

Yakutat Community Health Center

Privacy 8.0-HIPAA PRIVACY PROGRAM

164.530

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Effective Date: 12-1-2017

Responsible for Review: **Chief Compliance Officer**

Scheduled Review Date: 12-1-2019

Purpose

To comply with the Administrative Simplification Act component of HIPAA Privacy, to secure and maintain the confidentiality of Protected Health Information (PHI), maintain sensitive organizational information at Yakutat Community Health Center (YCHC) and prevent and detect inappropriate and illegal uses and disclosures.

Policy

YCHC shall be responsible for implementation of the administrative requirements under the federal privacy rule.

YCHC will designate a privacy official to be responsible for the development and implementation of the policies and procedures of YCHC [45 CFR 164.530(a)(1)(i)]

Definitions:

- I. Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- II. Individually Identifiable Health Information (IIHI). Under Section 160.103 of HIPAA, IIHI is defined as information that is a subset of health information, including demographic information collected from an individual, and:
 - A. Is created or received by a health care provider, health plan, employer or health care clearinghouse
 - B. Relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and
 1. That identifies the individual
 2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
 - C. IIHI includes identifiers of the patient, relatives, employers or household members such as the following (§164.514):
 1. Names
 2. Geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code (except for the initial 3 digits of a zip code if, according to the current publicly available data from the Bureaus of the Census the all zip codes with the same 3 initial digits contains more than 20,000 people)
 3. All elements of dates (except year) directly related to an individual, including birth date, admission date, discharge date, date of death, all ages over 89 and all elements

of dates indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older

4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic or code

- III. Protected Health Information (PHI). Under Section 164.501 of HIPAA, PHI means IHI that is transmitted and maintained in electronic media or in any other form or medium.
- IV. In compliance with §164.524 contained within the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), YCHC maintains a Designated Record Set (DRS). The DRS includes medical and billing records to which patients and/or their personal representatives have the right to access, inspect and copy. Records include any item, collection or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for a provider (§164.501). Refer to Policy 01-65 for a listing of PHI that consists of the designated record set.
- V. The health care records of a patient are the property of YCHC but the information maintained within the record belongs to the patient.
- VI. An Individual, for purposes of HIPAA, is the patient and his/her legal Personal Representative (§164.502(g)).
- VII. A Personal Representative is one who under law has the authority to act on behalf of a patient in making decisions related to health care (i.e., a parent, guardian or legal custodian under WI stat. 48.02(8) and (11)). Personal Representatives may have access to and or request amendment of PHI relevant to their representative capacity unless there is a reasonable belief that the patient has been or may be subjected to domestic violence, abuse or neglect by such person, the release could endanger the patient, or in the exercise of professional judgment it is decided that it is not in the best interest of the patient to treat the person as the patient's personal representative [§164.502(g)].
- VIII. Treatment. The provision, coordination or management of health care and related services, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another (§164.501).
- IX. Payment. Activities undertaken by YCHC to obtain or provide reimbursement for the provision of health care. Activities for payment include eligibility of coverage determination, billing, claims management, collection activities, utilization review including

precertification, preauthorization, concurrent and retrospective review of services, and specified disclosures to consumer reporting agencies (§164.501).

- X. Health Care Operations. Quality assessment and improvement activities; reviewing the competence, qualifications, performance of health care professionals, conducting training programs, accreditation, certification, licensing, credentialing, underwriting, premium rating and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits; conducting or arranging for medical review, legal services and audition functions; business planning and development; business management (§164.501).
- XI. Workforce. Under Section 160.103 of HIPAA, workforce means employees, volunteers, trainees and other persons whose conduct, in the performance of work for YCHC, is under the direct control of YCHC, whether or not they are paid by YCHC.
- XII. Provider: Under Section 160.103 of HIPAA, a provider of medical or health services (as defined in section 1861(u) of the Act, 42 U.S.C. 1395x(u) and 1861(s) of the Act, 42 U.S.C. 1395x(s)) and any other person or organization who furnishes, bills or is paid for health care in the normal course of business. Providers at YCHC are those contracted, subcontracted or employed and provides services on behalf of YCHC.

