Section: 8.17

ASHTABULA COUNTY HEALTH DEPARTMENT

Health Insurance Portability and Accountability Act Compliance Plan

Purpose Statement: The HIPAA General Operating Policy is adopted by the Ashtabula County Health Department (ACHD) to comply with our responsibility to protect individually identifiable health information and the system components that such data resides in under the Health Insurance Portability and Accountability Act (HIPAA), the security and privacy regulations implementing HIPAA, other federal and state laws protecting confidentiality of the health information, professional ethics, and accreditation requirements.

It is the policy of the ACHD to implement appropriate administrative, technical & physical safeguards to protect health information maintained or created by its offices in accordance with applicable state and federal privacy laws and regulations.

Protected Health Information (PHI) shall be considered confidential and shall not be disclosed except as permitted by these policies or otherwise as required by law.

STAFF RESPONSIBILITY: It is the responsibility of all staff members to comply with the components outlined in this plan. Staff members will review the plan and sign a statement stating that the plan has been reviewed annually.

All items containing client information including charts, records, and computer discs will be kept in locked cabinets or behind locked doors when not in use.

Staff members will safeguard work areas by turning over confidential identifying information on their desk & closing office doors while temporarily away from their work area.

Staff members will not discuss personally identifying confidential information where it might be overheard, such as in hallways or corridors. Phone calls discussing personally identifying client information will be placed on a phone that is in a closed office and not at the registration desk.

Computer screens should be turned away from areas where the public or clients may accidentally view personally identifying information.

E-mail exchanges containing personally identifying confidential information should be prominently identified as "Confidential" in the subject line and begin with the following disclosure statement "Information contained within this e-mail is confidential. If you have received this e-mail in error, please contact (staff member's name) immediately and delete this message. Thank you."

Traditional mail containing personally identifying confidential information will be sealed appropriately and addressed in the most specific way logical for delivery.

Only those employees deemed necessary, as a requirement to carry out their job duties, by the health commissioner, director of nursing or the medical director shall have access to client records. (When access to the entire medical record is necessary for the continued treatment of a client, a case by case review is not required.)

Student nurses shall be permitted access to well child and immunization records when a patient has given consent.

Documents containing personally identifying confidential information, including charts will not be left in the hallway. They will be placed inside of the patient exam rooms and locked in filing cabinet when not in use.

Client names may be placed on sign in sheets but no other information such as purpose of the visit will be put on the sheet. To better safeguard incidental disclosure when a client is registering or speaking with staff in the waiting room staff members will request those waiting to be served to stand several paces away from the desk until called.

Staff members will assure that information being faxed that contains personally identifying confidential information is faxed to a secured fax machine. (This may necessitate a call to the agency receiving the fax prior to sending it to be sure that this information will be safeguarded and only those who "need to know" will see it.) The fax will be sent with a cover sheet that states the fax is confidential and only to be seen by the person to whom it is addressed.

Staff members may leave messages for clients with a family member or on an answering machine when the client is not home. However, staff will use professional judgment to assure that such disclosures are in the best interest of the individual and that only necessary limited information is disclosed.

No unauthorized person will be permitted unescorted access to the physical premise of the health department's nonpublic areas. Such areas include staff offices, storage facilities, or other areas containing personally identifying confidential information.

Upon termination of employment staff members will assure that computer codes are deleted and identification badges are turned in.

If a computer laptop is taken to an offsite clinic care will be exercised to ensure that the screen is not viewable by unauthorized persons and that unauthorized access is not gained.

Communicable disease report forms or other documents containing confidential patient information will be mailed to physician's offices and other agencies in mailing envelopes marked "Confidential" to ensure that only those with a "need to know" will have access to the information.

Mail that is specifically address to a specific PHN or to the nursing division will only be opened by that person or a designated person in the nursing division.

Forms deemed unnecessary for retention which contain personally identifiable information will be shredded and not placed in garbage or recycle bins. Shredding bins will be stored in a non-public area of the facility.

Staff members will inform clients of their rights and responsibilities pertaining to the HIPAA plan.

