



FOOD OUTREACH

HIPAA Privacy and Security Policy

Policy Title: HIPAA Privacy and Security Policy

Effective Date: 24 April 2025

Approved by: Sydney Gosik, Director of Programs, HIPAA Privacy and Security Officer

Reviewed/Revised: 10 February 2026

Applies To: All employees, contractors, and volunteers with access to Protected Health Information (PHI) at Food Outreach.

1. Purpose

- A. To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) by protecting the confidentiality, integrity, and availability of Protected Health Information (PHI) and Electronic Protected Health Information (ePHI).

2. Scope

- A. This policy applies to all employees, contractors, students, and volunteers who handle PHI or ePHI at Food Outreach.

3. Food Outreach HIPAA Compliance Officer and Committee

- A. Compliance officer
 - i. Sydney Gosik
 - ii. Director of Programs
 - iii. 314-710-5532
 - iv. sydney@foodoutreach.org
 - v. The above has been appointed as the Privacy and Security Officer and oversees Food Outreach's compliance with HIPAA Privacy and Security requirements.
- B. HIPAA Compliance Committee
 - i. The HIPAA compliance committee will meet annually to review the HIPAA policy and training procedures.
 - ii. The HIPAA compliance committee will consist of the Directors of Food Outreach.

4. Definitions

- A. **PHI (Protected Health Information):** Any health information that can be linked to a specific individual and is held or transmitted in any form.
- B. **ePHI:** PHI that is stored or transmitted electronically.

- C. **Covered Entity (CE):** A health plan, health care clearinghouse, or health care provider who transmits health information electronically.
- D. **Business Associate (BA):** a person or entity that performs certain functions or activities on behalf of a covered entity that involves the use or disclosure of protected health information.

5. Training

- A. New employees will complete HIPAA Training during their first week of employment.
- B. All employees will attend annual HIPAA training.
- C. All volunteers will attend annual HIPAA training.
- D. All clients, employees, volunteers, and vendors with access to client information must sign a confidentiality agreement

6. Privacy Policy

A. Medical Records and Privacy

- i. Food Outreach is not a Covered Entity under the Health Insurance Portability and Accountability Act (HIPAA). However, Food Outreach may come into possession of a client's health information, including medical diagnosis or test results that is protected under the law ("Health Information"). Further, protecting the confidentiality of client Health Information maintains the integrity of Food Outreach and furthers its mission to provide nutritional support and enhance the quality of life of men, women and children living with HIV/AIDS or cancer. Therefore, Food Outreach has adopted this Health Information Privacy Policy.
- ii. Food Outreach respects the privacy of all clients' personal medical records and will do all we can to secure and protect that privacy. Food Outreach strives to always take reasonable precautions to protect client privacy. When it is appropriate or necessary for care coordination and the continuity of care, we provide the minimum necessary information only to those in need your health care information regarding treatment, payment, or services to provide services that are in your best interest. Food Outreach may have indirect treatment relationships with clients (such as laboratories that only interact with the physician and not clients) and may have to disclose personal health information for purposes of treatment, payment, or services. These entities are not required to obtain client consent.

B. Use and Disclosure of PHI

- i. Client Health Information may be used and disclosed by a Registered Dietitian, office staff, other Food Outreach employees, and affiliates and service providers that are involved in the client's care and treatment for the purpose of providing nutrition counseling services, to support the operation of Food Outreach and the Registered Dietitian's practice, and any other use required by law.
- ii. Nutritional Plan: Employees, affiliates and service providers will use and disclose client Health Information to provide, coordinate, or manage the client's nutrition counseling and any related services. This includes the coordination or management of the client's healthcare with their doctor or case worker. For example, Health Information may be disclosed, as

necessary, to a third-party provider to whom the client has been referred or with whom a client has requested Food Outreach consult to ensure that the provider has the necessary information to diagnose or treat the client or the Registered Dietitian has current and accurate information necessary to provide nutrition counseling and related services.

- iii. Healthcare Operations: Employees, affiliates and service providers may use or disclose, as needed, client Health Information in order to support the activities of Food Outreach and the Registered Dietitian's practice. These activities may include, but are not limited to, quality assurance activities, licensing, and conducting or arranging for other business activities. (For example, Food Outreach may disclose client Health Information, as necessary, to a physician regarding a BIA or NCP.)
- iv. Employees, affiliates, and service providers may use or disclose client Health Information without the client's authorization as required or permitted under federal or Missouri law. Other permitted and required uses and disclosures will be made only with the client's authorization, or the opportunity to object unless required by law. The client may revoke such authorization at any time, in writing, except to the extent that Food Outreach, an affiliate, or service provider has taken an action in reliance on the use of the disclosure indicated in the authorization.