Procedures

- I. YCHC is committed to complying with the HIPAA Privacy Rule efforts throughout the organization and focus on maintaining the confidentiality of patients' PHI through appropriate, authorized access, uses and disclosures.
- II. YCHC and its business affiliates create, store, maintain, use, transmit, collect and disseminate PHI in an environment that promotes confidentiality and integrity without compromising information availability.
- III. Confidentiality policies and procedures are reinforced throughout YCHC and followed by all physicians and workforce members.
- IV. The HIPAA Privacy Officer oversees the HIPAA Privacy program. [§164.530(a)(1)(i)].
 - A. The HIPAA Privacy program may include a team. The following positions are recommended to be considered/involved in the administration of the Privacy Rule. (Recommend meeting at least quarterly, filing meeting minutes in the HIPAA Privacy Officer's files)
 1. Corporate Compliance Officer
 2. HIS Director
 3. HIM Director
 4. I/S Decision Support Manager
 5. HIPAA Privacy Officer
 6. Physical Plant Security Officer
 7. Technical Security Officer
 8. Physical Plant Security Officer
 9. Risk manager
 10. Compliance officer
 11. Medical director

- V. The HIPAA Privacy Officer is responsible for the facilitation of the following functions which reinforce compliance with the HIPAA Privacy Rule, patient confidentiality, access laws and YCHC's policies and procedures pertaining to them:
- A. Establish and maintain written policies and procedures that place appropriate administrative, technical and physical safeguards to protect the privacy of PHI from intentional or unintentional uses and disclosures that are in violation of the law [§164.530(c & i)].
 - 1. Update policies and procedures as necessary and appropriate, and in compliance with YCHC's Notice of Privacy Practices, to comply with changes in the law [§164.530(i)(2-4)].
 - 2. Make necessary changes to YCHC's Notice of Privacy Practices [§164.530(i)(2 & 3)].
 - 3. Maintain policies and procedures (including any changes made) in written or electronic form for six years from the date of its creation or the date when it last was in effect, whichever is later [§164.530(j)].
 - B. Make all reasonable efforts to limit incidental uses and disclosures [§164.530(c)(2)(ii)].
 - C. Provide training for its workforce members of the established policies and procedures as necessary to and appropriate to carry out their job functions and document the training provided [§164.530(b)].
 - 1. To each member of the workforce by no later than the compliance date for YCHC
 - 2. To new workforce members during their first month of employment
 - 3. To existing workforce members annually¹
 - 4. To existing workforce members whose functions are affected by a material change in the policies and procedures, within a month after the material change becomes effective
 - D. Maintain a program promoting workforce members and patients to report complaints concerning compliance of the law and YCHC policies and procedures to the Chief Compliance Officer [§164.530(a & d)].
 - 1. Promptly and properly investigate and address reported violations, taking steps to prevent recurrence
 - 2. Document all complaints and follow up documentation and file them [§164.530(d)(2)]
 - E. Persons, including workforce members and patients, who make reports or participate in an investigation of violations in good faith will not be subject to intimidation, treats, coercion, discrimination against or any other retaliatory action as a consequence [§164.530(g)].
 - F. Mitigate, to the extent practicable, any harmful effect that is known to the YCHC of a use or disclosure of PHI in violation of its policies and procedures or the requirements of the law by YCHC or its business associate [§164.530(f)].
 - G. Consistently enforce the law and YCHC's policies and procedures through appropriate disciplinary mechanisms [§164.530(e)].
 - 1. Actions taken against a workforce member who failed to comply with the policies and procedures are documented and filed in the Privacy Officer's files [§164.530(e)(2)].
 - H. Monitor, audit and reinforce compliance with the law and YCHC's policies and procedures.
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- I. Provide assistance to patients and other workforce members about the law and YCHC policies and procedures [§164.530(a)(1)(ii)].
- J. Do not require individuals to waive their legal rights as a condition of the provision of treatment or payment [§164.530(h)].
- K. Implement, Distribute and Maintain the Notice of Privacy Practices [§164.520(a-e)].
 - 1. Maintain a copy of the Notice (including changes made) for six years from the date when it was last in effect.
 - 2. Update the Notice to reflect changes in the law or YCHC policies and procedures.
 - 3. Distribute the Notice.
 - 4. Direct questions regarding the Notice to (PERSON or OFFICE).
- VI. YCHC will implement, monitor and maintain a Business Associate Agreement with affiliate business entities when required by law.
- VII. Documentation
 - A. All documentation related to and/or required by HIPAA, including but not limited to compliance enforcement, activities such as training, policies and procedures, complaint investigations, designated record sets, etc. are maintained for six years from the date of creation, or the date it was last in effect, whichever is later [§164.530(j)]. Documentation may be maintained in written or electronic form [§164.530(j)(1)(ii)].

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