PATIENT/CLIENT RIGHTS AND RESPONSIBILITIES

The client will be provided with clear explanations of his/her rights under HIPAA in regards to Personal Health Information (PHI) on or before the first date of services delivery. The client will sign a written acknowledgement of the receipt of Notice of Privacy.

The client has the right to access his/her medical record as permitted under the law. There are exceptions to the client's right of access.

When a client permits another family member or individual involved in the client's care to be present during a disclosure of health information, it is reasonable for staff members to infer that the client does not object to the disclosure.

Patients requesting medical information to be released to another facility, such as a physician's office or another health department must sign a records release before the information will be released.

Oral consent with documentation is acceptable provided there is a witness to the verbal consent. Written consent must be obtained as soon as possible. This can be done by mailing the document with a self-addressed stamped envelope to the client. Documentation of oral and written consent will be retained in the client's chart.

The client has the right to revoke the consent in writing at any time. The health department is not responsible for any information that may have already been released between the times the client gave consent until the time the consent was revoked.

Parents will be able to access health information of their minor children on a case by case basis. (Information on sexually transmitted diseases will not be released without approval from the director of nursing or the health commissioner).

The client has the right to request restrictions on disclosures in which case the Public Health Nurse (PHN) will only disclose the information deemed necessary to the person or agency to provide the services requested by the client. The PHN need not agree with the restriction requested, but is bound by any restriction to which is agreed with the client.

Patients may file a written complaint or grievance with the person designated to oversee and enforce the health department's HIPAA compliance program.

AGENCY/BOARD RESPONSIBILITY

The ACHD will form a HIPAA Committee to address concerns with HIPAA issues.

The ACHD will appoint a HIPAA compliance officer to oversee and enforce the health departments HIPAA program. In the event of the position being unfilled, the Health Commissioner of the agency immediately assumes the office until a new member of staff can be appointed.

The Compliance officer oversees all ongoing activities related to the development, implementation, maintenance of and adherence to the organization's policies and procedures covering the HIPAA program.

Position Title: ACHD Compliance Officer - Christine Kettunen, PhD MSN RN CIC
Director of Nursing
Ashtabula County Health Department
12 West Jefferson Street Jefferson, Ohio 44047
(440) 576-3023 or (440) 576-6010

Immediate Supervisor: Raymond Saporito, Health Commissioner
Ashtabula County Health Department

The compliance officer will provide ongoing monitoring of the plan and provide education as changes occur or needs arise.

The Compliance officer is responsible for investigating and responding to privacy complaints and violations.

If a client or client representative files a complaint with ACHD the compliance officer must begin an investigation within seven days of notice. If the officer is not available the health commissioner must assign a staff member to begin the investigation.

At the conclusion of the investigation a certified letter will be sent to the client who issued the complaint indicating the results of the investigation and any actions available to minimize the impact to the client caused by the indiscretion.

A file of the investigation will be retained for six years.

An annual review of all complaint investigations will be conducted by the compliance officer, the HIPAA committee and the health commissioner. The results of this review will be entered into the complaint log.
The Board of Health will develop penalties for violations of HIPAA. The ACHD is committed to taking and will take appropriate measures against staff members who violate any policy or procedure concerning the privacy of client information.

ACHD maintains a current inventory of all computer systems that contain private health information. This is kept on file and updated annually.

ACHD will assure that all computers will not be accessible without a personal password and that computer system passwords have a built in 60 day expiration. At that time each employee is responsible for changing their password.

ACHD assures that firewalls are created interdepartmentally and password access to personally identifiable information is required.

ACHD will assure that health care information transmitted electronically is transmitted via secure phone lines or computers. There is no remote access to internal networks except via our computer consultant who has access to the system, but not to any files with personally identifiable information.

