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North Sound Behavioral Health Organization

Section 2500 – Privacy: Disposal of Protected Health Information (PHI)

Authorizing Source: 45 CFR 164 (HIPAA); 42 CFR (Part 2); RCW 70.02

Cancels:

See Also:

Responsible Staff: Privacy Officer

Executive Director's Signature:

Approved by: Board of Directors

Motion #: 03-013

Date: 4/14/2003

Date: 3/6/2018

POLICY #2505.00

SUBJECT: DISPOSAL OF PROTECTED HEALTH INFORMATION (PHI)

PURPOSE

In compliance with Health Insurance Portability and Accountability Act (HIPAA), Part 2 and Washington law, this policy sets out requirements concerning the proper disposal of PHI.

Capitalized terms have special meanings. Definitions under this policy include Business Associate, PHI, Qualified Service Organizations (QSO) and Workforce. See Policy 2502.00: Definitions for Policies Governing PHI.

POLICY

North Sound Behavioral Health Organization (North Sound BHO) has a duty to protect the privacy security, confidentiality and integrity of PHI, as Required by Law and professional ethics. All documents and records that include PHI, whether paper or electronic, must be disposed of in a manner that protects against the unlawful or undesirable disclosure to, or use by, unauthorized persons.

PROCEDURES

1. Destruction of Paper or Hard Copy PHI

- 1.1 **General Requirements.** For PHI in paper records, shredding, burning, pulping, or pulverizing the records is required so that PHI is unreadable, indecipherable, and otherwise cannot be reconstructed. If hardcopy PHI (paper, microfilm, microfiche, etc.) cannot be shredded, then it must be incinerated or chemically destroyed.
- 1.2 **No Use of Trash or Unsecured Recycling Bins.** Workforce never may discard PHI in trash bins, unsecured recycle bags or bins, or other publicly accessible locations.
- 1.3 **Shredding.** For proper disposal of PHI, Workforce members shall shred all PHI on paper that is to be disposed. This will be either by personally shredding documents using an appropriate shredding machine or by depositing paper into a locked bin that is designated for shredding by a Business Associate/Qualified Service Organization (QSO). See Section 1.4 of this policy.

1.4 **Disposal Company.** For large amounts of PHI to be disposed, at the direction of the Privacy Officer and/or HIPAA Security Officer, the Contract Manager will arrange for the services of a Business Associate specializing in the disposal of confidential records. See Policy 2502: Business Associates/Qualified Service Organizations.

1.4.1 **Written Assurances.** In these instances, North Sound BHO and the disposal company shall enter into one or more agreements that establishes the services to be provided, imposes the mandatory content for a Business Associate Agreement, and provides that the disposal company:

- (a) Is fully bound by the provisions of Part 2 upon receipt of Part 2 Information.
- (b) Receives from North Sound BHO one of the two following notices:

- (c) This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65 or 42 CFR part 2 prohibits unauthorized disclosure of these records.

- (a) Implements appropriate safeguards to prevent unauthorized uses and disclosures of Part 2 Information.
- (b) Report any unauthorized uses, disclosures, or breaches of Part 2 Information to North Sound BHO and
- (c) Not re-disclose Part 2 Information to a third party unless the third party is a contract agent of the disposal company helping the disposal company provide services described in the services agreement and only if the agent only further discloses the Part 2 Information back to the disposal company or North Sound BHO.

- (a) 1.4.2 **Certification of Destruction.** North Sound BHO will require the disposal company to provide a certification or other documentation of destruction (which might take the form of an invoice for the service provided) that contains the following information: Date of destruction;
- (b) Method of destruction; and

(c) A statement that the records have been securely destroyed in the normal course of business.

2. **Destruction of Electronic Copies.** Workforce will use secure methods to dispose of electronic PHI. Electronic PHI may be maintained, for example, on hard drives on laptops or desktops, USB jump or flash drives, zip disks, SCSI drives, magnetic tapes, digital images, and audio/visual media such as CDs/DVDs. North Sound BHO's IS/IT Administrator and/or HIPAA Security Officer is responsible for the destruction of all electronic PHI using the following methods (or other methods approved by the Privacy Officer or Security Officer):
 - 2.1 **Deletion.** Deleting on-line data using the appropriate utilities;
 - 2.2 **Degaussing.** "Degaussing" or "purging" computer tapes to prevent recovery of data;
 - 2.3 **Removal.** Removing PHI from mainframe disk drives, computer and external drives and photocopy equipment being sold or replaced, using the appropriate initialization utilities;
 - 2.4 **Erasure.** Erasing diskettes or "clearing," which is commonly achieved by overwriting existing data, that later may be re-used using a special utility to prevent recovery of data; or
 - 2.5 **Destruction.** Destroying discarded diskettes (e.g., shredding, pulverizing, or incinerating).
3. **Documentation.** Documentation shall be maintained for at least six (6) years. Documentation retention requirements include:
 - 3.1 **Disposal of PHI policies and procedures.**
 - 3.2 **Documentation of appropriate disposal.**
4. **Related Policies.** Other policies and procedures to review that are related to this policy:
 - 4.1 **Policy 2500: Privacy and Confidentiality.**
 - 4.2 **Policy 2501: Definitions for Policies Governing PHI.**
 - 4.3 **Policy 2502: Business Associate/Qualified Service Organization.**

FORMS

None