

# COUNTY OF WAYNE

## HIPAA Privacy Policies and Procedures Manual

### Policy and Procedure Disclaimer

**The following Privacy Policies and Procedures have been developed by the County of Wayne for its internal use only in its roles as a health care provider and health plan. These policies and procedures were developed to bring the County of Wayne into compliance with the Health Insurance Portability and Accountability Act of 1996 Privacy Rule, and may not be suitable for use by other organizations.**

# HIPAA Privacy Policies and Procedures Manual

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**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.100**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE POLICY**  
**DEFINITIONS**

**1. PURPOSE.**

The purpose of this policy is to establish the policy for developing definitions for purposes of the County's HIPAA Policy and Procedures Manual.

**2. POLICY.**

It is the policy of the County that the County shall develop and maintain a list of the definitions applicable to the terms in its HIPAA Policy and Procedure Manual. The definitions shall be developed and maintained by the Privacy Officer. It is the policy of the County that the terms used throughout its HIPAA Policy and Procedure Manual shall have the meanings ascribed to them in these definitions.

**3. APPLICABILITY:**

This policy applies to the County.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

None.

**Approved:**

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Privacy Officer

## HIPAA DEFINITIONS

### A.

**Administrative Simplification:** Title II, Subtitle F, of HIPAA, which gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers/plans, and employers; and to specify the types of measures required to protect the security and privacy of personally identifiable health care information.

**Authorization:** Permission by an Individual, or his/her Personal Representative(s) for the release or use of information. An “authorization” is a written document that gives the County permission to obtain and use information from third parties for specified purposes or to disclose information to a third party specified by the individual.

### B

**Business Associate:** An individual or corporate "person" who: performs on behalf of the County any function or activity involving the use or disclosure of protected health information (PHI); and is not a member of the County’s workforce.

- The definition of "function or activity" includes: claims processing or administration, data analysis, utilization review, quality assurance, billing, legal, actuarial, accounting, consulting, data processing, management, administrative, accreditation, financial services and similar services for which the County might contract are included, if access to PHI is involved.
- Business associates do not include Licensees or Providers unless the Licensee or Provider also performs some “function or activity” on behalf of the County.

### C

**CEO:** The elected Chief Executive Officer of the County.

**Chief Information Officer:** The director of the County’s department of Information Technology.

**Client:** An Individual who requests or receives health services from the County and persons who participate in the County’s health plans as employees or retirees. Examples of Clients include but are not limited to: inmates in the County jails or at the Juvenile Detention Facility; members of County sponsored Health Plans; persons receiving services from the Wayne County Department of Public Health; and persons receiving mental health services from the Detroit-Wayne County Community Mental Health Agency.

**Client Information:** Personal information relating to a County client.

**Client Records:** All personal information that the County has collected, compiled, or created about County clients, which the County may maintain in one or more locations and in various forms, reports, or documents, including information that is stored or transmitted by electronic media.

**Client Services:** The provision of assistance, care, treatment, training or support to a client by the County.

**Collect / Collection:** The assembling of personal information through interviews, forms, reports or other information sources.

**Confidential Information:** Any client information (defined above) that the County may have in its records or files on any County client that must be safeguarded pursuant to County policy. This includes, but is not limited to, “individually identifying information” (defined below).

**Consent:** permission granted by the client to use or disclose PHI to carry out treatment, payment or health care operations.

**Contract Administrator:** The person responsible for the preparation and administration of the contracts of a covered health care component.

**Correctional Institution:** Any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program center operated by, or under contract to, the United States, a State, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody. “Other persons held in lawful custody” includes juvenile offenders, adjudicated delinquents; aliens detained awaiting deportation, witnesses, or others awaiting charges or trial.

**Corrective Action:** For purposes of County programs, an action that a County business associate must take to remedy a breach or violation of the business associate’s obligations under the business associate agreement or other contractual requirement, including by not limited to reasonable steps that must be taken to cure the breach or end the violation, as applicable.