The prosecutor's office shall be consulted regarding compliance of HIPAA and review all policies and consents related to HIPAA for the ACHD.
It is strictly forbidden by both the ACHD and federal law to intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any person, including employees, staff, clients, visitors, and others for the exercise of any right set forth in this policy, including the filing of a complaint to either our organization or to the Secretary of the U.S. Department of Health and Human Services; for testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing regarding the federal law on client privacy; or for opposing any act or practice made unlawful by the federal client privacy law or privacy policies provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of health information in violation of federal law or our policy.

I have reviewed and will comply with the ACHD/HIPAA Compliance Plan.

Signature of Employee_____Date_____

ASHTABULA COUNTY HEALTH DEPARTMENT NOTICE OF PRIVACY PRACTICE

The federal HIPAA regulations on client privacy and confidentiality require us to provide notice to our clients about how Personal Health Information (PHI) may be used and disclosed by our organization.

THIS NOTICE DESCRIB ES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

I understand that as a healthcare provider, the Ashtabula County Health Department uses personal health information about patients that may contain information describing health history, symptoms, examinations, test results, diagnoses, treatment, and any plans for the future care or treatment. ACHD protects the privacy of this information, and it is also protected from disclosure by state and federal law. ACHD must keep my personal health care information from others who do not need to know it. In certain circumstances, pursuant to this Notice, patient authorization or applicable laws and regulations, personal health information can be used by the ACHD or disclosed to other parties. Below are categories describing these uses and disclosures:

As a basis for treatment: The ACHD may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI to another health care provider.

For Payment: The ACHD may use and disclose PHI in order to bill and collect payment for the health care services provided to you. For example, ACHD may need to give PHI to your health plan in order to be reimbursed for the services provided to you.
For Health Care Operations: ACHD may use and disclose PHI as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you.

Workers Compensation: ACHD may disclose PHI to comply with workers compensation or other similar laws.

As required by Law and Law Enforcement: ACHD may use or disclose PHI when required to do so by applicable law. ACHD may also disclose PHI when ordered to do so in a judicial or administrative proceeding for law enforcement purposes.

For Health Oversight Activities: ACHD may disclose PHI to government officials in charge of collecting information about preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

Disclosures to You or for HIPAA Compliance Investigations: ACHD may disclose your PHI to you or to your personal representative, and is required to do so in certain circumstances in connection with your rights to access your PHI. ACHD must disclose your PHI to the secretary of the United States Department of Health and Human Services when requested by the secretary in order to investigate compliance with privacy regulations
issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The ACHD is required by law to maintain the privacy of your PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. The ACHD reserves the right to change this Notice as necessary. These changes may be precipitated by, but not limited to: federal regulations, state laws, or to improve our compliance with HIPAA. The revised notice will be posted. All clients arriving for treatment after the effective date will receive the revised notice.

You may request the ACHD restrict the use and disclosure of your PHI. ACHD is not required to agree to any restrictions you request, but if it does so, it will be bound by the restrictions to which it agrees, except in emergency situations.

You have the right to request that communications of PHI to you from ACHD be made by a particular means or at particular locations. For example, you may request that communications be made at your work address, or by e-mail rather than regular mail. You requests must be made in writing.

You have the right to inspect and copy your PHI maintained by the ACHD. ACHD may impose a reasonable fee to cover copying, postage and related costs if you request more than one copy of an entire chart.

If you believe that your PHI contains an error or needs to be updated, you have the right to request that ACHD correct or supplement your PHI. If you believe your privacy rights with respect to your PHI have been violated, you may complain to the ACHD by contacting the Compliance Office. ACHD will in no manner penalize you or retaliate against you for filling a compliant regarding the privacy practices. You also have the right to file a complaint with the Office of Civil Rights.

I understand that I have the right to request restriction as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action.

This notice is yours to keep. If we change anything in this notice, you will get a new notice when you receive services at ACHD. If you would like to ask we restrict the use and disclosure of your PHI, please sign, detach and return the following page. (In some instances, we may not be able to agree with your request)

If you have any concerns please contact the compliance officer:
Chris Kettunen PhD, MSN, RN, CIC
12 West Jefferson Street
Jefferson, Ohio 44047
Phone (440)576-3023 or (440)576-6010

Approved: July 9, 2014

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