

## COMPLETING THE JOINT NOTICE OF PRIVACY PRACTICES RECEIPT

**Situation A.** Nonemergency situations where the individual physically visits a Covered Entity Component (“CEC”)

**Situation B.** Emergency situations where the individual is incapacitated/unable to sign/understand the Joint Notice of Privacy Practices Receipt (“JNPP Receipt”) form.

**Situation C.** The individual is physically unavailable to sign the JNPP Receipt form (e.g., received services electronically) or the CEC chooses to use the electronic notice option under HIPAA.

<b>Situation A (Nonemergency)</b>	<b>Situation B (Emergency)</b>	<b>Situation C (Unavailable to Sign)</b>
<ol style="list-style-type: none"> <li>1. Provide a copy of the JNPP to the individual on the first date of service; and</li> <li>2. Provide an opportunity for the individual to ask questions or raise concerns about the privacy of his/her health information; and</li> <li>3. Discuss all questions and concerns; and</li> <li>4. Refer the individual to more knowledgeable, accessible source if the individual is dissatisfied with the answers to their questions/concerns about the privacy of their health information; and</li> <li>5. Give the individual an opportunity to</li> </ol>	<ol style="list-style-type: none"> <li>1. If possible, provide a copy of the JNPP to the individual at the time of service; and</li> <li>2. Complete the <i>Hamilton County Government Office Use Only</i> section of the JNPP Receipt form; and</li> <li>3. Ensure there are two (2) copies of the signed JNPP Receipt form, one for the individual and one for our file; and</li> <li>4. Where the patient has provided a valid email address, send an email to the patient to include a copy of the JNPP and a copy of the workforce member-completed JNPP Receipt form; and</li> <li>5. An electronic return receipt or other return transmission from the individual</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete the <i>Hamilton County Government Office Use Only</i> section of the JNPP Receipt form; and</li> <li>2. Ensure there are two (2) copies of the JNPP Receipt form, one for the individual and one for our file; and</li> <li>3. Where the patient has provided a valid email address, send an email to the patient to include a copy of the JNPP and a copy of the workforce member-completed JNPP Receipt form; and</li> <li>4. An electronic return receipt or other return transmission from the individual is considered a valid JNPP Receipt; or</li> <li>5. Mail a copy of the JNPP and a copy of the workforce</li> </ol>

<b>Situation A (Nonemergency)</b>	<b>Situation B (Emergency)</b>	<b>Situation C (Unavailable to Sign)</b>
<p>read the JNPP Receipt form; and</p> <p><b>6.</b> Ensure that the individual or his/her personal representative writes in the patient's name, and signs his/her name; and dates the JNPP Receipt form; and</p> <p><b>7.</b> Ensure there are two copies of the signed Acknowledgement form, one for the individual and one for our record, as required by HIPAA; and</p> <p><b>8.</b> File our copy of the completed form in the individual's medical record or billing record, either paper or electronic.</p>	<p>is considered a valid JNPP Receipt; or</p> <p><b>6.</b> Mail a copy of the JNPP and a copy of the workforce member-completed JNPP Receipt form to the patient's address on file; and</p> <p><b>7.</b> File the completed JNPP Receipt form in the patient's medical record, either paper or electronic; and</p> <p><b>8.</b> A QR code linked to the JNPP will be included on all patient billing statements.</p>	<p>member-completed JNPP Receipt to the patient's address on file; and</p> <p><b>6.</b> File the completed JNPP Receipt form in the patient's medical record, either paper or electronic; and</p> <p><b>7.</b> If unable to send the individual the JNPP, do the following:</p> <p><b>8.</b> Complete the <i>Hamilton County Government Office Use Only</i> section of the JNPP Receipt form; and</p> <p><b>9.</b> File the completed JNPP Form in the patient's medical record, either paper or electronic; and</p> <p><b>10.</b> If an individual has an unsigned JNPP Form in their health record and contacts our facility at a later date, attempt to follow the steps in Situations A to obtain a signed JNPP Receipt.</p>