent it is permitted or Required by Law (including relevant case law). The City of Sheboygan shall not Disclose a minor child's PHI to a parent, or provide a parent with access to such PHI, when and to the extent it is prohibited under state or other laws (including relevant case law).
- C. **Parents as Personal Representative when State Law is Silent.** If state or other applicable law is silent concerning parental access to minor's PHI, then the City of Sheboygan has discretion to provide or deny a parent with access to the minor's PHI if doing so is consistent with state or other applicable law and provided the decision is made by a licensed healthcare professional in the exercise of professional judgment.
- D. **Exceptions to a Parent as a Personal Representative.** There are three circumstances in which the parent is not the Personal Representative with respect to certain PHI about his or her minor child. These exceptions generally track the ability of certain minors to obtain specified healthcare without parental consent under state or other laws or standards of professional practice. In these situations, the parent does not control the minor's health care decisions and, thus, under the Privacy Rule, does not control the PHI related to that care. The three exceptions are as follows:

1. When state or other law does not require the consent of a parent or other person before a minor can obtain a particular health care service and the minor consents to the health care service (e.g., adolescents have the right to consent to certain mental health care treatment without parental consent);
2. When someone other than the parent is authorized by law to consent to the provision of a particular health service to a minor and provides such consent (e.g., court order grants the right to make health care decisions to someone other than a parent); and
3. When a parent agrees to a confidential relationship between the minor and a health care provider (e.g., physician asks adolescent’s parent if the physician can talk with the child confidentially about a condition and the parent agrees).

E. **Rights/Restrictions of Personal Representative.** The Personal Representative must be treated as the Individual, except as follows:

1. The City of Sheboygan reasonably believes that the Individual has been or may be subjected to domestic violence, abuse, or neglect by the person seeking to be treated as a Personal Representative, or that treating the person as the Personal Representative could endanger the Individual;
2. The City of Sheboygan, in the exercise of professional judgment, decides that treating the person as the Individual’s Personal Representative would not be in the Individual’s best interest;
3. If a parent is the Personal Representative of a minor child, but Disclosure to the parent is prohibited under state law; or
4. Any of the exceptions outlined in Section 4.D above.

F. **Documentation.** The City of Sheboygan shall maintain documentation required under this Policy and Procedure consistent with the Retention of HIPAA Documentation Policy and Procedure.

G. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.502(g) – Uses and disclosures of protected health information: General rules, Personal Representatives Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	N/A
Responsible Senior Leader	Privacy Officer
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

V. USES AND DISCLOSURES OF PHI TO PERSONS INVOLVED IN THE INDIVIDUAL'S CARE AND FOR NOTIFICATION PURPOSES

1. PURPOSE

To establish the City of Sheboygan's policy and identify the procedures for Use or Disclosure of PHI to persons involved in the Individual's care and for notification purposes.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

The City of Sheboygan may generally Disclose PHI to a family member, other relative, close friend, or any other person identified by the Individual if the Disclosure is directly relevant to that person's involvement with the Individual's care or Payment for care or to notify that person of the Individual's location, general condition, or death.

4. PROCEDURE

A. Uses and Disclosures of PHI to Persons Involved in the Individual's Care.

1. Conditions for Disclosure if the Individual is Present. If the Individual is present for, or otherwise available, prior to a permitted Disclosure under this Manual, then the City of Sheboygan may Disclose the PHI only if it:
 - a. Obtains the Individual's agreement;
 - b. Provides the Individual with the opportunity to object to the Disclosure, and the Individual does not express an objection (this opportunity to object and the Individual's response may be done orally); or
 - c. May reasonably infer from the circumstances, based on the exercise of professional judgment, that the Individual does not object to the Disclosure.
2. Conditions for Disclosure if the Individual is Not Present or is Incapacitated. The City of Sheboygan may, in the exercise of professional judgment, determine whether the Disclosure is in the best interest of the Individual, and, if so, Disclose only that PHI which is directly relevant to the person's involvement with the Individual's care if:
 - a. The Individual is not present;

- b. The opportunity to agree/object to the Use or Disclosure cannot practicably be provided because of the Individual’s incapacity; or
 - c. In an emergency.
 - 3. Conditions for Disclosure for Disaster Relief Purposes. The City of Sheboygan may Use or Disclosure PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating with such entities the Uses and Disclosures of PHI for notification purposes (as outlined in V.4.B below.)
 - 4. Conditions for Disclosure if the Individual is Deceased. The City of Sheboygan may Disclose PHI to a person involved in the Individual’s care or Payment for health care prior to the Individual’s death if such PHI is relevant to such persons involved, unless doing so is inconsistent with any prior expressed preference of the Individual that is known to the City of Sheboygan.
 - 5. Confirming Identity. The City of Sheboygan shall take reasonable steps to confirm the identity of an Individual’s family member or friend. The City of Sheboygan is permitted to rely on the circumstances as confirmation of involvement in care.
- B. Uses and Disclosures of PHI for Notification Purposes.** The City of Sheboygan may Use or Disclose PHI to notify, or assist in the notification of (including identifying or locating), a family member, a Personal Representative of the Individual, or another person responsible for the care of the Individual of the Individual's location, general condition, or death.
- C. Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.510(b) – Uses and disclosures for involvement in the individual’s care and notification purposes Sanction and Discipline Policy and Procedure
Attachments	N/A
Responsible Senior Leader	Privacy Officer
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Review Dates	November 1st of even years
Revisions	

VI. INCIDENTAL USES AND DISCLOSURES OF PHI

1. PURPOSE

To establish a policy and identify procedures to ensure that the Use and Disclosure of PHI is made consistent with applicable law, regulations, and health information standards. The City of Sheboygan intends to limit incidental Uses and Disclosures of PHI and have in place reasonable safeguards where applicable.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

Many customary health care communications and practices play an important or even essential role in ensuring that Individuals receive prompt and effective care. Due to the nature of these communications and practices, as well as the various environments in which Individuals receive health care or other services from the City of Sheboygan, the City of Sheboygan recognizes that the potential exists for an Individual's health information to be Disclosed incidentally.

The City of Sheboygan is permitted to Use or Disclose PHI incident to a Use or Disclosure otherwise permitted or required by the Privacy Rule, provided that it has complied with the minimum necessary standard where required, the City of Sheboygan's Minimum Necessary Requirements Policy and Procedure, and the City of Sheboygan's Administrative Safeguards, Technical Safeguards, and Physical Safeguards to protect the privacy of PHI. The City of Sheboygan recognizes that an incidental Use or Disclosure that occurs as a result of a failure to apply reasonable Administrative Safeguards, Technical Safeguards, and Physical Safeguards or the minimum necessary standard, where required, is not permitted under the Privacy Rule.

