



## Department of Health, Housing & Human Services (H3S)

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|----------------------|---|------------------------|--------|
| <b>POLICY TITLE:</b> | Confidentiality / Privacy of Protected Health Information |                        |        |
| <b>POLICY ID:</b>    | HP-11   | <b>EFFECTIVE DATE:</b> |        |
| <b>SECTION:</b>      | H3S Directors Office                                      | <b>REVISION DATES:</b> |        |
| <b>CHAPTER:</b>      | Privacy HIPAA   | <b>NEXT REVIEW:</b>    |        |
| <b>CONTACT:</b>      | H3S Privacy Coordinator                                   | <b>Reviewed BY:</b>    |        |
| <b>APPLIES TO:</b>   | All H3S workforce members                                 | <b>REPLACES:</b>       | NA     |
| <b>APPROVED BY:</b>  | Rich Swift  | <b>DATE APPROVED:</b>  | 4/9/18 |

**I. PURPOSE:** The purpose of this procedure is to clearly state department expectations for client confidentiality of all H3S workforce members.

**II. POLICY:** Clackamas County, its workforce members, and business associates will respect and protect the confidentiality and privacy of protected health information. All individually identifiable health information in any form is confidential and private. This includes written, electronic and oral communications.

County workforce members and business associates must verify the identity and authority of any recipient of protected health information before disclosure in accordance with the Clackamas County covered component's procedures for this policy.

All H3S workforce members must sign a Confidentiality Agreement before commencing duties.

**III. DEFINITIONS:** See Clackamas County HIPAA Privacy Policy

**IV. PROCEDURE:** All H3S workforce members, including permanent, temporary, on-call employees, volunteers, interns/residents, students, and contractors will read and confirm their understanding by signing the "Confidentiality Agreement" provided at New Employee Orientation or other H3S training.

**A. Confidentiality Expectation: All H3S workforce members must:**

1. Not use or disclose client information except as needed in the course and scope of their duties (never for personal purposes or curiosities)
2. Use or disclose only the minimum amount of client information necessary to provide services to clients
3. Not discuss client information with individuals unless authorized to do so or the individual is involved with treatment, payment or health care operations or as permitted under HIPAA or required under state law
4. Avoid conducting client discussions in public areas
5. Not allow any client information to be exposed to view of unauthorized individuals



## Department of Health, Housing & Human Services (H3S)

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6. Use the County's Email Encryption software as appropriate when sending PHI outside the County's IT firewalls. This includes removing any PHI from the subject line before sending the email.

**B. General Expectations Related to Confidentiality:** The confidentiality of information regarding treatment rendered to individuals at the Covered Components will be maintained at all times, and will only be disclosed to persons whose identity and authority has been verified. Confidential information includes all health records, x-rays, lab reports, lab specimens, financial information, health plan information or other individual related information available in any medium including written, oral and electronic format.

1. Workforce members, providers and business associates of the Covered Components may have access to only that information directly related to Individuals for whom they are providing care or services or for legitimate quality improvement or research activities.
2. Workforce members will not access confidential client/patient information on themselves. Rather, workforce members should use "MyChart" or follow HP-05 Access to PHI.
3. Workforce members will not access confidential client/patient information on Individuals known to them, including spouse, children, relatives, friends or coworkers except as properly authorized by the Individual, required by their job duties, or permitted by law. Workforce members will not review a family member's, friend's or coworker's confidential information or assist them in their health care visit process. Rather, workforce members should ask a coworker to perform tasks associated with the known Individual.
4. Workforce members, providers and Business Associates of the Covered Components will not in any way divulge, copy, print, download, release, review, alter or destroy any confidential information except as properly authorized by the Individual, required by their job duties, or as required/permitted by law.
5. Workforce members, providers and Business Associates of the Covered Components will exercise reasonable caution to prevent other clients, patients, health plan members, workforce members, providers, vendors, business associates or visitors who do not require access to the information from seeing or overhearing confidential information.
6. H3S workforce members who violate policies and procedures regarding the safeguarding of client information are subject to disciplinary action up to and including termination.

**C. Workforce Confidentiality Agreements:** All workforce members and all non-workforce members who may access PHI are required to sign the H3S Confidentiality Agreement.

1. Each County employee will review the Confidentiality and Privacy Policy in the county data management system of record, the County's web-based policy manager, within thirty days of employment and annually thereafter.



