

HIPAA Notice FAQ

HIPAA Notice Requirements

Notice Requirements for Group Health Plans – HIPAA Portability and Nondiscrimination Notices

The Health Insurance Portability and Accountability Act (HIPAA) provides specific rights for participants and beneficiaries in group health plans related to preexisting conditions, discrimination based on health status, and special enrollment opportunities. The law requires plans to disclose information regarding these rights to participants and beneficiaries, as well as certain other individuals eligible for benefits under the plan.

Who Must Comply?

The disclosure requirements in this section apply generally to group health plans with 2 or more participants who are current employees. A group health plan is an employee benefit plan established or maintained by an employer or by an employee organization (such as a union), or both, that provides medical care to employees and their dependents directly or through insurance, reimbursement or otherwise.

Notice Requirements

Document	Type of Information Required	Provide To	Provided By	When Due
Notice of Special Enrollment Rights	Describes the requirement for a group health plan to offer special enrollment to eligible employees and their dependents who experience certain events	Employees eligible to enroll in the group health plan	Group health plans with 2 or more participants who are current employees	At or before the time an employee is initially offered the opportunity to enroll in the group health plan
Wellness Program Disclosure	Tells eligible individuals that they can satisfy an alternate standard if they are medically unable to meet Wellness Program's standard that relate to a health factor. Additionally, it states that recommendations of an individual's personal physician may be accommodated	Participants and beneficiaries eligible to participate in a wellness program that requires individuals to meet a standard related to a health factor in order to obtain a reward	Group health plan or health insurance issuer offering a wellness program	<p>In all plan materials that describe the terms of a health contingent wellness program (both activity-only and outcome-based wellness programs). For outcome-based wellness programs, this notice must also be included in any disclosure that an individual did not satisfy an initial outcome-based standard.</p> <p>If the plan materials merely mention that a program is available, without describing its terms, this disclosure is not required.</p>

Notice Requirements for Group Health Plans – HIPAA Privacy and Security-Related Notices

The Health Insurance Portability and Accountability Act (HIPAA) requires certain defined "covered entities" to protect the privacy and security of individuals' protected health information. Among other things, these provisions require covered entities to notify individuals of certain rights with respect to their health information as well as when their unsecured protected health information is breached.

Who Must Comply?

The disclosure requirements in this section apply generally to "covered entities." Covered entities include health care providers, health plans, and health care clearinghouses. A group health plan with fewer than 50 participants that is administered solely by the employer that established and maintains the plan is not considered a covered entity.

Notice Requirements

Document	Type of Information Required	Provide To	Provided By	When Due
<p>Notice of Privacy Practices for Protected Health Information</p> <p>(Fully insured group plans that do not create or receive PHI—other than summary health information and enrollment information—are not required to develop this notice.)</p>	<p>Describes how a covered entity, including a group health plan, may use and disclose an individual's protected health information (PHI), and the individual's rights and the plan's legal duties with respect to that information</p>	<p>Individuals enrolled in group health plan coverage</p>	<p>Covered entities, including group health plans, unless a specific exception applies</p>	<p>Fully insured group plans that create or receive PHI in addition to summary health information and enrollment information must maintain a notice and provide it to any person upon request. Other health plans must provide the notice as follows:</p> <ul style="list-style-type: none"> To new enrollees: At the time of enrollment To individuals covered by the plan: Within 60 days of a material revision to the policy <p>A health plan also must notify individuals covered by the plan of the availability of, and how to obtain, the notice at least once every 3 years, and make it available to any person who asks for it.</p>
<p>Notice of Breach of Unsecured Protected Health Information</p>	<p>Provides information related to the discovery of a breach of protected health information, including:</p> <ul style="list-style-type: none"> A description of the breach Types of information that were involved in the breach Steps affected individuals should take A description of what the covered entity is doing to investigate, mitigate the harm, and prevent further breaches Contact information for the covered entity 	<p>Affected individuals, the U.S. Department of Health and Human Services, and prominent media outlets (for a breach affecting more than 500 residents of a state or jurisdiction)</p>	<p>Covered entities, including group health plans</p> <p>(Business associates also have certain responsibilities for providing notice of a breach)</p>	<p>Affected individuals: No later than 60 calendar days after the discovery of a breach</p> <p>To HHS Secretary (submitted electronically):</p> <ul style="list-style-type: none"> Breaches affecting fewer than 500 individuals—annual report required no later than 60 days after the end of the calendar year in which the breaches were discovered Breaches affecting 500 or more individuals—no later than 60 calendar days after discovery <p>To media (breaches affecting more than 500 residents of a state or jurisdiction): No later than 60 calendar days after discovery of a breach</p>