4. PROCEDURE

- A. **Incidental Uses and Disclosures of PHI.** The City of Sheboygan may Use or Disclose information that occurs as a by-product of an otherwise permissible Use or Disclosure as long as (i) the City of Sheboygan has applied reasonable safeguards and implemented the minimum necessary standard, where applicable, with regard to the primary Use or Disclosure and (ii) the incidental Use or Disclosure could not reasonably be prevented, was limited in nature, and occurred as a result of another Use or Disclosure permitted by the Privacy Rule.
- B. **Reasonable Safeguards.** The City of Sheboygan shall also adopt reasonable Administrative Safeguards, Technical Safeguards, and Physical Safeguards to prevent Uses or Disclosures that are not permitted by the Privacy Rule as well as that limit incidental Uses or Disclosures.
- C. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan's Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.502(a)(1)(iii) – Incident to a use or disclosure otherwise permitted Minimum Necessary Requirements Policy and Procedure The City of Sheboygan HIPAA Policies and Procedure Manual Volume 3 Sanction and Discipline Policy and Procedure
Attachments	N/A
Responsible Senior Leader	Privacy Officer
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

VII. SALE OF PHI

1. PURPOSE

To establish the City of Sheboygan's policy and identify the procedures for Use and Disclosure of PHI that constitutes a Sale of PHI.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

As Required by Law, the City of Sheboygan will secure an authorization for any Use or Disclosure of PHI that constitutes a Sale of PHI.

4. PROCEDURE

A. **Authorization Required.** Unless otherwise permitted by law, the City of Sheboygan will secure an Individual authorization for any Use or Disclosure of PHI that constitutes a Sale of PHI. The authorization must include a statement that the Disclosure will result in remuneration to the City of Sheboygan or the applicable third party.

B. **Authorization Not Required.** Sale of PHI does not include a Disclosure of PHI:

1. For public health purposes pursuant to the HIPAA Rules;
2. For Research purposes pursuant to the HIPAA Rules, where the only remuneration received by the City of Sheboygan or Business Associate is a reasonable cost-based fee to cover the cost to prepare and transmit the PHI for such purposes;
3. For Treatment and Payment purposes;
4. For the sale, transfer, merger, or consolidation of all or part of the City of Sheboygan and for related due diligence pursuant to the HIPAA Rules;
5. To or by a Business Associate for activities that the Business Associate undertakes on behalf of the City of Sheboygan pursuant to the HIPAA Rules, and the only remuneration provided is by the City of Sheboygan to the Business Associate for the performance of such activities;
6. To an Individual, when requested as access to PHI or an accounting of Disclosures of PHI pursuant to the HIPAA Rules (see Individual's Right to Access PHI Policy and Procedure and Accounting of Disclosures of PHI Policy and Procedure);
7. When Required by Law; and

8. For any other purpose permitted by and in accordance with HIPAA Rules, where the only remuneration received by the City of Sheboygan or Business Associate is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for such purpose or a fee otherwise expressly permitted by other law.
- C. **Business Associates.** Any BAAs that allow the Business Associate to engage in the Sale of PHI shall be approved by City Administrator .
- D. **Documentation.** The City of Sheboygan shall maintain the Authorization for Use and Disclosure of PHI Form consistent with the Retention of HIPAA Documentation Policy and Procedure.
- E. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.508(a)(4) – Authorization Required – Sale of protected health information Individual’s Right to Access PHI Policy and Procedure Accounting of Disclosures of PHI Policy and Procedure Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	Authorization for Use and Disclosure of PHI Form
Responsible Senior Leader	Privacy Officer
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

VIII. USES AND DISCLOSURES OF DE-IDENTIFIED DATA AND LIMITED DATA SETS

1. PURPOSE

To establish the City of Sheboygan’s policy and identify procedures for the Use and Disclosure of De-identified Data and Limited Data Sets.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan’s HIPAA Policies and Procedures Manual Glossary.

3. POLICY

The City of Sheboygan may Use or Disclose a Limited Data Set, provided the recipient of such Limited Data Set enters into a Data Use Agreement.

The HIPAA Rules do not restrict The City of Sheboygan’s Use or Disclosure of De-identified Data.

4. PROCEDURE

A. **Limited Data Sets.** The City of Sheboygan may Use or Disclose an Individual’s PHI consistent with the Limited Data Sets and Data Use Agreements Policy and Procedures.

B. **De-identified Data.** The City of Sheboygan may Use or Disclose De-identified Data without obtaining an Individual’s authorization. If the City of Sheboygan is creating De-identified Data, the City of Sheboygan shall follow the process for De-identification set out in the De-identification of PHI Policy and Procedure.

C. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.514(b) – De-Identification 45 C.F.R. § 164.514(e) – Limited Data Set Limited Data Sets and Data Use Agreements Policy and Procedures De-identification of PHI Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	N/A
Responsible Senior Leader	City Administrator
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

IX. VERIFICATION OF IDENTITY AND AUTHORITY PRIOR TO DISCLOSURE OF PHI

1. PURPOSE

To establish the City of Sheboygan's policy and identify procedures to verify the identity of persons and entities requesting PHI and the authority of such persons or entities to access/receive PHI prior to Disclosing PHI.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

Before Disclosing PHI, the City of Sheboygan shall verify the identity of the recipient and the recipient's authority to access/receive PHI, unless the identity and authority are known to the City of Sheboygan.

In addition, when it is a condition of Disclosure, prior to the Disclosure of PHI, the City of Sheboygan will obtain any documentation, statements, or representations of the recipient as required by the Privacy Rule.

4. PROCEDURE

A. Verification of Identity and Authority. Before Disclosing PHI, the City of Sheboygan will obtain sufficient information from the person requesting the PHI to logically conclude that the person's identity is valid and the person has authority to access/receive the PHI. The type of information required will depend on the nature of the request, from whom it is made, and the method in which it is made.

1. Request in Person.

a. When a request for PHI is made in person, the City of Sheboygan will generally verify identity by inspecting some form of photo identification. If photo identification is unavailable, the City of Sheboygan may verify identity by inspecting some other form of government-issued identification.

b. In cases of Disclosure for public policy purposes, authority to access/receive PHI may generally be verified by receipt of the full name, date of birth, and one other additional piece of information (i.e., SSN, other identification number, address, or telephone number) of the subject of the PHI and:

i. A written statement of the authority under which the PHI is requested (or if a written statement is not available, a documented oral statement); or

- ii. A legal document, such as a court order signed by a judge or other appropriate legal process meeting the requirements under the HIPAA Rules and state law.
 - 2. **Request By Telephone.** When a request for PHI is made by telephone, the City of Sheboygan may generally verify identity by confirmation of information that identifies the person requesting the PHI. For example, if the person requesting the PHI is the subject of the PHI, then identity may be established by providing his/her full name, date of birth, and one other additional piece of information (i.e., SSN, other identification number, address, or telephone number).
 - 3. **Request by Third Party.** When the person requesting the PHI is a third party, the City of Sheboygan may verify identity by obtaining the caller's telephone number and calling him/her back, making sure the area code and exchange matches a listed telephone number for the third party. In order to verify authority to access/receive PHI when it is requested by someone other than the subject Individual, the City of Sheboygan will obtain the full name, date of birth, and one other additional piece of information (i.e., SSN, other identification number, address, or telephone number) regarding the subject of the PHI and a statement of the authority under which the PHI is requested. The City of Sheboygan is not required to release PHI when the request for release is made by telephone.
 - 4. **Request by Mail.** If a request for PHI is received by mail, the City of Sheboygan may generally verify identity by receipt of some unique piece of information that identifies the person requesting the information or by receipt of the request in a format that tends to establish the identity of the person making the request. For example, if the person requesting the PHI is the subject of the PHI, then a written request containing the person's SSN or other unique identification number will be sufficient. When the person requesting the information is a health care provider or a public agency, receipt of the request on appropriate letterhead will be sufficient.
- B. **Verification Documentation.** The person verifying the documentation, statements, or representations provided by the recipient as required by the Privacy Rule may, when doing so is reasonable under the circumstances, rely on documentation, statements, and representations that, on their face, meet the applicable requirements. Such reliance will not be reasonable when information is known by the person that tends to indicate the documentation, statement, or representation is not authentic. In such situations, additional steps to verify the authenticity of the documentation, statement, or representation shall be taken. The Privacy Officer will assist with any questions concerning appropriate verification of identity or authority to access/receive PHI.
- C. **Log of Verifications.** The City of Sheboygan will keep a log of all verifications, which will include all information required to be obtained under this Policy. The

City of Sheboygan shall maintain the Log of Verifications consistent with the Retention of HIPAA Documentation Policy and Procedure.

D. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.508(b)– Valid Authorizations 45 C.F.R. § 164.514(h) – Verification Requirements Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	Log of Verifications
Responsible Senior Leader	City Administrator
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

X. MINIMUM NECESSARY REQUIREMENTS

1. PURPOSE

To help ensure that the City of Sheboygan Uses and Discloses only the minimum amount of PHI necessary for accomplishing the intended purpose.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

“Minimum Necessary” means the process that is outlined in the HIPAA Rules, i.e., when Using or Disclosing PHI or when requesting PHI from another entity, the City of Sheboygan must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the appropriate Use, Disclosure, or request.

3. POLICY

A. When Using, Disclosing or requesting PHI, the City of Sheboygan shall make reasonable efforts to limit the Use or Disclosure of PHI to the Minimum Necessary to accomplish the intended purpose of the appropriate requested Use or Disclosure.

B. **Exceptions.** The Minimum Necessary standard does not apply in the following circumstances:

1. Disclosures to a health care provider for Treatment;
2. Disclosures to the Individual or a Covered Entity upon the Individual's request;
3. Uses or Disclosures made pursuant to an authorization;
4. Disclosures to the Secretary and/or HHS for compliance and enforcement purposes;
5. As Required by Law; and
6. Uses or Disclosures required for compliance with the HIPAA Rules.
7. *All other Uses and Disclosures are subject to the Minimum Necessary rule, and relevant Workforce members should verify the need for the Use or Disclosure of PHI to only that information necessary to accomplish the intended purposes of the Use of Disclosure.*

4. PROCEDURE

A. **De-Identified Data or Limited Data Set.** The City of Sheboygan will request, Use or Disclose De-Identified Data or a Limited Data Set when possible. Any

Disclosure of a Limited Data Set shall be in compliance with the Uses and Disclosures of De-identified Data and Limited Data Sets Policy and Procedure.

- B. **Minimum Necessary.** If Use, request, or Disclosure of De-Identified Data or a Limited Data Set is not possible, the City of Sheboygan will not Use, request, or Disclose PHI that is more than the Minimum Necessary to accomplish the purpose of the Use, request, or Disclosure.
- C. **Access to PHI.** The City of Sheboygan will allow only relevant Workforce members to have access to the Minimum Necessary PHI required by their job functions consistent with the City of Sheboygan’s safeguards, including the Information System Activity Review Policy and Procedure; Information Access Management Policy and Procedure; Access Establishment, Modification and Review Policy and Procedure; Workstation Use Policy and Procedure; Workstation Security Policy and Procedure; Unique User Identification Policy and Procedure; Automatic Logoff Policy and Procedure; Person or Entity Authentication Policy and Procedure; and Integrity Controls Policy and Procedure.
- D. **Disclosures of PHI.** The City of Sheboygan is often asked to Disclose PHI to other Covered Entities, regulatory agencies, law enforcement authorities and others. Many of these Disclosures are permitted or Required by Law and do not require authorization by the subject Individual. Other Disclosures may require authorization by the subject Individual. Except for the exceptions outlined above in Section X.3.B, the City of Sheboygan will apply the Minimum Necessary standard to all Disclosures.
- E. **Routine and Recurring Disclosures.** The City of Sheboygan applies the below listed criteria to the below listed Disclosures that the City of Sheboygan makes on a routine and recurring basis. All other Disclosures shall be reviewed on a case-by-case basis as set forth in the “Non-Routine Disclosures” section below.
 - 1. Routine and Recurring Disclosures. For any type of disclosure that the City of Sheboygan makes on a routine and recurring basis, the City of Sheboygan must implement procedures to limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure
 - 2. Criteria. For routine disclosures/requests, the City of Sheboygan has applied criteria to limit PHI to what is reasonably needed to accomplish the intended purpose of the request, Use or Disclosure and has created standards to be applied for all such routine Disclosures/requests.
- F. **Non-Routine Disclosures.** Non-routine Disclosures/requests are (a) Disclosures or requests that are made occasionally or (b) routine types of Disclosures or requests that are made to organizations that do not routinely request or Disclose PHI to the City of Sheboygan. For each non-routine Disclosure/request, the City of Sheboygan applies criteria to limit PHI to what is reasonably needed to accomplish the intended purpose of the request, Use or Disclosure. Non-routine requests are evaluated on a case-by-case basis in accordance with the following criteria:

1. Evaluate Requestor. The City of Sheboygan will consider whether the requestor is an entity subject to HIPAA and familiar with the requirements to safeguard PHI.
2. Evaluate Request. The City of Sheboygan will consider what type and amount of PHI is being requested.
3. Is This a Minimum Necessary Request. The City of Sheboygan will consider whether it may rely on the requestor's request. The City of Sheboygan may rely on the judgment of the requestor as to the Minimum Necessary amount of information needed when the request is made by:
 - a. A public official who states that the Disclosure is the Minimum Necessary;
 - b. A Covered Entity that represents that the information requested is the Minimum Necessary for the stated purpose(s);
 - c. A Workforce member or a Business Associate of the City of Sheboygan if he/she states that the information is the Minimum Necessary needed; or
 - d. A requestor who has provided appropriate documentation from an IRB when requesting information for Research purposes.

G. Workforce Responsibility.

1. Workforce members may not Use, request, or Disclose any PHI that is more than the minimum necessary to accomplish the purpose of the appropriate Use, request, or Disclosure.
2. Workforce members are expected to limit Uses, requests, and Disclosures of PHI to that which is reasonably necessary for their specific job functions.
3. Workforce members will not be granted access to PHI of family members without documentation that no other Workforce member could conduct/complete the job duties requiring access to such PHI.

H. Workforce Training. All Workforce members shall receive periodic training on the Minimum Necessary standard and the City of Sheboygan's expectations.

I. Questions. Workforce members should consult with the Privacy Officer if there are questions related to whether or not a Use of Disclosure fits within the minimum necessary restrictions. The Privacy Officer will review the situation and determine what information is necessary to Use of Disclose.

