

HIPAA Time and Task Chart:

Practice Name; _____

Privacy Official: _____

Planning Phase	To Do List	Responsible Party(ies)	Start Deadline	Finish Deadline	Comments/Status
1. Familiarize yourself with the HIPAA basics	1.1 Decide now if your practice can afford to go strictly paper-only to avoid being a HIPAA covered entity, including how that may affect your access to Medicare and other payer contracts in the future and the ability of other covered entities to disclose PHI to you for your operations. If you choose not to go paper-only, commit the time and resources necessary to prepare your practice for HIPAA compliance				
	1.2 Ask every practice employee to read a description of HIPAA. This will help lay the groundwork for obtaining everyone's understanding of how important it is to work with the practice's privacy official to get and keep the practice in compliance with the Privacy Rule.				
2. Designate a Privacy Official and define the job responsibilities	2.1 Adopt Board resolutions directing that actions be taken to implement HIPAA privacy compliance and that periodic status reports be provided to the owner/board.				
	2.2 Designate the privacy official in your mental health practice				
	2.3 Create a practice privacy team with the privacy official as the team leader				
	2.4 Look for summary explanations of Louisiana's privacy laws and read them.				
3. Develop your HIPAA documentation strategy with advice of legal consent	3.1 Discuss with your lawyer your overall HIPAA documentation strategy. This includes internal documentation and written contracts with others, as well as how the attorney-client privilege can apply to some communications				
4. Develop a HIPAA Privacy Budget and Time and Task Chart	4.1 Use this chart to budget time and financial resources. Investigate the cost of products and services that you may need to assist with implementation				
5. Understand how Protected Health Information flows in and out of your practice	5.1 Map out the current PHI pathways within your practice as well as in and out of your practice				

	5.2 Identify and analyze the HIPAA requirements that apply to the information pathways you identified				
6. Develop a working draft notice of privacy practices for your medical practice	6.1 Start writing a Notice of Privacy Practices. If you start with language drafted by others, take the time to understand the thought process behind the form. Include a provision that reserves your ability to apply retroactively changes you make to the notice.				
	6.2 Understand how other federal laws and state privacy laws in your state may be stricter than the HIPAA Privacy Rule and may apply to your practice. You may need to describe such other laws in your Notice of Privacy Practices				
	6.3 Work with your state professional society to develop common Notice of Privacy Practices language for your state's privacy laws that still apply				
	6.4 Review your notice with your lawyer				
7. Draft your HIPAA Privacy Policies and Procedures	7.1 Gather your existing privacy policies and procedures. Utilize current policies and procedures and modify as appropriate				
	7.2 Develop detailed policies and procedures that will help you track and manage patients' requests for PHI access, amendments, disclosure accountings, alternate communications, and further restrictions.				
	7.3 Develop forms for patients to fill out to facilitate processing particular requests				
	7.4 Ask patients to make alternative communications requests in writing				
	7.5 Cautiously review and consider any additional privacy limitations requested by individuals before agreeing to limitations				
	7.6 Decide how you will create logs or other contemporaneous records of uses and disclosures that are subject to the disclosure accounting requirement. Make sure your business associates agree to do the same thing				
	7.7 Identify and catalog the designated record sets both in your office and kept by business associates				
	7.8 Develop a practice strategy for				

	responding to and managing privacy complaints				
	7.9 Learn the de-identification process and look for ways to use or disclose de-identified information instead of identifiable information where appropriate				
	7.10 Develop a system for obtaining and tracking HIPAA acknowledgements of Notices of Privacy Practices and HIPAA authorizations from current and new patients. Include procedures that apply when patient presents a signed authorization document that your practice did not prepare and when there may be differing authorizations				
	7.11 For overall risk management and fair information practices, decide whether you want to request patients to sign general PHI use and disclosure consents. Also, determine whether you may be required to obtain signed consents for some uses or disclosures under state law or other federal law. Discuss with your lawyer integrating consent language into other documents (such as informed consent for treatment were appropriate)				
	7.12 Determine with precision and care the boundaries of treatment, payment, and health care operations as applied to your practice. Recognize that without another applicable HIPAA permission, you will need HIPAA authorization from the patient for uses and disclosures outside those boundaries				
	7.13 Evaluate how decision-making authority should be managed in your practice when a use or disclosure is believed to be consistent with various public good disclosures. This should include consulting with the privacy official and seeking legal advice, as appropriate. Develop your own checklists and forms to be signed by third parties for various public-good disclosures				
	7.14 Develop a system to log disclosures made for public good purposes. These disclosures may be subject to the disclosure accounting requirements				

