

APPOINTMENT OF A PRIVACY OFFICER AND CONTACT PERSON

WHEREAS, Sarasota Chiropractic Physical Therapy & Massage, having adopted this HIPAA Privacy/Security Compliance Manual; and

WHEREAS, the Manual requires the appointment of a Privacy Officer and Contact Person; and

NOW THEREFORE, BE IT RESOLVED, that Julia Moessner is to be the Privacy Officer and Contact Person of this Practice beginning July 9th, 2018, and continuing until changed in accordance with this HIPAA Privacy/Security Compliance Manual; and

BE IT FURTHER RESOLVED, that the Privacy Officer / Contact Person will vigorously carry out the duties set forth in this Manual and that all employees of this Practice will be informed of the importance of adherence to this HIPAA Privacy/Security Compliance Manual and the importance of their cooperation with the Privacy Officer/Contact Person.

Date: 7/9/2018

By: 

[insert name of owner of the Practice or the person authorized to act on behalf of the Practice]

**PRACTICE RESOLUTION
ADOPTION OF HIPAA PRIVACY COMPLIANCE MANUAL**


WHEREAS, Sarasota Chiropractic Physical Therapy & Massage desires to comply with the privacy protection requirements of the HIPAA Privacy Rule, the Security Rule, the HITECH Act, the Omnibus Rule and Florida Statutes 456.057; and

WHEREAS, the Practice has reviewed the Privacy Manual; and

WHEREAS, the Privacy Manual is intended to satisfy fully the requirements of the HIPAA Privacy Rule, the Security Rule, the HITECH Act and Regulation and Florida Statutes 456.057;

NOW THEREFORE, BE IT RESOLVED, that the Sarasota Chiropractic Physical Therapy & Massage hereby approves of the adoption of this HIPAA Privacy Compliance Manual and all policies therein to protect Protected Health Information, effective July 9th, 2018, with the expectation that all employees, including those with an ownership interest in this Practice, will be instructed in their respective duties under this Manual and will comply fully therewith.

Date: 7/9/2018

By: 
[Insert name of authorized signer]

ELECTRONIC TRANSFER OF PROTECTED PATIENT INFORMATION PRIVACY PRACTICE

The Sarasota Chiropractic Physical Therapy & Massage seeks to protect the privacy of Protected Health Information stored on computers of the Sarasota Chiropractic Physical Therapy & Massage or transmitted via the internet.

Only authorized employees shall have access to computers on which Protected Patient Information is stored. All computers will be protected with a password. Only authorized employees may use a password to access computers. The password will be periodically changed and changed any time an authorized employee leaves the Practice's employ.

Only the owners of the practice will be authorized to take out of the Practice's premises back up discs or flash drives onto which Protected Patient Information has been copied. The owner will take appropriate steps to protect the information on the discs or flash drives from unauthorized disclosure. Back up data will be stored in a secure place.

Any electronic claims that may be filed using software that is approved for electronic transmissions of Protected Health Information and which protects the privacy of such information as it becomes available.

The Practice will make certain that any billing services used by the Practice to electronically file claims on behalf of the Practice have a policy adopted that protects Protected Health Information and that uses software that is approved for electronic transmissions of Protected Health Information and which protects the privacy of such information.