J. Sanctions for Non-Compliance. Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan's Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.502 – General Uses and Disclosures of PHI 45 C.F.R. § 164.512 – Uses and Disclosures Not Requiring Authorization 45 C.F.R. § 164.514(d) – Standard for Minimum Necessary Requirements Uses and Disclosures of De-identified Data and Limited Data Sets Policy and Procedure Information System Activity Review Policy and Procedure Information Access Management Policy and Procedure Access Establishment, Modification and Review Policy and Procedure Workstation Use Policy and Procedure Workstation Security Policy and Procedure Unique User Identification Policy and Procedure Automatic Logoff Policy and Procedure Person or Entity Authentication Policy and Procedure Integrity Controls Policy and Procedure Uses and Disclosures of PHI for Research Purposes Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	None
Responsible Senior Leader	City Administrator
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

XI. NOTICE OF PRIVACY PRACTICES

1. PURPOSE

To establish the City of Sheboygan's policy and identify procedures for preparing and updating the City of Sheboygan's Notice of Privacy Practices and providing Individuals with adequate notice of the Uses and Disclosures of PHI that may be made by the City of Sheboygan, and of the Individual's rights and the City of Sheboygan's legal duties with respect to PHI.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

"More Stringent" means, in the context of a comparison of a provision of state law and a standard, requirement, or implementation specification adopted under the HIPAA Rules, a state law that meets one or more of the following criteria:

- A. With respect to a Use or Disclosure, the law prohibits or restricts a Use or Disclosure in circumstances under which such Use or Disclosure otherwise would be permitted under the HIPAA Rules, except if the Disclosure is: (i) required by the Secretary in connection with determining whether the City of Sheboygan is in compliance with the HIPAA Rules; or (ii) to the subject Individual.
- B. With respect to the rights of the subject Individual regarding access to or amendment of PHI, the law permits greater rights of access or amendment, as applicable.
- C. With respect to information to be provided to the subject Individual about a Use, a Disclosure, rights, and remedies, the law provides the greater amount of information.
- D. With respect to the form, substance, or the need for express legal permission from the subject Individual for Use or Disclosure of PHI, the law provides requirements that narrow the scope or duration, increases the privacy protections afforded (such as by expanding the criteria for), or reduces the coercive effect of the circumstances surrounding the express legal permission, as applicable.
- E. With respect to recordkeeping or requirements relating to accounting of Disclosures, the law provides for the retention or reporting of more detailed information or for a longer duration.
- F. With respect to any other matter, the law provides greater privacy protection for the subject Individual.

3. POLICY

Each Individual who is the subject of PHI must receive a Notice of Privacy Practices describing (1) the Uses and Disclosures of his/her PHI that may be made by or on behalf of the City of Sheboygan, (2) the Individual's rights, and (3) the City of Sheboygan's legal duties with respect to the Individual's PHI.

A Notice of Privacy Practices will be provided to Individuals at the time of first service delivery, within sixty (60) days after a material change, or upon request. the City of Sheboygan will also provide a notice of the availability of the Notice of Privacy Practices at least every three years.

4. PROCEDURE

A. **Individuals Receiving Notice of Privacy Practices.** All Individuals will receive the Notice of Privacy Practices as set forth in this Policy and Procedure, except inmates do not have a right to a Notice of Privacy Practices.

B. **Form of Notice of Privacy Practices.** The City of Sheboygan's Notice of Privacy Practices must be prepared in easy-to-read language and contain, as a minimum, the following elements:

1. The following statement as a header or in an otherwise prominent location:
"THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY."
2. A description, including at least one example, of the types of Uses and Disclosures that the City of Sheboygan is permitted to make for purposes of Treatment, Payment, and Health Care Operations, with sufficient detail to place an Individual on notice of the Uses and Disclosures permitted or required;
3. A description of each of the other purposes for which the City of Sheboygan is permitted or required to Use or Disclose PHI without the Individual's authorization, with sufficient detail to place an Individual on notice of the Uses and Disclosures permitted or required;
4. If a Use or Disclosure for any purpose authorized by the HIPAA Rules is prohibited or materially limited by other applicable law (e.g., state law or 42 C.F.R. Part 2), the description of such Use or Disclosure must reflect the More Stringent law;
5. A description of the types of Uses and Disclosures that require an authorization (e.g., Sale of PHI);
6. A statement that the authorization may be revoked in accordance with the Authorization for Use and Disclosure of PHI Policy;

7. If the City of Sheboygan is going to engage in Fundraising communications, a statement regarding the Individual's opt-out rights consistent with the Uses and Disclosures of PHI for Fundraising Policy and Procedure;
8. A statement of the Individual's rights with respect to his/her PHI and how the Individual may exercise those rights, including:
 - a. The right to request restrictions on certain Uses/Disclosures of PHI, and the fact that the City of Sheboygan does not have to agree to such restrictions,
 - b. The right to receive confidential communications of PHI,
 - c. The right to inspect and copy PHI,
 - d. The right to amend PHI,
 - e. The right to receive an accounting of Disclosures of PHI, and
 - f. The right to receive a paper copy of the privacy notice upon request;
9. A statement that the City of Sheboygan is Required by Law to maintain the privacy of PHI, to provide Individuals with notice of the City of Sheboygan's legal duties and privacy practices with respect to PHI, and to notify affected Individuals following a Breach of Unsecured PHI;
10. A statement that the City of Sheboygan is required to abide by the terms of the Notice of Privacy Practices currently in effect;
11. For the City of Sheboygan to apply a change in a privacy practice that is described in the Notice of Privacy Practices to PHI that the City of Sheboygan created or received prior to issuing a revised Notice of Privacy Practices, a statement that the City of Sheboygan reserves the right to change the terms of the Notice of Privacy Practices and to make the new Notice of Privacy Practices provisions effective for all PHI that it maintains. This statement shall include a description of how the City of Sheboygan will provide individuals with a revised Notice of Privacy Practices;
12. A statement that Individuals may complain to the City of Sheboygan and to the Secretary about privacy rights violations, including a brief description of how Individuals may file a complaint with the City of Sheboygan, and a statement that Individuals will not be retaliated against for filing a complaint;
13. The name, or title, and telephone number of the City of Sheboygan's HIPAA Privacy Officer to contact for further information; and
14. The effective date of the Notice of Privacy Practices, which may not be earlier than the date printed or published.

C. Availability of Notice of Privacy Practices.

1. The Notice of Privacy Practices, or a summary of the notice, will be posted in a clear and prominent location (e.g., on a wall at one of the Designated Health Care Components).
2. The Notice of Privacy Practices will be prominently posted on the City of Sheboygan's website.
3. Individuals will receive a copy of the Notice of Privacy Practices at the time of their first appointment (including any services delivered electronically) or, in an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation.
4. Except in an emergency treatment situation, the City of Sheboygan will make a good faith effort to request that Individuals sign a Receipt of Notice of Privacy Practices Written Acknowledgement Form, though Individuals are not required to sign the acknowledgement to receive services. If the Individual does not sign the acknowledgement, the City of Sheboygan will document the refusal to sign and the reason for such refusal.
5. The acknowledgement of receipt or refusal to acknowledge receipt will be kept in the Individual's medical record.
6. The City of Sheboygan will promptly revise and distribute its Notice of Privacy Practices whenever there is a material change to the Uses or Disclosures, Individuals' rights, the City of Sheboygan's legal duties, or other privacy practices stated in the Notice of Privacy Practices.
7. Except where Required by Law, the City of Sheboygan will not implement a material change to any term of the Notice of Privacy Practices prior to the effective date of the Notice of Privacy Practices in which such material change is reflected.
8. Upon revision, the new versions of the Notice of Privacy Practices will be posted and used for distribution. It is not necessary to redistribute the Notices of Privacy Practices to Individuals who have received an older version.