**County:** The County of Wayne, Michigan, a Michigan municipal corporation.

**County Workforce:** Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the County is under the direct control of the County, whether or not they are paid by the County.

**Covered Entity:** Health plans, health care clearinghouses, and health care providers who transmit any health information in electronic form in connection with a transaction that is subject to federal HIPAA requirements, as those terms are defined and used in the HIPAA regulations, 45 CFR Parts 160 and 164.

**Covered Health Care Component:** Those departments, divisions or agencies in the County that are designated as by the CEO as being subject to the requirements of the HIPAA.

**Cure Letter:** A letter sent by one party to another, proposing or agreeing to actions that a party will take to correct legal errors or defects that have occurred under a contract between the parties or other legal requirement.

## D

**Data User:** A member of the County workforce who uses electronic data in the performance of client services.

**Department:** A major executive unit of the County as delineated in the County's approved Reorganization Plan.

**Department Head:** The person appointed as the executive of a County department.

**Designated Record Set:** A group of records maintained by or for a covered entity that contain:

- The medical records and billing records about individuals maintained by or for a covered health care provider;
- The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- Information used by or for the covered entity to make decisions about individual health care treatment.

**Deputy Privacy Officer:** Those individuals designated by each County covered health care component as the persons responsible for day to day oversight of HIPAA compliance within the covered health care component.

**DHHS:** The US Department of Health and Human Services. Reference to the Secretary of DHHS is to the persona appointed as Secretary of that department.

**Disclosure / Disclose:** The release, transfer, relay, provision of access to, or conveying client information to any individual or entity outside of the County.

**Disclosure History:** A list of any entities or individuals that have received PHI for uses unrelated to treatment, payment or health care operations.

**Division Director:** The person appointed as the chief administrator of an administrative or operating division of a County department.

## E

**Electronic Media:** Includes the Internet (wide-open), Extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, private networks, and those transmissions that are physically moved from one location to another using magnetic tape, disk, or compact disk media.

**Employee:** A public employee or officer for whom the County is the employer or the appointing entity.

## G

**Group Health Plan:** An employee welfare benefit plan that provides for medical care and that either has 50 or more participants or is administered by another business entity.

## H

**Health Care:** Care, services or supplies related to the health of an individual. Health Care includes but is not limited to: preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care and counseling services, assessment, or procedure with respect to the physical or mental condition, or functional status of an individual, or that affects the structure or function of the body; and the sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

**Health Care Operations:** Any of the following activities of a County covered health care component to the extent that the activities are related to covered functions:

- Conducting quality assessment and improvement activities, including income evaluation and development of clinical guidelines.
- Population-based activities related to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment.
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students and trainees in areas of health care learn under supervision to practice or improve their skills, accreditation, certification, licensing, or credentialing activities.
- Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits.
- Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
- Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the County, including formulary development and administration, development or improvement of methods of payments or coverage policies.
- Business management and general administrative activities of the County, including but not limited to the following:
  - o Management activities relating to implementation of compliance with the requirements of HIPAA;

- o Customer service, including the provision of data analysis;
- o Resolution of internal grievances, including the resolution of disputes from patients or enrollees regarding the quality of care and eligibility for services.
- o Creating de-identified data or a limited data set.

**Health Oversight Agency:** An agency, including the County, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

**HIPAA:** Title II, Subtitle F of the Health Insurance Portability and Accountability Act of 1996, 42 USC 1320d et seq, and the federal regulations adopted to implement the Act.

**Hybrid Entity:** A covered entity whose covered functions (under HIPAA) are not its primary functions.

## I

**Individual:** The person who is the subject of information collected, used or disclosed by the County.

**Individually Identifiable Health Information:** Information that:

- Is created or received by a health care provider, health plan, employer or health care clearinghouse; and
- Relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and
- That identifies the individual; or
- With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

**Inmate:** A person incarcerated in or otherwise confined in a correctional institution. An individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in custody.

