

**HIPAA Privacy Policy #4
Notice of Privacy Practices**

Effective Date: January 22, 2020	Refer to Privacy Rule Sections: 164.501; 164.502; 164.512; 164.520; 164.522; 164.530
Authorized by: Equinox Board of Directors	Version #:

Policy: It is the Policy of Equinox, Inc. to assure that all patients are provided with a Notice of Privacy Practices (“NPP”) of the patient’s rights and Equinox, Inc.’s duties with respect to Protected Health Information, all in accordance with applicable privacy requirements under federal laws.

Procedures: Equinox, Inc. will develop, provide, and maintain a NPP in accordance with federal and state laws and regulations. The NPP will inform patients of the Uses and Disclosures of Protected Health Information that may be made by Equinox, Inc. and of the patient’s rights and Equinox, Inc.’s legal duties with respect to Protected Health Information. Equinox, Inc. will document and implement procedures to ensure internal processes are created for the use and disclosure of Protected Health Information in compliance with the NPP.

1. Implementation and Maintenance of NPP:

- a. The NPP will be available to all patients whenever they enter a Equinox, Inc. practice location seeking healthcare services. If a patient is a minor (generally a patient under 18) or incompetent, then it is permissible to deliver a NPP to the patient’s personal representative. *45 C.F.R. § 164.520.*
- b. Except in an emergency treatment situation, the NPP will be provided to patients at the first provisions of services including, but not limited to, pre-registration, registration or admission.
- c. At the time the NPP is provided, an offer should be made by Equinox, Inc. personnel to review the NPP with the patient or answer questions.

2. Obtain Patient’s Acknowledgment: Upon provision of the NPP, Equinox, Inc. personnel will, in good faith, attempt to obtain a written acknowledgement of receipt signed by the patient or the patient’s personal representative. Patients should be assured that by signing the Acknowledgment, they are only acknowledging that they received a copy of the NPP, and not acknowledging that they have read the NPP or understand the NPP. If a patient refuses to sign the acknowledgment, Equinox, Inc. personnel shall sign the Acknowledgment in the appropriate location, which indicates that Equinox, Inc. attempted in good faith but failed to obtain the patient’s acknowledgment, and place a copy of the Acknowledgment in the patient’s chart. *See Attachment 1* form entitled “Acknowledgment of Receipt of Notice of Privacy Practices. *45 C.F.R. § 164.520(c)(2).* In the event the first delivery of health care services occurs over the phone, the NPP will be mailed to the patient on the same day. An acknowledgment should be included with the NPP and request that the patient sign the acknowledgement and mail it back to Equinox, Inc.. (Equinox, Inc. is not in violation of HIPAA if the patient fails to mail the acknowledgement back. However, Equinox, Inc. must document that the request for return mail was made.)

3. Display the Current NPP: A copy of the current NPP must be prominently displayed in the waiting room or public area of each practice location, where it can be easily viewed. Additionally, if

Equinox, Inc. maintains a website that provides information about its services, the NPP must be prominently displayed on the website and available for delivery to patients in electronic format. *45 C.F.R. § 164.520(c)(3)*.

4. Revising the NPP: Only the Privacy Officer may revise the NPP, preferably after consulting with counsel. The effective date of the revised NPP shall be indicated on the cover page of the NPP. Equinox, Inc. will not distribute revised NPP to patients who have previously received an earlier version of the NPP except Equinox, Inc. will make the revised NPP available upon request on or after the effective date of the revision. Equinox, Inc. must remove copies of its NPP from public display immediately after they are revised and replace them with new versions. *45 C.F.R. § 164.520(b)(3)*.

Attachment 1

**ACKNOWLEDGMENT
OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

ONE OF THE FOLLOWING SECTIONS MUST BE COMPLETED

1. To be completed by the Patient or the Patient's Legal Representative:

I hereby acknowledge that I have received a copy of Equinox, Inc.'s Privacy Notice.

Name of Patient

Signature of Patient

Signature of Legal Representative
(if signed by Legal Representative)

Authority of Legal Representative
(e.g., Health care Proxy, Guardian, Parent)

Date Signed ____ / ____ / ____

2. To be completed by _____ Personnel:

I, or a representative of Equinox, Inc., exercised a good faith effort to obtain the signature on the above acknowledgment from the patient named below. Our good faith efforts to obtain such signature included requesting that the patient sign this acknowledgement at the time we provided him/her with a copy of Equinox, Inc.'s Notice of Privacy Practices. Despite our good faith efforts, the patient failed or refused to sign the above acknowledgement.

Emergency: Treatment was delivered during an emergency and, therefore, Equinox, Inc. was not obligated to obtain the patient's signature on the above acknowledgment. If the patient did not previously receive a copy of Equinox Inc.'s Notice of Privacy Practices, Equinox, Inc. will mail a copy to the patient after emergency treatment was delivered.

Name of Equinox, Inc. Representative

Signature of Equinox, Inc. Representative

Point of Patient Registration
(Name of Facility)

Name of Patient

Date Signed ____ / ____ / ____