D. Electronic Notice.

1. The City of Sheboygan may provide the Notice of Privacy Practices to an Individual by email, if the Individual agrees to such electronic notice and such agreement has not been withdrawn.
2. If the City of Sheboygan knows that the email transmission has failed, a paper copy of the Notice of Privacy Practices will be provided.

3. If the first service delivery to an Individual is delivered electronically, the City of Sheboygan shall provide the Notice of Privacy Practices automatically and contemporaneously in response to the Individual’s first request for service.
- E. **Workforce Responsibility.** All employees and Business Associates of the City of Sheboygan will treat an Individual’s Protected Health Information consistent with the requirements of the Notice of Privacy Practices.
- F. **Documentation.** The City of Sheboygan shall maintain its Notices of Privacy Practices and good faith efforts to obtain the Receipt of Notice of Privacy Practices Written Acknowledgement Form or documentation of refusal consistent with the Retention of HIPAA Documentation Policy and Procedure.
- G. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.520 – Notice of Privacy Practices for PHI Uses and Disclosures of PHI for Fundraising Policy and Procedure Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	Notice of Privacy Practices Receipt of Notice of Privacy Practices Written Acknowledgement Form
Responsible Senior Leader	City Administrator
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

XII. SPECIAL COMMUNICATION REQUIREMENTS

1. PURPOSE

To establish the City of Sheboygan's policy and identify procedures for special communications required to provide convenience for Individuals while preserving the privacy of PHI.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

The City of Sheboygan will permit Individuals to request to receive communication of PHI by alternative means or at alternative locations as long as the requests are reasonable.

For example: (1) An Individual may request that the City of Sheboygan contact him or her at work for appointment reminders rather than at home. The City of Sheboygan will honor that request if the Individual provides his or her work contact number; or (2) an Individual may request no voice mail messages, preferring contact only directly or in writing.

4. PROCEDURE

A. Request for Special Communications of PHI.

1. Request in Writing. Individuals may request to receive special communications from the City of Sheboygan. Requests to receive communications of PHI by alternative means or at alternative locations should be made in writing. The request should be in writing on the Request for Special Communications of PHI Form and forwarded to the Privacy Officer and City Administrator for review and processing.
2. Timing of Request. The Individual may request to receive communications of PHI by alternative means or at alternative locations at the time of admission, visit, or at any time during the course of their care.

B. Accommodation of Request for Special Communications of PHI.

1. The City of Sheboygan will accommodate all reasonable requests. The City of Sheboygan determines whether a request is reasonable based on the administrative difficulty of accommodating the request.
2. The City of Sheboygan will not require the Individual to provide a reason for the request. If the Individual does provide a reason, the City of Sheboygan will not deny a request based on whether the City of Sheboygan considers the given reason to be a good reason for making the request.

3. The City of Sheboygan may deny an Individual’s request if the Individual does not specify an alternative address or other method of contact, or the Individual does not provide information as to how payment, if applicable, will be handled.
 4. The Individual will be notified of the City of Sheboygan’s decision whether to grant a request for confidential communications.
 5. Requests will be honored until revoked unless otherwise specified by the Individual.
 6. Upon granting a request, the appropriate Workforce members shall be provided with the communication requirements and are required to adhere to them.
- C. **Documentation.** The City of Sheboygan will document the decision and action taken. The City of Sheboygan shall maintain the Request for Special Communications of PHI Form consistent with the Retention of HIPAA Documentation Policy and Procedure.
- D. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on The City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.522 – Confidential Communications Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	Request for Special Communications of PHI Form Revocation Form
Responsible Senior Leader	City Administrator
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

XIII. DESIGNATED RECORD SETS

1. PURPOSE

To establish the City of Sheboygan's policy and identify procedures for privacy requirements and criteria for identifying categories of records that will become an Individual's Designated Record Set.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

Individuals have a right to inspect, amend, and obtain copies of PHI that is contained in a Designated Record Set. The City of Sheboygan defines the Designated Record Set and maintains all PHI in the Designated Record Set in accordance with HIPAA.

4. PROCEDURE

A. Defining the Designated Record Set.

1. The Designated Record Set includes medical and billing records and other records that are used in whole or in part by the City of Sheboygan to make decisions about Individuals. This includes records that are used to make decisions about Individuals, whether or not the records have been used to make a decision about the particular Individual requesting access. This includes both paper and electronic records and systems.
2. External records are those records that were not created by or originated at the City of Sheboygan (e.g., records (notes, reports) Individuals bring from a non-City of Sheboygan provider). If external records are used to make health care decisions about an Individual, then those records are part of the Designated Record Set.
3. Examples of records included in the Designated Record Set:
 - a. History and physical examinations and reports
 - b. Progress notes
 - c. Vital signs
 - d. Psychiatric assessments and evaluations
 - e. Photographs or videos
 - f. Authorizations and consents (including research consents)
 - g. Billing records
 - h. Other records used to make health care decisions about individuals (e.g., other diagnostic tests and results, interpretative reports)

4. Records contained in an electronic medical record will be presumed to be available for Use in making decisions about an Individual, and therefore included in the Designated Record Set.
 5. Records that otherwise meet the definition of Designated Record Set but are held by the City of Sheboygan Business Associate are also part of the Designated Record Set.
- B. Maintaining the Designated Record Set.** The City of Sheboygan shall maintain an Individual's Designated Records Set in compliance with the HIPAA Rules.
- C. Excluded from the Designated Record Set.** The following records are excluded from the City of Sheboygan's Designated Record Set and the Individual does not have a right to access these records for any purpose:
1. Personal notes and observations about the Individual created by health care providers provided that such notes are not included in the health record
 2. PHI that is compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding
 3. Quality assessment records
 4. Credentialing records
 5. Peer review files
 6. Incident reports
 7. Internal grievance reports
 8. Information contained in employee records
 9. Information contained in the servers of a health information exchange in which the City of Sheboygan participates that has not been integrated into a Designated Record Set
 10. Financial reports used for Health Care Operations
 11. Coding queries
 12. Internal compliance reports and audits
 13. Administrative records
 14. Attorney-client privileged records, or any other record that is subject to privilege under state and/or federal law
 15. Public health records and statistical data
 16. Temporary notes or worksheets
 17. Research records that are not Used or are not available (to the treating provider) to make health care decisions about an Individual
 18. Any other record that is not used to make a health care decision about the Individual
- D. Documentation.** The City of Sheboygan shall maintain the Designated Record Set consistent with the Retention of HIPAA Documentation Policy and Procedure.
- E. Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan's Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.501 – Designated record set definition 45 C.F.R. § 164.524(a) – Access to Protected Health Information 45 C.F.R. § 164.526(a) – Right to Amend Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	N/A
Responsible Senior Leader	City Administrator
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

XIV. INDIVIDUAL'S RIGHT TO ACCESS PHI

1. PURPOSE

To provide a consistent process to honor an Individual's right to inspect and access his/her PHI.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

A. **Right to Access PHI.** The City of Sheboygan will provide Individuals, upon request, with access to the PHI about the Individual in a Designated Record Set maintained by or for the City of Sheboygan. This includes the right to inspect or obtain a copy (or both) of the PHI as well as to direct the City of Sheboygan to transmit a copy to a designated person or entity of the Individual's choice. The City of Sheboygan will provide Individuals with access to this PHI for as long as the PHI is maintained by or for the City of Sheboygan regardless of the date the PHI was created, whether the PHI is maintained in paper or electronic systems onsite, remotely, or archived, or where the PHI originated.

