Department of Health, Housing & Human Services (H3S)

POLICY TITLE:	Safeguarding Protected Health Information		
POLICY ID:	HP-15	**EFFECTIVE DATE:**	
SECTION:	H3S Directors Office	**REVISION DATES:**	
CHAPTER:	Privacy HIPAA	**NEXT REVIEW:**	
CONTACT:	H3S Privacy Coordinator	**REVIEWED BY:**	County Counsel
APPLIES TO:	All H3S workforce members within the hybrid covered component	**REPLACES:**	
SIGNED BY:	Rich Swift	**DATE SIGNED:**	4/25/18

I. PURPOSE: This policy will clarify the responsibility of each H3S workforce member to use reasonable due care in limiting inadvertent use or disclosure and to use caution and professional judgment when handling PHI.

II. POLICY: Each Clackamas County Covered Component shall adopt procedures to minimize disclosure of PHI, inadvertently or otherwise, to non-Covered Components of the County or anyone else except for permitted disclosures. Each Workforce Member will use due care in limiting Incidental Disclosures as much as is reasonably practicable and will use caution and professional judgment when handling or using PHI.

No less than once each year, each Covered Component Privacy Manager shall conduct a self-assessment of use and disclosure risks and take such steps as are necessary to address risk areas. This assessment and a description of remedial steps shall be provided to the County Privacy Officer.

III. DEFINTIONS: See Clackamas County HIPAA Privacy Policy

IV. PROCEDURE: "Safeguards" generally means rules and specific mechanisms designed to protect PHI from being:

- accessed by unauthorized persons,
- accidentally or intentionally used, disclosed, transmitted, or altered, or
- inadvertently or incidentally disclosed to persons not intended and/or not authorized to receive the PHI.

A. Role of Workforce Members

1. **Guidelines for Protection of Health Information**
    a. **<u>Oral Communication</u>**:

a. Any client/patient related communication should be restricted to work areas and away from halls and other public areas such as lobbies, waiting areas, elevators, lounges and lunch rooms. Full client/patient names may be announced at registration or when calling for clients/patients in lobbies or clinic waiting areas.
b. For telephone inquiries, the workforce member must ask for further identification of the caller. In addition, the caller must be able to identify the client's/patient's name and date of birth as listed in the health record. If the caller is requesting information about another person, the workforce member must also verify the caller's authority to receive the information, such a power of attorney, authorization/release of information or letters of guardianship.

b. **Mail**
   a. Tampering with incoming or outgoing mail or mail that has been placed in the distribution boxes is prohibited.
   b. All interdepartmental mail of a confidential nature is to be placed in a sealed interoffice envelope and labeled "Confidential", and is to be opened only by the addressee.
   c. All PHI transported by the County Courier/Mailroom must include the recipient's name and Division and be locked inside a transport bag.

c. **E-Mail**
   a. PHI should not be typed in the non-secured "subject field" of e-mail.
   b. PHI may only be e-mailed through a secure e-mail system.
   c. E-mail must include the following footer:
   "The information in this message may be legally privileged and confidential, and is intended only for the use of the designated recipient. Any review, dissemination, distribution, discussion, disclosure, or copying of this message by anyone other than the intended recipient is strictly prohibited. If the reader has received this communication in error, please notify the sender and destroy the original message. The confidentiality of replies to this message cannot be guaranteed unless the replies are encrypted."

d. **Text**: . Refer to HP-29 H3S Texting Policy
e. **Voicemail**: Diagnostic or treatment information should not be left on a client's/patient's answering machine or voicemail without client/patient authorization. High-level appointment and/or scheduling information may be left on a client's/patient's answering machine or voicemail. These messages should not contain additional health information.

f. **Overhead Paging System**: Overhead pages should be used only when necessary and may include client/patient and/or parent names but not other additional health information. (Clients, patients and/or parents should be asked to call a number for additional information or return to Reception, not told to return to a specific room.)

