

# Stark County Board of Developmental Disabilities

HIPAA Procedure 28: HIPAA Compliance Forms	Effective: 10/30/03
Chapter 2: Agency Administration	Page 1 of 2

## **Subject: HIPAA Compliance Forms**

The Board has implemented HIPAA Procedures 1-28 to act in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule. Forms have been developed and adopted by the Board to document actions and responses as specified in HIPAA Procedures 1-27. Each form completed must be maintained in the departmental file of the individual served for a minimum of six (6) years and in accord with all other Board record retention policies and procedures. The Privacy Officer and all Case Record Administrators for each department will be responsible to access and supply to an individual served the forms hereafter listed.

### **General Forms**

*Form Code:*                      *Form Name:*

[HIPAA-PN](#)                      [Privacy Notice](#)  
[HIPAA-CS](#)                      [Confidentiality Statement](#)  
[HIPAA-TR](#)                      [Request to Transfer Records](#)

### **Accounting Forms**

*Form Code:*                      *Form Name:*

[HIPAA-DL-1](#)                      [Log to Track Disclosures of Protected Health Information](#)  
[HIPAA-AR-PN](#)                      [Acknowledgement Receipt of Privacy Notice](#)

### **Authorization Forms**

*Form Code:*                      *Form Name:*

[HIPAA-ARI-1A](#)                      [Authorization for Release of Information \(template version\)](#)  
[HIPAA-ARI-1B](#)                      [Authorization for Release of Information \(printed version\)](#)  
[HIPAA-ARI-1C](#)                      [Authorization for Release of Information-Service Providers](#)  
[HIPAA-ARI-2A](#)                      [Authorization for Media Release of Information \(printed version\)](#)  
[ARI-AV-1](#)                      [Checklist for Authorization Validity](#)

### **Request Forms**

*Form Code:*                      *Form Name:*

[HIPAA-1](#)                      [Request for Access](#)  
[HIPAA-2](#)                      [Request for Accounting](#)  
[HIPAA-3](#)                      [Request for Alternative Communications](#)  
[HIPAA-4](#)                      [Termination of Alternative Communications](#)  
[HIPAA-5](#)                      [Request for Amendment](#)  
[HIPAA-6](#)                      [Request for Amendment-Future Disclosures Form](#)

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- [HIPAA-7 Request for Amendment-Statement of Disagreement](#)
- [HIPAA-8 Request for Restrictions of Use/Disclosure of Protected Health Information](#)
- [HIPAA-9 Termination of Requested Restrictions of Use/Disclosure of Protected Health Information](#)
- [HIPAA-10 Termination of Authorization Form](#)
- [HIPAA-11 Request for Protected Health Information](#)

## Reporting Forms

*Form Code:*                      *Form Name:*

- [HIPAA-30 Individual Complaint Form](#)
- [HIPAA-31 Reports of Violation Form](#)
- [HIPAA-32 Privacy Officer's Incident Report Form](#)
- [HIPAA-33A Electronic Fax Coversheet Form](#)
- [HIPAA-33B Written Fax Coversheet Form](#)

Applies to:            Yes            No All employees            X Non Represented SCEPTA SCDD SSA (1) <u>See Current Bargaining Agreement</u>	<b>Historical Resolution Information</b> Policy 2.22 HIPAA  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Date</b></td> <td style="width: 50%;"><b>Resolution Number</b></td> </tr> <tr> <td>1/19/13</td> <td>01-09-13</td> </tr> </table>	<b>Date</b>	<b>Resolution Number</b>	1/19/13	01-09-13
<b>Date</b>	<b>Resolution Number</b>				
1/19/13	01-09-13				
Superintendent's Signature:	Reviewer(s): Privacy Officer Security Officer				