The City of Sheboygan will not impose unreasonable measures on an Individual requesting access that serve as barriers to or unreasonably delay the Individual from obtaining access. For example, the City of Sheboygan will not require an Individual (i) who wants a copy of his/her record mailed to her home address to physically come to the City of Sheboygan's office to request access and provide proof of identity in person; (ii) to use a web portal for requesting access; or (iii) to mail an access request.

B. **No Right of Access to PHI.** An Individual does not have a right to inspect and copy the following information:

1. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
2. PHI maintained by the City of Sheboygan that is subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. § 263a ("CLIA"), or exempt from CLIA pursuant to 42 C.F.R. § 493.3. In other words, PHI generated by:
 - a. Facilities or facility components that perform testing for forensic purposes.
 - b. Research laboratories that test human specimens but do not report Individual-specific results for diagnosis, prevention, Treatment, or the assessment of the health of Individuals.

- c. Laboratories certified by the National Institutes on Drug Abuse (“NIDA”) in which drug testing is performed that meets NIDA guidelines and regulations.

4. PROCEDURE

- A. **Requests for Access.** The City of Sheboygan requires Individuals to request access in writing. The City of Sheboygan offers Individuals the Request for Access to Own PHI Form, as the City of Sheboygan has determined that use of this form does not create a barrier to or unreasonably delay the Individual from obtaining access to PHI. However, the Individual may forgo the City of Sheboygan’s Request for Access to Own PHI Form as long as the Individual’s written request provides the information minimally necessary for the City of Sheboygan to understand the request, verify the Individual’s identity, and review/respond to the request.
- B. **Processing an Individual’s Request for Access to PHI.** The City of Sheboygan will determine the accessibility of the PHI based on the criteria included in this Policy and Procedure, state and federal laws, and the availability of PHI.
 - 1. Timing of Review. The City of Sheboygan will take action as soon as possible and within thirty (30) days after receipt of the request with one 30-day extension permitted as needed to respond. The City of Sheboygan may need up to sixty (60) days to respond when the PHI is off-site. The City of Sheboygan will provide the Individual with a written statement of the reasons for the delay and the date by which the access request will be processed.
 - 2. Verification. The City of Sheboygan will take reasonable steps to verify the identity of the Individual making a request for access, but the verification processes and measures will not create barriers to or unreasonably delay the Individual from obtaining access to his/her PHI.
 - 3. Personal Representatives. An Individual’s Personal Representative has the right to access PHI about the Individual in a Designated Record Set (as well as direct the City of Sheboygan to transmit a copy of the PHI to a third party of the Individual’s choice) consistent with the HIPAA Rules and this Policy and Procedure.
 - 4. Individual Right to Direct PHI to Another Person. An Individual has the right to direct the City of Sheboygan to transmit PHI about the Individual directly to a third party of the Individual’s choice. The Individual’s request to direct the PHI to another person must be in writing, signed by the Individual, and clearly identify the designated person and where to send the PHI. The same requirements for providing the PHI to the Individual, such as the fee limitations and requirements for providing the PHI in the form and format and manner requested by the Individual, apply when an Individual directs that the PHI be sent to another person. However, these Individual-initiated requests are processed differently than requests

received from third parties accompanied by an authorization signed by the Individual, which do not have the same fee limitations and requirements for providing the PHI.

- C. **Granting Access.** The Individual will be allowed to access the PHI in the form requested by the Individual if the PHI is readily producible in that form. If not, it will be provided in a form agreed upon by both the City of Sheboygan and the Individual.
1. Where an Individual requests an electronic copy of PHI that the City of Sheboygan maintains only in paper, the City of Sheboygan will provide the Individual with an electronic copy if it is readily producible electronically and in the electronic format requested if readily producible in that format, or if not, in a readable alternative electronic format or hard copy format agreed to by the City of Sheboygan and the Individual.
 2. Where an Individual requests an electronic copy of PHI that the City of Sheboygan maintains electronically, the City of Sheboygan will provide the Individual with access to the PHI in the requested electronic form and format, if readily producible. When the PHI is not readily producible in the electronic form and format requested, the City of Sheboygan will provide access to an agreed upon alternative readable electronic format.
 3. Whether a particular mode of transmission or transfer is readily producible will be based on the City of Sheboygan's capabilities and the level of security risk that the mode of transmission or transfer may introduce to the PHI on the City of Sheboygan's systems (as opposed to security risks to the PHI once it has left the systems). The City of Sheboygan will not tolerate unacceptable levels of risk to the security of the PHI on its systems in responding to requests for access; whether the Individual's requested mode of transfer or transmission presents such an unacceptable level of risk will depend on the City of Sheboygan's Security Rule risk analysis. The City of Sheboygan does have the capability to transmit PHI by mail or email (except in the limited case where email cannot accommodate the file size of the requested files).
 4. The City of Sheboygan may provide the Individual with a summary or explanation of the requested PHI if the Individual agrees in advance to the summary or explanation and agrees to any fees charged for creating the summary or explanation.
 5. The Individual may make an appointment during normal business hours to inspect or obtain a copy of the PHI, or the City of Sheboygan will mail a copy at the Individual's request. The City Administrator or designee may need to discuss the scope, format, or other issues related to the request with the Individual to help provide access to the correct information.

6. The City of Sheboygan may charge a reasonable, cost-based fee for copying, postage, and preparation of a summary or explanation. The fee will include only the cost of:
 - a. Labor for copying the PHI requested by the Individual, whether in paper or electronic form;
 - b. Supplies for creating the paper copy or electronic media (e.g., CD or USB drive) if the Individual requests that the electronic copy be provided on portable media;
 - c. Postage, when the Individual requests that the copy, or the summary or explanation, be mailed; and
 - d. Preparation of an explanation or summary of the PHI, if agreed to by the Individual.

The fee will not include costs associated with verification; documentation; searching for and retrieving the PHI; maintaining systems; recouping capital for data access, storage, or infrastructure; or other costs not listed above even if such costs are authorized by state law.

7. The City of Sheboygan will provide the PHI, costs, and summary or explanation if applicable, on the Grant of Request for Access to Own PHI Form.
8. If the Individual feels the PHI is inaccurate, the Individual may request to amend the PHI, consistent with the Amendment of PHI Policy and Procedure.

D. Denying Access.

1. If The City of Sheboygan denies access, in whole or in part, to the PHI, the Individual will be given: a written denial on the Denial of Request for Access to Own PHI Form explaining why the City of Sheboygan denied access and stating how the Individual can have this denial reviewed, access to any other PHI requested (after excluding the PHI to which access is denied), and information pertaining to the City of Sheboygan's privacy and PHI complaint process.
2. If The City of Sheboygan does not maintain the PHI that was requested by the Individual and the City of Sheboygan knows where the information is kept, the City of Sheboygan will inform the Individual where to seek the information.
3. If access is denied on grounds permitted under HIPAA, the Individual has the right to have the denial reviewed as set forth in this Policy and Procedure.

