

A Simple Answer to Patient Confidentiality...

As required by the Health Insurance and Portability and Accountability Act (HIPAA) law, healthcare professionals are expected to develop policies and procedures that will limit access to personal health information without sacrificing the quality of healthcare.

We offer two confidential patient sign-in systems:

Patient Sign-In Label Form

- Each patient prints his/her name, apt/arrival time and "Name of Healthcare Professional" on a numbered line. If using the optional numbered label, patient takes the number. **The office staff removes the signed name label and either adds to the patient file or to a workflow tracking system.** Once the label has been removed, the information is protected behind part one, available only for office use.
- The front desk attendant calls each patient by number or name. (Available in blue, burgundy or green.)
- Each package contains 125 forms, numbered 1 through 25, or enough forms to see **3,125 patients**.
- W-PSGN-GN (Green), W-PSGN (Blue), W-PSGN-BY (Burgundy), W-PSGN-PUR (Purple), W-PSGN-OR (Orange)
- W-PSGN-BIL (Blue) Bilingual
- W-PSGN-OOC (Blue) Out of Country Checkbox

3-Part Patient Sign-in System

- Each patient prints his/her name, arrival time and "Name of Healthcare Professional" on a numbered slip, then removes it. Once the patient removes the slip, the information is protected behind the carbonless paper, available only for office use.
- The front desk attendant reads the log and calls each patient by number or name.
- Each kit contains 40 sets, numbered 1 through 25, or enough slips to see **1,000 patients**.
- Kit, includes binder, item W-SGNKIT. Reorder, without a binder, item W-JSGN.

Healthcare
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Out of Country Checkbox

- Each patient prints his/her name, arrival time and “Name of Healthcare Professional” on a numbered slip, then removes it. Once the patient removes the slip, the information is protected behind the carbonless paper, available only for office use.
- The front desk attendant reads the log and calls each patient by number or name.
- Each kit contains 60 sets, numbered 1 through 25, or enough slips to see **1,000 patients**.
- Kit, includes binder, item W-SGNKIT.
Reorder. without a binder. item W-JSGN.



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W-HIP101 Employee Training Record

A record of the HIPAA programs attended by the employee, number of hours attended, location, etc. Retain this form in the individual employees' personnel file.

W-HIP102 Practice Training Record

A record of each HIPAA educational program you provide for employees. Includes title of program, number of hours, and attendees. Retain in your HIPAA Compliance Manual.

W-HIP103 PHI Access Log

Track "uses" of PHI in each individual patient's medical record. Includes date, name, and title of employee accessing the patient medical record and reason for access.

W-HIP104 PHI Disclosure Log

Track to whom disclosures of PHI are made. Includes pertinent information that should be recorded when disclosures are made. Form will be photocopied for patients requesting an "Accounting of Disclosures." Retain in each patient's medical record

W-HIP105 Patient Request for Amendment of Health Information

Patients should complete this form when requesting an amendment be made to his/her record. It contains all elements necessary for the provider to make a decision granting or denying the request. Retain this form in the patient's medical record.

W-HIP106 Patient Request for Accounting of Disclosures

Patients should complete this form when requesting "Accounting of Disclosures." It requires the patient to provide the purpose of the request, the dates requested, etc. This form is retained in the patient's medical record, and also allows you to record the date you complied with the request.

W-HIP107 Patient Request to Inspect/Review PHI

Patients should complete this form when requesting to inspect or review protected health information. It requires the patient to provide information regarding which information and/or dates are being requested. This form, retained in the patient's medical record, allows you to record when and how the records are reviewed, if the review is denied, the reason for the denial, and the denial notification date.

W-HIP108 Patient Request for Confidential Communications

Patients may request alternate means of communication. For example, a patient may request that they not be phoned at home or that mail be sent to an alternate address. In cases such as this, the patient will be asked to complete this form requiring them to outline specific communication requests.

W-HIP109 Patient Request for Restrictions on Use and Disclosure of PHI

Patients should complete this form when requesting all or part of his/her PHI be restricted to use within your practice, or through disclosure to outside entities. The patient provides specific information on what to restrict and from whom, allowing you to record when/how the request is granted, denied and/or terminated. Retain in patient's medical record.

W-HIP110 PHI Tracking Log

Comprehensive log allows the practice to track the status of each request the patient may have made. It summarizes all forms to be completed by the patient that are filed in the medical record: Request to Inspect/Copy, Request for Restrictions, Request for Confidential Communication, Request for Amendment, and Request for Accounting of Disclosures. Using this log eliminates the need to look through the entire record to determine if patient has exercised any privacy rights.

W-HIP111 Authorization to Release Information

Protected health information may be disclosed without written authorization only for purposes outlined in the Notice of Privacy Practice. All other uses and disclosures require this form that the patient fills out for authorization.

W-HIP120 Notices of Privacy Practices

Written Notice of Privacy Practices must be provided to patients on or before the first encounter and to other persons upon request. The Notice notifies the patient of all uses and disclosures of his/her protected health information and outlines all the legal duties of the practice. Form is over 7 pages, completely comprehensive, and includes all key elements required by HIPAA and more! In addition, this form has a removable label providing practices with a written acknowledgement that the patient received the Privacy Notice (as required to be HIPAA compliant). No need for the practice to make copies and file additional paperwork, simply place the label onto the patient folder. Includes Hi Tech Act changes of 2013.
(Also available in Spanish.)

W-HIPPOST
Poster version of NPP
An 11" x 17", unlined poster version of the Notice of Privacy Practices (NPP) containing all the same information as the NPP to post in your practice's lobby. It fits into a standard frame and meets the HIPAA requirement of posting the Notice of Privacy Practice. Includes Hi Tech Act changes of 2013.
(Also available in Spanish.)