**Institutional Review Board (IRB):** A specially constituted review body established or designated by an entity in accordance with 45 CFR Part 46 to protect the welfare of human subjects recruited to participate in biomedical or behavioral research.

**Integrated HIPAA Privacy Tracking System (IHPTS):** The database used for tracking disclosures.

## L

**Law enforcement official:** An officer or employee of any agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to:

- Investigate or conduct an official inquiry into a potential violation of law; or
- Prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.

**Licensee:** A person or entity that applies for or receives a license, certificate, registration or similar authority from a County covered health care component to perform or conduct a service or activity or function.

## M

**Minimum Necessary:** The least amount of information, when using or disclosing confidential client information that is needed to accomplish the intended purpose of the use, disclosure or request.

## N

**Non-routine Use:** The disclosure of records that is not for a purpose for which it was collected.

**Notice of Privacy Practices:** Notice of the uses and disclosures of PHI that may be made by a covered entity and of the individual's rights and the covered entity's legal duties with respect to PHI.

## P

**Participant:** Individuals participating in County population-based services, programs, and activities that serve the general population, but who do not receive program benefits or direct services that are received by a "client". Examples of "Participants" include but are not limited to: Subjects of public health studies, immunization or cancer registries, newborn screening, and other public health services; and Individuals who contact County hotlines or other public information services.

**Payment:** Any activities undertaken by the County related to an individual to whom health care or payment for health care is provided in order to:

- Obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan;
- Obtain or provide reimbursement for the provision of health care.
- Payment includes:



- \* Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication of health benefit or health care claims;
- \*Risk adjusting amounts due based on enrollee health status and demographic characteristics;
- \*Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
- \*Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
- \*Utilization review activities, including pre-certification and pre-authorization of services, concurrent and retrospective review of services; and
- \*Disclosure to consumer reporting agencies of any of the following information relating to collection of premiums or reimbursement: name and address; date of birth; payment history; account number; and name and address of the health care provider or health plan.

**Personal Representative:** A person who has authority, under applicable state law, to act on behalf of an Individual who is an adult or an emancipated minor in making decisions related to the program, service or activity that the County provides to the Individual. If under applicable state law a parent, guardian, or other person acting in loco parentis has authority to act on behalf of an Individual who is an unemancipated minor in making decisions related to the program, service or activity, the County will treat that person as the personal representative of the Individual. County policy, procedure or rule may include requirements related to documentation of the authority of the Personal Representative.

**Privacy Officer:** The individual designated by the CEO with the responsibility for overseeing the County's compliance with the HIPAA privacy regulations.

**Privacy Rule:** The HIPAA regulations addressing the privacy requirements for PHI found at 45 CFR Parts 160 and 164.

**Privacy Rights:** The specific actions that an Individual can take or request to be taken with regard to the uses and disclosures of their information.

**Protected Health Information (PHI):** Any individually identifiable health information, whether oral or recorded in any form or medium that is created or received by a County covered health care component and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Any data transmitted or maintained in any other form or medium by covered entities, including paper records, fax documents and all oral communications, or any other form, i.e. screen prints of eligibility information, printed e-mails that have identified individual's health information, claim or billing information, hard copy birth or death certificate. Protected health information excludes: school records that are subject to the Family Educational Rights and Privacy Act; and employment records held in the County's as an employer.

**Provider:** A person or entity that may seek reimbursement from the County as a provider of services to County Clients pursuant to a contract. For purposes of this policy, reimbursement may be requested on the basis of claims or encounters or other means of requesting payment.

**Public Official:** Any employee of a government agency, including but not limited to the County, who is authorized to act on behalf of that agency in performing the lawful duties and responsibilities of that agency.