E. **Denials Not Subject to Further Review.** The City of Sheboygan may deny an Individual access to his or her PHI without providing the Individual an opportunity for review of the decision when the reason for the denial is any of the following:

1. The information requested is the type of information listed in the three exceptions stated above.
2. The City of Sheboygan is acting under direction of a correctional institution and access to the information would jeopardize the health, safety, security, custody, or rehabilitation of the Individual who is an inmate or of other inmates, the safety of any officer, employee, or other person at the correctional institution, or any person responsible for transporting the Individual who is an inmate.
3. The Individual is taking part in certain Research studies and has temporarily waived this right for the duration of the Research study.
4. The PHI is contained in records that are subject to the Privacy Act, 5 U.S.C. § 522a (i.e., certain records under the control of a federal agency, which may be maintained by a federal agency or a contractor to a federal agency).
5. The PHI was obtained from someone other than the City of Sheboygan under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

F. **Denials Subject to Further Review.**

1. Individuals may have denials of access reviewed when the reason for denial is any of the following:
 - a. A licensed health care professional has determined, in exercising professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the Individual or another person.
 - b. The PHI makes reference to another person (unless the other person is a health care provider) and a licensed health care professional has determined, in exercising professional judgment, that the access requested is reasonably likely to cause substantial harm to the other person.
 - c. The request for access is made by the Individual's Personal Representative, and a licensed health care professional has determined, in exercising professional judgment, that the provision of access to the Personal Representative is reasonably likely to cause substantial harm to the Individual or another person.
2. If access is denied for any of these reasons, the Individual must initiate a written request to have the denial reviewed by a licensed health care

professional who is designed by the HIPAA Privacy Officer or designee to act as a reviewing official and who did not participate in the original decision to deny access, who will make the determination within a reasonable period of time. The City of Sheboygan will promptly provide written notice to the Individual of the determination of the reviewing professional.

G. **Documentation.** The City of Sheboygan shall maintain an Individual’s Request for Access to Own PHI, Grant of Request for Access to Own PHI, Denial of Request for Access to Own PHI, written requests for review of denials, and any other records resulting from an Individual’s request for access to his or her own PHI consistent with the Retention of HIPAA Documentation Policy and Procedure.

H. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.524 – Access of individuals to protected health information 45 C.F.R. § 164.501 – Designated record set definition Amendment of PHI Policy and Procedure Risk Analysis and Risk Management Policy and Procedure Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	Request for Access to Own PHI Grant of Request for Access to Own PHI Denial of Request for Access to Own PHI
Responsible Senior Leader	City Administrator
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

XV. AMENDMENT OF PHI

1. PURPOSE

This Policy establishes the City of Sheboygan's policy and outlines procedures for reviewing and processing requests for amendments to PHI.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

The City of Sheboygan honors Individuals' rights to request an amendment or correction to PHI for as long as that information is maintained in a Designated Record Set for or on behalf of the City of Sheboygan.

4. PROCEDURE

A. Requests for Amendment of PHI.

1. Written Request. All requests for amendments to PHI must be submitted to the Security Officer in writing. The City of Sheboygan offers the Request for Amendment of PHI Form, but the City of Sheboygan will honor all requests that clearly identify the PHI to be amended as well as the reasons for the amendment.
2. Time Frame for Acting Upon Request for Amendments. The City of Sheboygan will act upon the Individual's request for an amendment no later than sixty (60) days after receipt of such request. If the City of Sheboygan is unable to act upon the request within the 60-day period, the Individual will be provided with a written notice of the reasons for the delay and the date by which the City of Sheboygan will complete such action. In no case will such extension extend beyond thirty (30) days. Notwithstanding the foregoing, however, if the request for amendment is for "treatment records" created under Wis. Stat. § 51.30, the City of Sheboygan must act on the request no later than 30 days (without any available extensions).

B. Processing of Request for Amendment of PHI.

1. Reasons for Denials of Amendment Requests. Requests may be denied if the PHI requested for amendment:
 - a. Was not created by the City of Sheboygan, unless the originator is no longer available to act on the request;
 - b. Is not part of the Designated Record Set;

- c. Is not accessible to the Individual because federal and state law does not permit it; or
 - d. Is accurate and complete as determined by the City of Sheboygan upon review.
2. Denial of Amendment Requests. If the City of Sheboygan denies a requested amendment, completely or in part, the City of Sheboygan will:
- a. Notify the Individual in writing using the Denial of Amendment of PHI Request Form about the denial to make an amendment to his/her PHI. Denial will include the following information:
 - i. The reason(s) for the denial.
 - ii. The notice must describe the Individual’s right to submit a written statement disagreeing with the denial and how the Individual may file such a statement.
 - iii. A statement notifying the Individual that, if the Individual does not submit a statement of disagreement, the Individual may request that the City of Sheboygan provide the request for amendment and the denial with any future disclosures of the PHI.
 - iv. If the Individual submits a “statement of disagreement,” the City of Sheboygan may prepare a written rebuttal statement to the Individual’s statement of disagreement. The statement of disagreement will be appended to the PHI or, at the City of Sheboygan’s option, a summary of the disagreement will be appended, along with the rebuttal statement of the City of Sheboygan.
 - v. Information relative to how the Individual may file a complaint with the HIPAA Privacy Officer or to the Secretary.
 - b. The notice to the Individual must include the name, title, and telephone number of the contact person or office designated to receive complaints.
3. Acceptance of Amendment Requests. If the request is granted, the City of Sheboygan will:
- a. Insert the amendment or provide a link within the Designated Record Set to the amendment at the site of the information that is the subject of the request for amendment;

- b. Inform the Individual that the amendment is accepted using the Grant of Amendment of PHI Request Form;
 - c. Obtain the Individual’s identification of an agreement to have the City of Sheboygan notify the relevant persons with whom the amendment needs to be shared; and
 - d. Within a reasonable time frame, make reasonable efforts to provide the amendment to persons identified by the Individual, and persons, including Business Associates, that the City of Sheboygan knows have the PHI that is the subject of the amendment and that may have relied on or could foreseeably rely on the information to the detriment of the Individual.
- C. **Documentation.** the City of Sheboygan shall maintain an Individual’s Request for Amendment of PHI, Grant of Request for Amendment of PHI, Denial of Request for Amendment of PHI, written requests for review of denials, and any other records resulting from an Individual’s request for amendment of PHI consistent with the Retention of HIPAA Documentation Policy and Procedure.
- D. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.526 – Amendment of protected health information
Attachments	Request for Amendment of PHI Grant of Amendment of PHI Denial of Amendment of PHI Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
Responsible Senior Leader	City Administrator
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

XVI. ACCOUNTING OF DISCLOSURES OF PHI

1. PURPOSE

To establish the City of Sheboygan's practice of maintaining an accounting of Disclosures of an Individual's PHI and outline how an Individual requests an accounting of Disclosures of his or her PHI, what information the City of Sheboygan provides, and how/when it is delivered to the Individual.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

The City of Sheboygan will maintain an accounting of Disclosures of PHI for each Individual in the form of the Accounting of Disclosures Log and provide an Individual with the right to receive an accounting of Disclosures of PHI as Required by Law.

