



REGION 10 PIHP

| | | | |
|---|----------------------|---|------------------------------------|
| SUBJECT HIPAA Privacy Measures – Protected Health Information | CHAPTER 03 | SECTION 03 | SUBJECT 02 |
| CHAPTER Information Management | | SECTION Health Records | |
| WRITTEN BY Kathy Tilley & Kelly VanWormer | | REVIEWED BY Kaitlin Ostrowski | AUTHORIZED BY PIHP Board |

I. APPLICATION:

- PIHP Board CMH Providers SUD Providers
- PIHP Staff CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP that the PIHP and its providers employ safeguards to ensure the privacy of individuals’ protected health information to meet the Health Insurance Portability and Accountability Act (HIPAA) privacy standards, with revisions from the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), and handle SUD information as required of 42 CFR Part 2.

III. DEFINITIONS:

Covered Entity: A health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a transaction covered by subchapter 45 CFR §160.103. A covered entity may be a business associate. Region 10 PIHP is a covered entity.

Protected Health Information (PHI): PHI, as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), with revisions from the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), includes 18 identifiers that can be used to uniquely identify a person by their demographic information, health conditions, medical histories, assessment/laboratory/test results, services or insurance beneficiary information as i) Transmitted by electronic media; (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium. For PHI exclusions see 45 CFR §160.103. (See HIPAA Privacy Rules for more information).

Provider: CMHSP and SUD providers, individual or corporation; any CMHSP subcontracted provider/practitioner, individual or corporation.

IV. STANDARDS:

- A. All plans and policies must address the following items:

REGION 10 PIHP

| | | | |
|---|----------------------------------|----------------------|----------------------|
| SUBJECT HIPAA Privacy Measures – Protected Health Information | CHAPTER 03 | SECTION 03 | SUBJECT 02 |
| CHAPTER Information Management | SECTION Health Records | | |

1. The PIHP Board and its officers, employees, agents, and providers will not use or supply protected health care information of persons served for non-health care uses, such as direct marketing, employment, or credit evaluation purposes without his/her written authorization.
2. Protected health information of persons served will be used to provide proper diagnosis and treatment; with the individual's knowledge and consent; to receive reimbursement for services provided; for research and similar purposes designed to improve the quality and to reduce the cost of health care; and as a basis for required reporting of health information.
3. Implementation of technical safeguards to ensure which personal positions can access which types of protected health information. When technical safeguards are impossible or impractical to establish, staff will be responsible for accessing only the minimum necessary protected health information required to do their job.
4. Staff will be trained in agency policies and procedures relevant to their job duties and protected health information.
5. A Notice of Privacy Practices is provided to individuals as adequate notice of the uses and disclosures of protected health information that may be made by the covered entity and of the individual's rights and covered entity's legal duties with respect to protected health information.

V. **PROCEDURES:**

A. PIHP:

1. Maintains a Privacy Notice which includes required elements as identified in 45 CFR 164.520.
2. The PIHP Privacy Notice is given to individuals at the time of enrollment, no less frequently than once every three years, and whenever there is a material change to the notice.
3. Maintains the PIHP Privacy Notice on its website in a conspicuous location.
4. Documents compliance with the Privacy Notice requirements.
5. The PIHP maintains a Privacy Officer staff member designation and this information is posted on the PIHP website.
6. All staff will store protected health information in a secure fashion which includes:
 - a) Logging off/locking of workstations when not in use/away from desk.
 - b) Locking materials away when not being worked on.
 - c) Secure interoffice mail in confidential envelopes.
 - d) Not leaving individuals' information unattended.
 - e) Not faxing any identifiable personal information unless it is an emergency.
 - f) Not emailing identifiable protected health care information.

REGION 10 PIHP

| | | | |
|---|----------------------------------|----------------------|----------------------|
| SUBJECT HIPAA Privacy Measures – Protected Health Information | CHAPTER 03 | SECTION 03 | SUBJECT 02 |
| CHAPTER Information Management | SECTION Health Records | | |

B. Providers:

1. Maintain a Privacy Notice which includes required elements as identified in 45 CFR 164.520.
2. The Provider Privacy Notice is given to individuals no later than the first service delivery or as soon as reasonably practicable after an emergency treatment situation. The Provider Privacy Notice is given to individuals whenever the notice is revised and upon request.
3. The Provider makes a good faith effort to obtain a written acknowledgement of receipt of the notice except in an emergency treatment situation.
4. If the Provider maintains a physical service delivery site, the Provider Privacy Notice is available at the service delivery site and posted in a clear and prominent location.
5. If the Provider maintains a website, the Provider Privacy Notice is posted on its website in a conspicuous location.
6. Documents compliance with the Privacy Notice requirements.

VI. **EXHIBITS:**

None.

VII. **REFERENCES:**

- A. 45 CFR Part 160 and Part 164
- B. 45 CFR 164.520 Notice of privacy practices for protected health information.