**Psychotherapy Notes:** Notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session, or a group, joint, or family counseling session, when such notes are separated from the rest of the individual's record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

**Public Health Agency:** An agency, including the County, or a person or entity acting under a grant of authority from or contract with the County or such public agency, that performs or conducts one or more of the following essential functions that characterize public health programs, services or activities:

- a. Monitor health status to identify community health problems;
- b. Diagnose and investigate health problems and health hazards in the community;
  - i. Inform, educate, and empower people about health issues;
  - ii. Mobilize community partnerships to identify and solve health problems;
  - iii. Develop policies and plans that support individual and community health efforts;
  - iv. Enforce laws and regulations that protect health and ensure safety;
  - v. Link people to needed personal health services and assure the provision of health care when otherwise unavailable;
  - vi. Assure a competent public health and personal health care workforce;
  - vii. Evaluate effectiveness, accessibility, and quality of personal and population-based health services; and
  - viii. Research for new insights and innovative solutions to health problems.

The County provides and conducts a wide range of public health programs, services and activities.

**Public Health Authority:** For purposes of this policy, Public Health Authority is intended to have the same meaning as the HIPAA Privacy rules, as follows: “An agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.”

## R

**Research:** A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

**Required by Law:** A duty or responsibility that federal or state law specifies that a person or entity must perform or exercise. Required by law includes but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or rules that require the production of information, including statutes or rules that require such information if payment is sought under a government program providing public benefits.

**Routine and Recurring Use:** The disclosure of records for a purpose that is compatible with the purpose for which the information was collected

## S

**Security Officer:** The individual designated by the CEO with the responsibility for overseeing the County’s compliance with the HIPAA security regulations

**Security Rule:** The HIPAA regulations addressing security requirements for electronic PHI found at 45 CFR 142..

**Storage System:** Any form of office equipment or furniture, including but not limited to file cabinets, lateral files, or shelving units, in which a County covered health care component stores client information or files.

## T

**Treatment, Payment, and Health Care Operations (TPO):** Please refer to the separate definitions for Treatment, Payment, and Health Care Operations.

**Treatment:** The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with the third party; consulting between health care providers relating to a patient or the referral of a patient for health care from one health care provider to another.

## U

**Use:** The sharing, employment, application, utilization, examination, or analysis of information within the County.

## W

**Wayne County Department of Public Health:** The Public Health Division of the Department of Health and Community Services.

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.200**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE POLICY**  
**PRIVACY AND SECURITY COMMITMENT**

**1. PURPOSE**

The purpose of this policy is to state that the County shall comply with the HIPAA Privacy Rule requirement of maintaining the integrity and the confidentiality of PHI.

**2. POLICY:**

- A. It is the policy of the County that all members of its workforce must preserve the integrity and the confidentiality of the PHI of the County's clients while ensuring that the County workforce have the necessary health information to provide the highest quality health care possible or to properly administer health insurance programs.
- B. The County and its workforce will:
  - 1. Collect and use PHI only for the purposes of providing medical or insurance services or programs and for supporting the delivery, payment, integrity, and quality of those services or programs.
  - 2. Will not use or supply PHI for non-health care or insurance administration uses, such as direct marketing, employment, or credit evaluation purposes other than as authorized by the Privacy Rule.
  - 3. Use best efforts to ensure the accuracy, timeliness, and completeness of information and to ensure that authorized personnel can access it when needed.
  - 4. Maintain medical records for the retention periods required by law and professional standards.
  - 5. Implement reasonable measures to protect the integrity of all data maintained about clients.
  - 6. Treat **all** health information and related financial, demographic, and lifestyle information as sensitive and confidential.
  - 7. Treat all PHI as confidential in accordance with the Privacy Rule, other legal requirements, professional ethics, and accreditation standards.
  - 8. Only use or disclose the minimum necessary PHI to accomplish the particular task for which the information is used or disclosed.
  - 9. Not divulge health information unless the client (or his or her authorized

representative) has properly consented to the release or the release is otherwise authorized by the Privacy Rule and/or other law, such as communicable disease reporting, child abuse reporting, and the like.

