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North Sound Behavioral Health Organization

Section 2500 – Privacy: Safeguarding Protected Health Information (PHI)

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

Cancels:

See Also:

Responsible Staff: Security Officer

Executive Director's Signature:

Approved by: Board of Directors

Motion #: 03-013

Date: 4/14/2003

Date: 3/6/2018

POLICY #2519.00

SUBJECT: SAFEGUARDING PROTECTED HEALTH INFORMATION (PHI)

PURPOSE

In compliance with Health Insurance Portability and Accountability Act (HIPAA), Part 2 and Washington law, this policy sets out the requirements for safeguarding PHI in all media.

Capitalized terms have special meanings. Defined terms in this policy include Individual, PHI, and Workforce. See Policy 2502.00: Definitions for Policies Governing PHI.

POLICY

North Sound Behavioral Health Organization (North Sound BHO) will maintain reasonable and appropriate safeguards to prevent impermissible uses or disclosures of PHI. This policy supplements North Sound BHO's security policies, procedures and practices.

PROCEDURES

1. **Responsibility of Security Officer.** North Sound BHO will assign responsibility for all matters relating to safeguarding of PHI to the Security Officer. The Security Officer will be responsible, in part, for assuring that all PHI whether in oral, written, or electronic form is reasonably secure from accidental or intentional impermissible uses and disclosures under HIPAA, Part 2, and Washington law.
2. **Verbally Communicating PHI**
 - 2.1 **Reasonable Measures.** Workforce members shall take reasonable measures to verbally communicate PHI in a manner that minimizes inappropriate disclosures to third parties, including:
 - 2.1.1 Verbally disclosing PHI only in private when a private space is reasonably available.
 - 2.1.2 When it is necessary to verbally disclose PHI in a public space, communicating at a reasonable volume to minimize disclosures to third parties and limiting the information that is disclosed.

3. Creation of Hard-Copy PHI

- 3.1 **Creation of Hard Copy Only When Necessary.** Workforce shall not print or write down PHI when it is not necessary to do so.
- 3.2 **Limit Documents Containing Large Amounts of PHI.** Workforce shall not create a hard-copy document containing the PHI relating to 500 or more Individuals without the Security Officer's or Privacy Officer's approval. The Security Officer or Privacy Officer shall verify it is necessary to print the document and the document is securely maintained and securely destroyed when no longer necessary.

4. Maintenance of Hard-Copy PHI

- 4.1 **Secure Location.** Workforce shall maintain all hard copy PHI in secure or locked rooms, locked cabinets, safe, or similar container or storage facility, when unattended or not in use. Workforce shall secure any keys or keycards from unauthorized persons.
- 4.2 **Clean Desk.** Workforce shall not leave PHI unattended and shall maintain a "clean desk" policy when leaving for breaks or the end of a shift.
- 4.3 **No Removal.** Workforce shall not remove hard-copy PHI from a North Sound BHO office or facility without the Security Officer's or Privacy Officer's approval. The Security Officer or Privacy Officer shall verify it is appropriate to remove the hard-copy PHI, it is not feasible to instead access the PHI electronically over a secure connection and the Workforce member has a plan for maintaining the security of the PHI while it is offsite.

5. Transmission of Hard-Copy PHI

- 5.1 **Mail.** When mailing PHI, the Workforce member will review the postal address for accuracy and will verify the correct PHI is going to the correct recipient. In any mass-mailings or mail-merges involving PHI, a Workforce member will review at least one (1) sample to check that letters include the correct content and are properly addressed.
- 5.2 **Faxing.** When faxing PHI, the Workforce member will:
 - 5.2.1 Use a cover sheet that indicates the intended recipient and instructs any other recipient to immediately contact the North Sound BHO Security Officer or Privacy Officer without looking at the contents of the fax;
 - 5.2.2 Use a preprogrammed fax number, when available or carefully review the fax number of the recipient is correct before sending;
 - 5.2.3 Use a setting that allows the Workforce member to obtain a confirmation page; and
 - 5.2.4 Follow-up a fax by notifying the intended recipient the fax has been transmitted.

6. **Electronic PHI.** Safeguards for Electronic PHI are addressed in the Series 4000 policies and other security policies, procedures and practices.
7. **Authorized Access.** Only authorized Workforce with a job-related need to know may access workstations, secure rooms, safes, or other similar containers and storage units.
8. **Destruction of PHI.** PHI shall be disposed of and destroyed in the manner set out in Policy 2505.00: Disposal of PHI and in accordance with North Sound BHO's record retention policies, procedures and practices.
9. **Documentation.** Documentation retention requirement shall be retained at least six (6) years. Documentation retention requirements include:
 - 9.1 **Policies and procedures for personnel;**
 - 9.2 **Personnel assignments;**
 - 9.3 **Any approvals to remove hard-copy PHI from North Sound BHO premises;**
 - 9.4 **Policies and procedures for audit controls and internal audit; and**
 - 9.5 **Policies and procedures for data and entity authentication.**
10. **Related Policies.** Other policies and procedures to review that are related to this policy:
 - 11.1 **Policy 2501.00: Privacy and Confidentiality;**
 - 11.2 **Policy 2502: Definitions for Policies Governing PHI;**
 - 11.3 **Policy 2504.00: Designated Record Set;**
 - 11.4 **Policy 2505.00: Disposal of PHI;**
 - 11.5 **Policy 2506.00: Documentation;**
 - 11.6 **Policy 2509.00: Minimum Necessary;**
 - 11.7 **Policy 2520.00: Training of the Workforce; and**
 - 11.8 **Policies in the 4000 Series.**

ATTACHMENTS

None