

POLICY INFORMATION

Policy Title: Affiliated Covered Entity Designation Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees CT Employees NY Employees Remote Employees Contractors Volunteers Students/Interns Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

To designate Nuvance Health and its Affiliates ("Nuvance") as an Affiliated Covered Entity ("ACE").

DEFINITIONS

See HIPAA Glossary

Affiliated Covered Entity ("ACE"): Legally separated covered entities that are under common ownership or control that designate themselves as a single covered entity for the purposes of complying with the Health Insurance Portability and Accountability Act ("HIPAA")

Covered Entity: A health care provider, health plan, or health care clearinghouse that transmits any health information in electronic form in connection with a transaction covered by 45 CFR parts 165.103.

Affiliates: Entities controlled by or under common control with Nuvance Health.

POLICY

- HIPAA regulations 45 CFR § 164.105 (b) state that legally separate covered entities may designate themselves as a single affiliated covered entity if all of those entities are under common ownership or control. Therefore, by means of this policy, Nuvance designate themselves and henceforth shall act as one ACE.

Original Effective Date: LHQ= 12/21/2016

Revision Dates: 2/28/24

Supersedes: HQ 5.2.29 Affiliated Covered Entity Designation Policy;
HQ 5.2.29 Affiliated Covered Entity Designation Procedure

2. A written and/or electronic copy of the designation will be maintained within the Nuvance Corporate Compliance Office for 6 years from the date of its creation or the date when it last was in effect, whichever is later, updated as required, and made available upon request.

PROCEDURE

Nuvance has a process in place to review its affiliated covered entities to be sure that they are following all the requirements of the applicable laws and regulations when handling patient PHI.

Responsibilities of the affiliated covered entities are identical when it comes to the privacy and security and confidentiality requirements when handling patient and employee protected health information (“PHI”). Safeguards must be in place to protect such data in any form from inappropriate access, use or disclosure.


ENFORCEMENT

All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this policy.

REFERENCES

45 CFR 164.105 (b) and (c)

APPROVAL

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Signature

2/28/2024

Date