10. When releasing PHI, take appropriate steps to prevent unauthorized redisclosures, such as specifying that the recipient may not further disclose the information without the consent of the client or as authorized by law.
11. Implement reasonable measures to protect the confidentiality of client PHI.
12. Remove individual identifiers when appropriate, such as in statistical reporting and in medical research studies.
13. Not disclose financial or other client information except as necessary for billing or other authorized purposes as authorized by the Privacy Rule, other laws, and professional standards.
14. Treat particularly sensitive PHI, such as HIV/AIDS information, mental health and developmental disability information, alcohol and drug abuse information, and other information about sexually transmitted or communicable diseases with additional confidentiality protections as required by law, professional ethics, and accreditation requirements.
15. Permit clients to access and copy their PHI in accordance with the requirements of the Privacy Rule.
16. Provide clients an opportunity to request correction of inaccurate information in their records in accordance with the requirements of the Privacy Rule.
17. Provide clients an accounting of uses and disclosures other than those for treatment, payment, and healthcare operations in accordance with the requirements of the Privacy Rule.

### **3. APPLICABILITY**

This policy applies to the County and its workforce.

### **4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

### **5. REFERENCES:**

45 CFR Parts 160 and 164.\_\_\_\_\_

### **APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.300**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE POLICY**  
**PRIVACY OFFICER**

**1. PURPOSE:**

The purpose of this policy is to specify that the County shall have a Privacy Officer and Deputy Privacy Officers.

**2. POLICY:**

It is the policy of the County that County shall have a Privacy Officer and Deputy Privacy Officers to administer and enforce the privacy policies and procedures of the County. [45 CFR 164.530(a)]

The Privacy Officer shall be appointed by the CEO. Each covered health care component shall designate a Deputy Privacy Officers to the Privacy Officer.

**NOTE:** See Appendix A, Responsibilities of Privacy Officer and Deputy Privacy Officers.

**3. APPLICABILITY:**

This policy applies to the County.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(a)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.301**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE PROCEDURE**  
**EMPLOYEE CONFIDENTIALITY AGREEMENT**

<b>Actor</b>	<b>Activity</b>
County Supervisors and Managers	<ol style="list-style-type: none"> <li>1. Will determine if the staff person needs the Form HIPAA100a, "Confidentiality Agreement" in an alternative format and provide them with that option.</li> <li>2. Will review the Form HIPAA100a "Confidentiality Agreement" with staff and answer any questions, and seek to clarify any concerns they might have regarding the policies listed on the form.</li> <li>3. Will explain the reporting channels if the County Staff knows of, or suspects violations of, the policies, and will emphasize that there will be no retaliation for reporting violations.</li> <li>4. Will sign the Form HIPAA100a, "Confidentiality Agreement" indicating that they have a complete understanding of the expectation that they will protect the privacy of PHI that is obtained and held by County.</li> <li>5. Will sign the Form HIPAA100a "Confidentiality Agreement" indicating that they have followed steps 1 through 4 listed above, and have witnessed the signature, or otherwise identified the County Staff who signed the form, as described in step 4 above.</li> <li>6. County Managers and Supervisors will provide a copy of the signed Form HIPAA 100a, "Confidentiality Agreement" to the staff member, and will maintain a copy in their working file.</li> </ol>



	7. Will forward the original signed Form _HIPAA 100a, “Confidentiality Agreement” to Personnel/Human Resources to be placed in the County Staff personnel file for a minimum of six years.
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(e)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.400**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE POLICY**  
**POLICIES AND PROCEDURES**

**1. PURPOSE:**

It is the purpose of this policy to specify that the County shall comply with the HIPAA Privacy Rule requirements for promulgating and maintaining policies and procedures relating to PHI.

**2. POLICY:**

It is the policy of the County that the County shall develop and promulgate policies and procedures relating to PHI that are designed to comply with the standards, implementation specifications or other requirements of the HIPAA Privacy Rule. These policies and procedures shall be updated when the HIPAA Privacy Rule changes or significant County privacy practices change. [45 CFR 164.530(i)]

**3. APPLICABILITY:**

This policy applies to the County.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(i)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.500**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE POLICY**  
**WORKFORCE DISCIPLINARY ACTION**

**1. PURPOSE:**

The purpose of this policy is to establish a County disciplinary action policy, using the principles of progressive discipline, for violations regarding the inappropriate disclosure of PHI by County employees and to establish the sanction policy for non-employee members of the County workforce.