C. Patient Rights

A. Patients have the right to:

- i. Access their medical records
 - 1. They can access their medical records by providing a written request to the HIPAA compliance officer. Within 5 business days of receiving the request, the compliance officer will contact the client and give them access to the information they are requesting.
- ii. Request corrections
 - 1. Clients can request corrections to their medical records by providing a written request to the HIPAA compliance officer. This written request should outline the specifics of what needs to be corrected and how it is currently wrong. Within 5 business days of receiving the request, and once it has been determined that a correction is necessary, the HIPAA Compliance Officer will make the necessary corrections to the satisfaction of the client.
- iii. Receive an accounting of disclosures
 - 1. Client can request an accounting of disclosures by providing a written request to the HIPAA Compliance officer. Within 5 business days of receiving the request, the compliance officer will provide the requested material to the client.
- iv. Request restrictions on certain uses or disclosures

1. Clients can request restrictions on certain uses or disclosures which will be strictly adhered to by all Food Outreach staff.
 - v. Request confidential communication.
 1. Clients can request confidential communication at any point during their enrollment. Once receiving the request, a note will be made on Access and Healthie.
- 2. Authorization**
 - A. Written patient authorization is required for uses or disclosures of PHI not related to treatment, payment, or operations.
 - B. Clients may refuse to consent to the use or disclosure of personal health information, but refusal must be submitted in writing. Under HIPAA, Food Outreach has the right to refuse services should clients refuse to disclose personal health information as required for service provision. Consent for the disclosure of personal health information can be withdrawn partially or fully at any time. Clients may not revoke actions that have already been taken which relied on this or a previously signed consent form.
 - C. In allowable circumstances, before releasing any client information all staff members and volunteers are required to verify two separate forms of identification of the client (I.e. date of birth, address, phone number) before any information is released.
 - D. Food Outreach maintains an Authorization for Release of Confidential Information form that is provided to clients for their review and signature when the use or disclosure of their information requires authorization per Food Outreach's policy or Missouri law. This form is provided and explained to clients by the RDNs at intake and is used in each instance where there is a disclosure of protected information.
- 3. Affiliates & Service Providers**
 - A. Food Outreach collects and may disclose to its affiliates and service providers (e.g., our attorneys, and accountants), on a “need to know” basis, client Health Information. Food Outreach will restrict access to client Health Information to those employees who need to know that information to provide services to the client or manage Food Outreach and its programs. Food Outreach will maintain physical, electronic, and procedural safeguards to protect client Health Information.
- 4. Security Policy**
 - A. Access Control**
 - i. Only authorized personnel may access PHI/ePHI.
 - ii. Passwords and user IDs must be kept confidential.
- 5. Data Protection**
 - A. ePHI must be stored on encrypted systems.
 - B. PHI on paper must be stored in locked cabinets or restricted areas.
- 6. Transmission of PHI**
 - A. PHI must be transmitted securely using encrypted email or secure fax.

- B. No PHI should be sent via unsecured personal email or messaging apps.

7. Mobile Devices

- A. Mobile devices are not authorized at Food Outreach to access PHI.
- B. Email and Teams are authorized to be on personal cell phones.

8. Breach Notification

- A. Any breach of this Health Information Privacy Policy should be reported to the HIPAA Compliance Officer as soon as it is discovered. Food Outreach will investigate such breach to determine if remedial measures need to be taken. The willful or negligent violation of this Health Information Privacy Policy by an employee of Food Outreach may result in discipline up to and potentially including termination of employment. The breach of this policy or disclosure of a client's Health Information that would not be permitted by an employee under this policy by any affiliate or service provider of Food Outreach may result in such an affiliate or service provider being prohibited from having future access to client Health Information and/or termination of Food Outreach's relationship with such affiliate or service provider.

9. Training and Awareness

- A. All employees must complete HIPAA training upon hire and annually thereafter.
- B. Training records will be maintained by Human Resources or Compliance.

10. Disciplinary Action

- A. Violations of this policy may result in disciplinary action, up to and including termination and legal penalties.

