

SUBJECT HIPAA Privacy Measures – Protected Health Information		CHAPTER 03	SECTION 03	SUBJECT 02
CHAPTER Information Management		SECTION Health Records		
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I. APPLICATION:

- PIHP Board
- PIHP Staff
- CMH Providers
- CMH Subcontractors
- SUD Providers

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP that the PIHP, CMH and CMH subcontractors, SUD providers employ safeguards to ensure the privacy of individuals’ protected health information to meet the Health Insurance Portability and Accountability Act (HIPAA) privacy standards.

III. DEFINITIONS: N/A

IV. STANDARDS:

All plans and policies must address the following items:

- A. The PIHP Board and its officers, employees, agents and providers will not use or supply protected health care information of persons served for non-health care uses, such as direct marketing, employment, or credit evaluation purposes without his/her written authorization.
- B. Protected health information of persons served will be used to provide proper diagnosis and treatment; with the individual’s knowledge and consent; to receive reimbursement for services provided; for research and similar purposes designed to improve the quality and to reduce the cost of health care; and as a basis for required reporting of health information.
- C. Implementation of technical safeguards to ensure which personnel positions can access which types of protected health information. When technical safeguards are impossible or impractical to establish, staff will be responsible to access only the minimum necessary protected health information required to do their job.
- D. Staff will be trained on agency policies and procedures relevant to their job duties and protected health information.
- E. A privacy notice is required to be given annually to the individuals served.

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V. PROCEDURES:

PIHP Staff

A. All staff will store protected health care information in a secure fashion which includes:

- Logging off/locking of workstations when not in use/away from desk
- Locking materials away when not being worked on
- Secure interoffice mail in confidential envelopes
- Not leaving individuals' information unattended
- Not faxing any identifiable personal information, unless it is an emergency
- Not emailing identifiable protected health care information

VI. EXHIBITS: N/A