## Department of Health, Housing & Human Services (H3S)

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2. County employee review of this Policy will be tracked within the county data management system of record by the Supervisor, Compliance Specialist, Privacy Manager or designee.
3. All other Workforce Members, i.e., contract employees, student interns and volunteers, will review the Confidentiality and Privacy Policy within thirty days of their start date and annually thereafter.
4. Individuals who come to a Covered Components' facility to conduct a site review or chart audit, tour a facility, observe a client/patient-provider interaction or other job shadow are also required to sign a Confidentiality Agreement. Client/patient consent should be obtained for such individuals to be present during a client/patient-provider interaction or other job shadow.
5. The Division Privacy Manager and/or Contracts Specialist will retain all Confidentiality Agreements for observers, job shadows and other third parties.
6. The Division Privacy Manager, Covered Component managers or supervisors, H3S Privacy Coordinator, H3S Deputy Director, County Counsel or their designees will have access to Confidentiality Agreements for investigation into confidentiality breaches or for audit purposes.

**D. Incidents and Breaches of Confidentiality:** Any workforce members using information resources (computer systems, computer reports, electronic health records, paper medical records, etc.) owned by the County or managed by the Covered Components are expected to know and comply with H3S' and the Covered Components' published policies and procedures. Failure on the part of a Workforce Member to comply may result in disciplinary action up to and including discharge when a violation occurs.

1. It is the responsibility of all personnel to immediately report any known or suspected events involving the unauthorized use or disclosure of PHI to the Covered Component's Privacy Manager. Examples include:
2. A breach that occurs when a member of the Workforce unintentionally or carelessly accesses, reviews, or reveals PHI to himself/herself or others without a business purpose. Examples include, but are not limited to employees discussing client/patient information in a public area (i.e., an elevator), sending PHI to the wrong recipient.
3. A breach that occurs when a Workforce Member accesses, reviews, discusses client/patient information for purposes other than treatment, payment or operations. Examples include, but are not limited to: an employee looks up birth dates, addresses of friends or relatives; accesses and reviews a client/patient record out of concern/curiosity; reviews "famous" or public person's record.
4. A breach that occurs when a Workforce Member accesses, reviews, discusses PHI for personal gain or malicious intent. Examples include, but are not limited to: an employee reviews a patient record to use information in a personal relationship (e.g., sexual harassment); an employee compiles a mailing list for personal use or gain.



## Department of Health, Housing & Human Services (H3S)

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5. The following steps shall be taken immediately to minimize any harmful effects of an unauthorized use or disclosure of PHI:
  - a. Suspend or eliminate inappropriate access to the confidential information by the individual(s) suspected of committing a privacy/security violation.
  - b. Report the violation to the immediate supervisor.
  - c. The supervisor will report the violation to the Covered Components' Compliance Specialist, Division Privacy Manager or designee.
  - d. Complete an Accidental Disclosure of PHI report detailing the activities witnessed.
  - e. A confidential report can be made at any time to the Compliance Specialist, Division Privacy Manager, HIPAA Privacy Officer or County Counsel..
  - f. The immediate supervisor and Division Privacy Manager, HIPAA Privacy Officer, County Counsel or their designees will investigate suspected breaches of Confidentiality according to the Breach Notification Policy and the Office for Civil Rights.
  - g. Upon completion of an investigation, the immediate supervisor, Division Privacy Manager, Covered Component Director, HIPAA Privacy Officer, County Counsel or their designees will assess the findings of the investigation and take the appropriate disciplinary action up to and including immediate termination, consistent with Clackamas County HIPAA Privacy Policy. Based on the severity of the event, immediate PHI access restrictions may be implemented.
  - h. Investigations of suspected or confirmed breaches of confidential information involving Business Associates, student interns or volunteers, will be conducted by the Division Privacy Manager and Covered Component Director or their designees in coordination with the appropriate administrator(s) from the designated organization.

### **V. REGULATIONS:**

45 CFR 164.502

### **VI. REFERENCES:**

HP-05 Access to PHI

HP-12 Permissions for the Use and Disclosure of Protected Health Information without an Authorization

HP-13 Authorizations for the Use and Disclosures of Protected Health Information

HP-14 Minimum Necessary Standard

HP-15 Safeguarding Protected Health Information

Breach Notification Policy



## Department of Health, Housing & Human Services (H3S)

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Clackamas County HIPAA Privacy Policy

**VII. LINKS (TITLE & URL):**

Office for Civil Rights

**VIII. ATTACHMENTS:**

H3S Confidentiality Agreements