11. Policy Review

- A. This policy will be reviewed and updated annually or as required by changes to HIPAA regulations by Food Outreach's HIPAA compliance committee.

12. E-Mail Requirements

- A. When sending emails that contain PHI, Food Outreach staff will encrypt the message and also include one of the following email signatures.
 - i. EFA
 - 1. The information in this email is confidential and may be legally privileged. It is intended solely for this addressee. Access to this email by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying or distribution is prohibited.
 - ii. HIS
 - 1. This communication is confidential, privileged and intended only for the use of the recipient named above. If you are not the intended recipient or the employee or agent responsible for delivering this information to the intended recipient, unauthorized disclosure, copying,

distribution or use of the contents of this communication is strictly prohibited. If you have received this message in error, please notify the sender immediately.

13. Contact

A. For questions or to report a potential HIPAA violation, contact:

B. HIPAA Compliance Officer:

Sydney Gosik
sydney@foodoutreach.org
314-710-5330

Notice of Privacy Practices

Food Outreach is fully committed to compliance with HIPAA (Health Insurance Portability and Accountability Act) guidelines. Food Outreach policy is to provide appropriate security for all client records, protecting the privacy of client medical information and providing clients with proper access to their records. Food Outreach maintains client information in compliance with National HIPAA standards.

1. All clients, employees, volunteers, and vendors with access to client information must sign a confidentiality agreement
2. The only personnel that have access to SCOUT (MO Health Dept. Client Database) at Food Outreach are the Dietitians, Office Manager and Intake Coordinator.
3. All client records are kept in an 'Authorized Personnel Only' area of Food Outreach, Inc.
4. Client records are locked up when not in use or at the end of the day
5. Client records are kept under a double lock system:
 - i. Locked office or storage room doors
 - ii. Locked building entrances
6. All papers with client names or identifying information are kept face down on the desk when not in use. These include, but are not limited to:
 - i. Menus
 - ii. Files
 - iii. Paperwork
 - iv. Referrals coming in on the fax (place in folder)
 - v. MADCAP client menus (place in folder)
 - vi. DOORWAYS (place in folder)
7. All computer monitors that contain client information on them are positioned so viewing of the information is restricted.
8. All computers are password protected, and computers are set to time out after 10 minutes, when not in use.
9. When a client presents for an appointment, they first report to the check-in desk. The check-in Volunteer will notify the staff member with whom they have an appointment, and will lead them back to that person, or that staff member will come to the reception area to greet them. No client names will be announced where others can hear.
10. When a client is getting food, they report to check-in and show their ID to the person performing check-in. The client is given a playing card, and the number and suit of that playing card is written on their menu (i.e., 10 of Diamonds, Queen of Hearts). When the groceries are ready to check out, the person checking out their groceries will call the card, at that point the client will confirm his/her/their name, and hand the playing card to the volunteer.

11. Playing cards are used to protect the client's privacy and confidentiality. Do not call them by name during any interaction in the building, unless given express permission by the client.
12. All client information that does not need to be maintained in the permanent (7-year) record is shredded.
13. All data is kept secure through password-protected computers, documents, and file drives on the server. There is limited access to this information.
14. When greeting clients in the lobby, do not call them by name. If you need to address them once they are checked in, call them by their playing card. If you cannot remember their card, get up and walk over to them and discuss the matter in a quiet tone.
15. When greeting clients in public, you may smile or nod to acknowledge them, but do not call out their name or approach them. Let the client approach you to begin any interaction.

For any questions or concerns regarding our policy, please contact:

HIPAA Compliance Officer:

Sydney Gosik

sydney@foodoutreach.org

314-710-5532



About Our Services

Food Outreach (“We” or “Food Outreach”) provides medically tailored meals and groceries to people with HIV or cancer. We also offer free nutrition counseling and education. Once you join the program, you can get up to 60 meals each month.

Consent for Services

To receive services, clients must give written consent. During your intake call, you gave verbal consent, which means you said “yes” over the phone. Verbal consent is only good for 3 months. To keep getting services, you must sign and complete this packet within 3 months of your intake call. If you do not, your services will stop until the form is complete.