**2. POLICY:**

It is the policy of the County that any member of the County workforce who discloses PHI in a manner not allowed by County privacy policies and procedures shall be subject to appropriate disciplinary action.

- A. The County has a progressive discipline policy under which sanctions become more severe for repeated infractions. The County will employ that policy but in the discretion of management, the County may take whatever disciplinary action is appropriate based upon the nature and seriousness of the breach of confidentiality.
- B. The County will use the processes it currently has in place for disciplinary action pursuant to collective bargaining agreements and County policies.
- C. The County may provide information concerning a suspected or charged criminal violation of the Privacy Rule to appropriate law enforcement personnel and cooperate with any law enforcement investigation or prosecution.
- D. The County may report violations of professional ethics to appropriate licensure/accreditation agencies and cooperate with any professional investigation or disciplinary proceedings.
- E. Nothing in this policy shall be construed to be a contract between the County and its appointees. Additionally, nothing in this policy is to be construed by any appointee as containing binding terms and conditions of employment or as

conferring any employment rights on appointees or changing their status from “at-will employees.” The County retains the absolute right to terminate any appointee at any time, with or without good cause.

E. The County retains the right to change the contents of this policy as it deems necessary with or without notice.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(e)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 100.601**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE PROCEDURE  
WORKFORCE DISCIPLINARY ACTION**

<b>Actor</b>	<b>Activity</b>
County Workforce, Independent Contractors	1. Immediately report suspected breaches of the confidentiality and integrity of client PHI to his or her supervisor or to the Deputy Privacy Officer.
Deputy Privacy Officer	2. Notifies the Privacy Officer of the allegation. 3. Conducts a thorough and confidential investigation. 4. Involves the Privacy Officer in investigations, as necessary.
Deputy Privacy Officer and County Supervisor	5. Consult during and after the investigation to determine what, if any, action is appropriate.
County Supervisor	6. Implements whatever action is determined to be appropriate.
Deputy Privacy Officer	7. Informs the Privacy Officer of the results of the investigation and any corrective action taken. 8. Records the date and name of the employee along with the findings and action taken into the IHPTS database.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(e)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 100.402**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE PROCEDURE  
NON-EMPLOYEE SANCTION ACTION: INAPPROPRIATE DISCLOSURE OF  
PROTECTED HEALTH INFORMATION**

<b>Actor</b>	<b>Activity</b>
County Workforce, Independent Contractors	1. Immediately report suspected breaches of the confidentiality and integrity of client health information to his or her supervisor or to the Deputy Privacy Officer.
County Supervisor or Deputy Privacy Officer	2. Notifies the Privacy Officer immediately upon becoming aware of an alleged or suspected inappropriate disclosure(s) of PHI by a non-employee member of the County workforce and conducts an investigation within five (5) working days of becoming aware of the situation. 3. Involves the Privacy Officer, as necessary. 4. Informs the Privacy Officer of the results of the investigation and any corrective action taken.
Deputy Privacy Officer	5. Enters the date and name of the non-employee member of the County workforce with the findings and action taken into the IHPTS database.

**3. APPLICABILITY:**

This policy applies to non-employee members of the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(e)

**APPROVED:**

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Privacy Officer



**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.700**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE POLICY**  
**REQUIREMENTS TO MAINTAIN DOCUMENTS**

**1. PURPOSE:**

It is the purpose of this policy to establish the policy that the County shall maintain privacy policies, privacy notices, privacy forms, privacy valid authorizations, disclosures made of PHI, and such other information that is specified in this policy and its related procedures for the period of time specified in this policy.