4. PROCEDURE

- A. **Requesting an Accounting of Disclosures.** An Individual may request an accounting of Disclosures of his/her PHI made by the City of Sheboygan, including any Business Associate on behalf the City of Sheboygan, during a specified time period of up to six (6) years prior to the date of the request of an accounting. Requests for an accounting of Disclosures should be directed to City Administrator, who shall be responsible for processing requests.
- B. **Time Frame for Providing Accounting of Disclosures Data on Request.** An Individual's request for an accounting of Disclosures must be provided to the Individual or representative within 60 days of such request. If unable to provide the accounting within the 60-day time frame, a one-time 30-day extension may be provided if:
1. The Individual is notified in writing of the delay;
 2. The notice includes the reason(s) why the delay is necessary; and
 3. The notice includes the date by which the accounting will be provided.
- C. **Cost of Providing an Accounting.** The City of Sheboygan will provide the first accounting in any 12-month period to an Individual without charge and may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same Individual within the 12-month period, provided that the City of Sheboygan informs the Individual in advance of the fee and provides the Individual with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

D. Maintaining an Accounting of Disclosures.

1. Tracking Disclosures. Disclosures must be tracked by the City of Sheboygan for purposes of an accounting except for the following Disclosures:
 - a. To carry out Treatment, Payment, or Health Care Operations, as permitted under the HIPAA Rules.
 - b. To the Individual about his/her own PHI.
 - c. To persons involved in the Individual's care.
 - d. As part of a Limited Data Set under a Data Use Agreement.
 - e. For national security purposes.
 - f. Pursuant to the Individual's authorization.
 - g. To law enforcement or correctional institutions as provided under state law.
 - h. To federal/health department officials as permitted under current law.
2. Time Frame for Accounting Reports. The accounting record must include Disclosures of PHI that occurred during the six years prior to the date of such request, including Disclosures made by or to any of the City of Sheboygan's Business Associates.
3. Accounting Records Content. The content of the written accounting of Disclosures record must contain, at a minimum, the following information:
 - a. Date of the Disclosure.
 - b. Name of the entity or Individual who received the PHI.
 - c. The address of the person receiving the PHI (if known).
 - d. A brief description of the PHI Disclosed.
 - e. A brief statement of the purpose of the Disclosure or a copy of the Individual's authorization or the request for the Disclosure.

- E. Multiple Disclosures.** If, during the time period for the accounting, multiple Disclosures have been made to the same entity or Individual for a single purpose, or pursuant to a single authorization, the accounting may provide the information as set forth in Section 4.D.3 of this Policy and Procedure for the first Disclosure, and then summarize the frequency and number of Disclosures made during the accounting period and the date of the last Disclosure during the accounting period.

F. **Suspension of Right to an Accounting.** The City of Sheboygan will temporarily suspend an Individual's right to receive an accounting of Disclosures to a health oversight agency or law enforcement official, for the time specified by such agency or official, if such agency or official provides the City of Sheboygan with a written statement that:

1. Such an accounting to the Individual would be reasonably likely to impede the agency's activities, and
2. Specifying the time for which such a suspension is required.

Such requests made orally must be documented, including the identity of the agency or official making the request, and are limited to 30 days unless or until a written statement is provided.

G. **Log of Disclosures.** The City of Sheboygan will keep a log of all Disclosures required above which will include all necessary information in the form of the Accounting of Disclosures Log. The City of Sheboygan shall maintain the Accounting of Disclosures Log and Request for Accounting of Disclosures of PHI consistent with the Retention of HIPAA Documentation Policy and Procedure.

H. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan's Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.528 – Accounting of disclosures of protected health information Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
Attachments	Request for Accounting of Disclosures of PHI Accounting of Disclosures Log
Responsible Senior Leader	City Administrator
Effective Date	November 4, 2024
Review Dates	November 1st of even years
Revisions	

XVII. INDIVIDUAL'S RIGHT TO REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES OF PHI

1. PURPOSE

To establish the City of Sheboygan's practice of responding to Individuals' requests for restrictions on certain Uses and Disclosures of PHI.

2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

3. POLICY

A. **Individual Request for Restrictions on Use and Disclosures of PHI.** The City of Sheboygan will take appropriate steps to protect and restrict the PHI created, received, maintained, and transmitted by the City of Sheboygan. An Individual may request certain additional restrictions on how the City of Sheboygan archives or manages his/her PHI. The City of Sheboygan may agree to such requested restrictions if it believes the restriction will not limit its ability to provide quality health care Treatment, obtain Payment, or manage its Health Care Operations, and if its information systems and procedures will permit it to comply consistently with the requested restrictions.

B. **Granting Restriction Requests.** Except as otherwise Required by Law, the City of Sheboygan will agree to restriction requests related to Disclosures of PHI to a Health Plan when such Disclosures are for the purpose of carrying out Payment or Health Care Operations and the PHI pertains only to health care for which the costs have been paid out-of-pocket in full (by the Individual or on the Individual's behalf).

4. PROCEDURE

A. **Right to Request Restrictions on Use and Disclosure of PHI.** An Individual has the right to request restrictions on Uses and Disclosures of his/her PHI using the Request for Restriction on Certain Uses and Disclosures of PHI Form. The City of Sheboygan is not required to agree to all requested restrictions.

B. **Acceptance of Request for Restrictions.** The City of Sheboygan will accept restrictions requested by an Individual when the City of Sheboygan:

1. Has been paid out-of-pocket in full for the health care items or services related to the restriction, and
 - a. the requested restriction is limited to Disclosures to a Health Plan for the purposes of carrying out Payment or Health Care Operations related to that health care item or service;

- b. the requested restriction is limited to Disclosures of PHI solely related to that health care item or service; and
 - c. the requested restriction is not for a service covered by Medicare or Medicaid or Workers' Compensation.
 - 2. Has the administrative, physical, and technical capability of complying with the restriction, and
 - a. finds that Individual care will not be detrimentally affected; and
 - b. has assurance that the Individual's financial obligations will be met, if applicable, and believes that the Individual is in danger or is a public figure whose identity at the City of Sheboygan could be disruptive.
- C. **Termination of Restrictions.** If The City of Sheboygan agrees to a restriction, it will not Use or Disclose PHI in violation of the restriction. The City of Sheboygan may terminate its agreement to a restriction if:
 - 1. The Individual agrees to or requests the termination in writing.
 - 2. The Individual orally agrees to the termination and the oral agreement is documented.
 - 3. The City of Sheboygan informs the Individual of the termination, in which case the termination will only be effective for PHI created or received after the Individual is so informed.
- D. **When Restrictions Will Not Prevent Use or Disclosures.** A restriction will not be effective to prevent Use or Disclosures: (1) that are necessary to provide the Individual with emergency Treatment; (2) to the Secretary for purposes of determining compliance with HIPAA; (3) for a facility directory, unless the Individual opts out of the directory listing; or (4) for which an authorization, or the opportunity to agree or object, is not required.
- E. **Documentation.** The City of Sheboygan shall maintain an Individual's Request for Restriction on Certain Uses and Disclosures of PHI Form and the City of Sheboygan's Response to Request for Restriction on Certain Uses and Disclosures Form consistent with the Retention of HIPAA Documentation Policy and Procedure.
- F. **Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan's Sanction and Discipline Policy and Procedure.

References	45 C.F.R. § 164.522(a) – Right of an individual to request restriction of uses and disclosures Sanction and Discipline Policy and Procedure
Attachments	Request for Restriction on Certain Uses and Disclosures of PHI Form Response to Request for Restriction on Certain Uses and Disclosures of PHI Form Revocation Form
Responsible Senior Leader	City Administrator
Effective Date	November 4, 2024
Review Dates	November 1st of even years
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