Eligibility

- Have HIV or cancer and be in active cancer treatment
- Have a yearly income at or below 300% of the Federal Poverty Line

Food Outreach Services

- Freshly made, medically tailored meals
- Groceries like fresh fruits, vegetables, and shelf-stable foods
- You can get your food through:
 - Home delivery once a month (for those who qualify)
 - Pick-up at the office every other week or once a month
- Nutrition Services
 - One-on-one meetings with a dietitian
 - Learn about healthy eating (nutrition education)
 - Learn how food can help your health condition (medical nutrition therapy)

Client Guidelines

1. Our food adds to your diet but cannot give you all the food you need.
 - If you need more help, talk to the staff.
2. We do not replace the care you get from your doctor, case manager, or social worker.
3. You may stop services at any time.
4. Services depend on your doctor providing your diagnosis and on you signing this document.

Re-Certification and Graduation

HIV

- Clients with HIV may receive services for life as long as you meet eligibility criteria.

Cancer

- Clients with cancer may receive services while they are in active treatment.
- At minimum, clients will get services for one year.

- After one year, treatment status will be checked. Then it will be checked every 6 months until treatment is over.

Ending Services

We work hard to provide good services. Not following these rules may cause services to end:

- Give false information.
- Threaten or harm clients, volunteers, or staff.
- Steal or sell Food Outreach food or property.
- Use drugs or alcohol on or near the property.
- Act in a way that is unsafe or disrespectful to others.
- Bring weapons onto Food Outreach property.

Client Rights

Our goal is to give meals, groceries, and nutrition help in a place that is safe, kind, and fair to everyone. Everyone we serve has the following rights:

1. To be treated with dignity and respect by all staff and volunteers.
2. To be told about all our rules and policies, and to be informed quickly if any rules change.
3. To know how to make a complaint if they have any issues.
4. To have their personal information kept private as much as possible by staff and volunteers.
5. To be sure that staff and volunteers follow high standards of behavior and do their best to serve clients with care.

Complaints, Grievances, and Compliments

Clients have the right to share any issues with the organization. All issues will be handled fairly and quickly. No one will ever be punished or threatened for speaking up. Kind comments about services, staff, or volunteers are also welcome and will be shared with the team.

Procedure

1. Clients may talk to any staff when they want to share a complaint or give a suggestion,
2. If it is a complaint, the staff member will fill out a report right away and try to solve the problem.
3. If staff cannot solve the problem, the Client Services Manager will look into it.
4. Within 5 business days after the complaint is filed, the Client Services Manager will explain what they found and what solutions, if any, are being offered.
5. If the client is not satisfied, a meeting will be scheduled to try to solve the issue.
6. If there is still no solution, the complaint will be sent to the Executive Director or their designee.
7. A summary of the report and the final outcome will be given to the Executive Director and reviewed by staff at the next regular meeting.

Liability and Release Waiver

I understand that I am getting food and services from Food Outreach, a nonprofit organization in Missouri. If I am ever hurt, get sick, or have damage to myself or my property while getting food or services from Food Outreach, or while taking part in any Food Outreach activity, and it is NOT caused by Food Outreach being very careless or doing something on purpose, then:

- a. I take full responsibility for any injury or damage that happens to me.
- b. Food Outreach will not be responsible for any harm or damage to me or to my family, dependents, or anyone who might represent me.
- c. My family or legal representatives will not make Food Outreach pay for any costs, and instead will protect Food Outreach from any claims, costs, or fees that might come up.

Examples of activities this applies to include:

- Traveling to or from Food Outreach activities
- Picking up, preparing, or delivery of food
- Travel related to these activities
- Eating the food provided by Food Outreach

I understand that all food from Food Outreach is given “as is” and “where is.” This means Food Outreach does not make any promises or guarantees about the food, including how good it is or whether it is fit for a certain purpose.

Food Outreach wants this waiver to be as complete and broad as Missouri law allows. If one part of this waiver is found to be invalid, the rest will still be valid. If there is ever any confusion about what this waiver means, it should not be interpreted against Food Outreach.

This waiver affects your legal rights. If you are hurt, die, or have damage after eating Food Outreach food or joining Food Outreach activities, this waiver limits your ability to make legal claims. If you have questions, you are encouraged to talk to a lawyer before signing.

HIPAA

HIPAA is a federal law that helps protect your private health information (called “protected health information” or “PHI”). As a HIPAA covered entity, Food Outreach may use and share PHI as needed to provide services and coordinate care (treatment), to obtain payment when applicable (“payment”), and to operate our programs (“health care operations”). Some other uses and disclosures require your written authorization. For details, please see our Notice of Privacy Practices.