	7.15 Apply the minimum necessary requirements to your practice's uses and disclosures of and requests for PHI.				
	7.16 When the entire record is being used, disclosed, or requested, document a statement of the specific justification for the entire record				
	7.17 Develop your practice's policies and procedures for verifying the identity and authority of persons requesting PHI if such identity and authority are not known to the practice				
	7.18 Learn the requirements for disclosure of PHI to personal representatives. Focus on state laws in particular regarding who has legal authority to consent to treatment on behalf of an individual, and also focus on parental access and disclosures to parents. Identify when disclosures to personal representatives usually occur. Develop your policies and procedures for personal representative with this information				
	7.19 Learn the boundaries for what is "marketing" and when those activities require a HIPAA authorization from the individual. Make sure your practice stays in the boundaries or obtains authorizations when required				
	7.20 Decide what are "appropriate safeguards" for your practice with respect to protecting PHI. Start with the easier items then work your way through more difficult decisions.				
	7.21 Develop policies and procedures for mitigation when privacy breaches do occur				
	7.22 Develop your "no retaliation" policies and procedures				
	7.23 Designate a person or "privacy office" to handle inquiries and complaints				
8. Develop and implement a training program for all employees	8.1 Conduct in-house workshops on new federally created patient rights and how your office will comply				
	8.2 Train all staff on or before April 14, 2003 on your privacy policies and procedures, with regular updated training thereafter				
9. Test your	9.1 Test and re-train as needed				

personnel and reassess your training program	based on test results. Every practice employee should obtain a basic understanding of your practice's Notice of Privacy Practices and each person should understand his or her own privacy responsibilities as they relate to the individual's role and responsibilities				
10. Develop a HIPAA Authorization Form and Notice of Privacy Practices Acknowledgement Form and start obtaining signed acknowledgements	10.1 Develop a strategy for making the Notice of Privacy Practices available to current patients and documenting their signed acknowledgement or their failure or refusal to sign. Consult with your lawyer about starting this process before the compliance deadline. If you wait until the first service delivery day after the compliance deadline to provide the notice to each patient and to obtain signed receipts, you may be faced with logjams. You could be trying to conduct normal practice operations while processing numerous notice deliveries, explanations, questions, signed receipts, and other administrative matters relating to notice deliveries and receipts				
11. Develop a Business Associate Contract, identify your Business Associates, and start getting signed contracts	11.1 Address HIPAA issues in new material vendor contracts. Some new contracts, such as practice management system contracts, will likely extend past the privacy compliance deadline in April 2003.				
	11.2 Identify your business associates				
	11.3 Develop a business associate contract form. Participate in state professional society or other association work groups				
	11.4 For "grandfathered" contracts, either get HIPAA business associate contracts now or get minimum commitments regarding HHS access and individual's access, amendment, accounting rights				
	11.5 Identify where your practice might be a business associate of another covered entity				
	11.6 Start getting business associate contracts signed				
	11.7 Decide what level of oversight or inquiry is appropriate under the circumstances with regard to each of the practice's business associates				
12. Harmonize your	12.1 Review the status of ever				

<p>HIPAA implementation efforts and assess your compliance status</p>	<p>item in this list</p>				
	<p>12.2 Give status reports to owner/board</p>				
	<p>12.3 Complete all remaining open items</p>				
	<p>12.4 Have an office dinner, picnic, etc., to celebrate</p>				