g. **Facsimile (FAX)**: Client/patient information may be transmitted via facsimile when the original or mail delivered copies will not provide timely information. A FAX coversheet should be used containing the following disclaimer:

> *"This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address above by first class mail."*

h. **Electronic**

a. Confidential information viewed and/or moved from the network to other media such as copiers, printers, fax machines, laptop computers or other electronic storage media must not be left unattended.

b. Unless required by job role, workforce members will not duplicate or download electronic or paper client/patient information unless authorized to do so in writing by their supervisor for the purpose of fulfilling job responsibilities. Such information will be securely destroyed according to the appropriate Clackamas County Records Retention Policies, Clackamas County's HIPAA Policy and Clackamas County's Personally Identifiable Information Policy, where applicable.

i. **Computer Terminal**

To assure protection of electronic information, access to electronic databases will only be granted according to the H3S Access Criteria Policy. Passwords will be unique for each individual at the Covered Components, will not be shared and will be changed as required by the Covered Components' data system support personnel.

a. Computer workstations accessing PHI will be logged off when no longer in use or when a workforce member will be out of the office.

b. Applications used to access confidential information will be secured when a workforce member is away from their workstation in performance of their assigned duties.

c. Screen savers will be used to protect confidential information from view when a workforce member is not at their workstation.

2. **Disposal of Records and Other Items Containing Personal Information**
    a. All paper containing PHI in the clinics, office buildings and offices is considered confidential.
    b. Do not re-use discarded paper containing confidential information for scratch paper or for children to draw on.
    c. All paper containing PHI that is not required to be retained must be placed in the locked and secured confidential shred bins daily.
    d. These locked and secured containers will be shredded and/or pulverized for recycling on-site by the waste contractor.
    e. Any non-paper items with personal identifiers need to be cut up, destroyed or otherwise modified to make personal identifiers unreadable.

B. Role of Managers and Supervisors: To be effective, safeguards must be customized to the division or program's information storage practices, usage, and disposal and access practices. As a result, division or program managers and together with the H3S Privacy Coordinator will take an active approach to adopting safeguards appropriate to their Division or program's scope of work.

    1. Each manager and/or supervisor of work units will determine the risk areas for violation of these provisions and put measures in place to prevent violations.
    2. In addition, a division or program may determine an additional means of monitoring existing and needed safeguards, i.e. appoint a staff member to monitor areas of the office or work functions. Managers and Supervisors will work cooperatively with any appointed safeguard monitors and share information with the Division Privacy Manager, as requested.

C. Role of Division or Program: Each division or program will be responsible to assist managers, supervisors, and any safeguard monitor that has been appointed in the evaluation of risk in the operations of work units. The division or program will bring any operation practice that could be considered a risk to the security of PHI to the attention of the H3S Privacy Coordinator and County Privacy Officer. The Manager or Supervisor is responsible to address the risk and respond to the Division Privacy Manager who will share quarterly with the H3S Privacy Coordinator and County Privacy Officer.

D. Role of H3S Privacy Coordinator: The Department representative will provide assistance to the division or program in evaluation of risk and in making recommendations. The H3S Privacy Coordinator will develop a schedule of "walk-through" for all H3S facilities, including sites that are not located centrally but are under the supervision of management personnel. The Division Privacy Manager will designate a staff member to conduct the walk through and provide results of walk-through events to the managers/supervisors of works units as appropriate.

E. Maintain Documentation: Each walk-through event, including all responses made by a work unit, will be documented and maintained by the H3S Privacy Coordinator.

V. REGULATIONS:
45 CFR 164.530(c)

VI. REFERENCES:
Clackamas County HIPAA Privacy Policy 2017
Clackamas County Records Manual
Clackamas County Personally Identifiable Information Policy
EPP 50 Cellular Telephone Use Policy
EPP 59 Appropriate User Policy: Technology and Information
HP-29 H3S Texting policy

VII. LINKS (TITLE & URL):
Clackamas County HIPAA Privacy Policy 2017

VIII. ATTACHMENTS:
Walk-through Checklist