Medical Records and Privacy

Food Outreach cares about your privacy. We work hard to keep your information private and secure. We will only use and share your PHI as allowed by law and described in our Notice of Privacy Practices. In many situations, HIPAA allows us to use or share PHI for treatment, payment, and health care operations without asking you for a separate authorization.

Your Right to Your Medical Records

You have the right to inspect, amend, or obtain a copy of your medical information. To request access, contact us in writing using the contact information below. We will respond to your request within 30 days, and we may take one additional 30-day extension when permitted by law (we will tell you in writing if an extension is needed).

Your HIPAA Privacy Rights

Under HIPAA, you have rights regarding your PHI. These include the right to request access to your records; to ask us to correct information you believe is incorrect, and to request an accounting of certain disclosures. You may also request restrictions on certain uses/disclosures (we are not required to agree in all cases), and you may request that we communicate with you in a specific way or at a specific location (for example, by mail instead of phone). For a complete description of your rights and how to exercise them, please see our Notice of Privacy Practices.

Mandated Reporting

Food Outreach staff are “mandated reporters.” This means they must tell the state if they believe:

- A child is being abused or neglected
- An adult age 60 or older, or an adult with a disability, is being abused, neglected, bullied, or financially exploited

Staff do not have to tell you if they will make a report.

Contact Information

If you have questions or concerns about HIPAA or your privacy, you may contact the Food Outreach HIPAA Compliance Officer. You may also ask to see our Privacy Notice or request changes or limits to how your information is used. Any requests must be made in writing.

HIPAA Compliance Officer

Sydney Gosik, Director of Nutrition and Programs

314-710-5532

sydney@foodoutreach.org

Sharing Your Information with Others (Optional)

If you would like Food Outreach to share your PHI with another person or organization (for example, a family member, case manager, or another provider), please complete a separate HIPAA Authorization form. You may revoke authorization in writing at any time.

Client Signature

I have read and understand the services provided by Food Outreach, the rules for being a client, how to make a complaint, the liability and release rules, and my HIPAA privacy rights. I agree to follow these rules to stay a client of Food Outreach. I acknowledge that I received Food Outreach's Notice of Privacy Practices.

Printed Name

Client ID #

Signature

Date

Please help us keep your profile up to date by providing your information below. Thank you!

Address
Unit/Apartment #

City, State

Zip Code

Phone Number

Can we text or leave you a message? (Yes/No): _____

FOR OFFICE USE ONLY

Staff Member

Date

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Food Outreach

3117 Olive Street, St. Louis, MO 63103

314-652-3663

This form allows you to authorize Food Outreach to use and/or disclose your PHI to a person or organization you choose. You do not have to sign this authorization unless you want us to share your information as described below.

1) Person/organization authorized to disclose PHI

Food Outreach (and its workforce members)

2) Person/organization authorized to receive PHI

Name/Organization: _____

Address/Fax/Email: _____

Phone: _____

3) Description of PHI to be disclosed (check all that apply)

- ☐ Intake information / eligibility documentation
- ☐ Nutrition assessment and related notes
- ☐ Diagnoses / problem list
- ☐ Medication list
- ☐ Allergies / dietary restrictions
- ☐ Laboratory results (specify): _____
- ☐ Service dates and participation information
- ☐ Other (describe): _____

4) Purpose of disclosure

- ☐ Coordination of care / services
- ☐ Eligibility
- ☐ Personal use
- ☐ Other (describe): _____

5) How information may be sent (optional)

- ☐ Secure email
- ☐ Standard email (may be less secure)
- ☐ Fax
- ☐ Mail
- ☐ Pick-up
- ☐ Text message (limited information)
- ☐ Phone call / voicemail (limited information)

6) Expiration

This authorization will expire on (date or event): _____
If no expiration is listed, this authorization expires one (1) year from the date signed.

7) Your rights and important statements

- You may revoke this authorization at any time by sending a written request to Food Outreach at the address above. Your revocation will not affect any actions taken before we received it.
- We will not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization, unless the authorization is needed to provide a service that is solely for the purpose of creating PHI for disclosure to a third party.
- Information disclosed under this authorization may be subject to re-disclosure by the recipient and may no longer be protected by HIPAA.

8) Signature

Client/Participant Name: _____

Date of Birth: _____

Signature: _____ **Date:** _____

If signed by a personal representative, describe relationship/authority:

Representative Name: _____ Phone: _____