**2. POLICY:**

- A It is the policy of County that the Privacy Officer shall maintain originals of the following: for six (6) years from the date of creation or from the date they were last in effect (whichever is later):
  - 1. All County privacy policies and procedures and attached forms;
  - 2. The County's Notices of Privacy Practices, including all revisions made to such notice;
  - 3. Other County-wide privacy forms;
  - 4. Member of the County workforce privacy training records;
  - 5. Member of the County workforce disciplinary actions maintained in the IHPTS database as a result of improper disclosure of PHI;
  - 6. Any Privacy Officer approved standard protocols; [45 CFR 164.530(j)]
  
- B. It is the policy of the County that the Deputy Privacy Officer shall maintain originals of the following for six (6) years from the date of creation:
  - 1. Written client complaints regarding County HIPAA Privacy practices and resolutions;
  - 2. Written client requests to amend a medical record maintained in multiple locations and the written response to the requests;
  - 3. Written client requests for restrictions on the disclosure of PHI and the written response to the requests;
  - 4. Written requests to revoke a previously granted restriction on the disclosure of PHI and the written response to the requests; and

5. Written requests to revoke a previously granted authorization and the written response to the requests.
6. Written requests for access to view or to copy the client's designated record set maintained in multiple locations.
7. Valid authorizations.  
[45 CFR 164.530(j)]

### **3. APPLICABILITY:**

This policy applies to the County workforce

### **4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

### **5. REFERENCES:**

45 CFR 164.530(j)

### **APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
HIPAA Policy and Procedures Manual

**Chapter: 100.800**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE POLICY**  
**TRAINING**

**1. PURPOSE:**

The purpose of this policy is to establish the policy for training the County workforce regarding the proper use and disclosure of PHI.

**2. POLICY:**

It is the policy of the County that all members of the County workforce shall be trained within appropriate timeframes on the County HIPAA privacy policies and procedures regarding the proper use and disclosure of PHI. [45 CFR 164.530(b)]

**3. APPLICABILITY:**

This policy applies to the County.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(b)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 100.801**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE PROCEDURE  
TRAINING: INITIAL**

<b>Actor</b>	<b>Activity</b>
HIPAA Training Subcommittee	1. Develops training plan with County supervisory staff involvement to determine members of the County workforce. 2. Develops role-specific training curricula and materials. The training material shall be maintained for six years.
Corporation Counsel & Staff of the Covered Health Care Components	3. Provides awareness training for the current workforce no later than April 13, 2003.
County Workforce	4. Completes awareness training prior to April 14, 2003.
Corporation Counsel & Staff of the Covered Health Care Components	5. Provides role-specific training for the current workforce no later than June 30, 2003.
Trainers	6. Ensures documentation of initial training completion and forwards documentation to Staff Development.
Staff Development	7. Enters training data into the _____ database and retains original training documentation for six years.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(b)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 100.802**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE PROCEDURE  
TRAINING: COUNTY WORKFORCE MEMBERS STARTING ON OR AFTER  
APRIL 14, 2003**

<b>Actor</b>	<b>Activity</b>
County Supervisor	<p>1. For County workforce members who start or whose job functions change after June 30, 2003:</p> <p style="padding-left: 40px;">A. Within one day of start date, notifies the Deputy Privacy Officer of the new staff member and schedules training for the new staff member to be completed within ten (10) working days of the start date.</p> <p style="padding-left: 40px;">B. For workforce members whose job functions change, and a new level of training is required, notifies the Deputy Privacy Officer and schedules the training prior to having the staff member assume the new job duties if necessary for a new level of authorization.</p>
County Workforce	2. Successfully completes training within ten (10) working days of start date and provides evidence of training to Deputy Privacy Officer.
Deputy Privacy Officer	3. Submits training documentation to Staff Development.
Staff Development	4. Enters training data into the Staff Development Training database and retains original signed training documentation for six (6) years.

**2. APPLICABILITY:**

This policy applies to the County workforce.

**3. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**4. REFERENCES:**

45 CFR 164.530(b)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.803**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE PROCEDURE**  
**TRAINING: PRIVACY POLICY CHANGES**

<b>Actor</b>	<b>Activity</b>
Privacy Officer	1. Prepares changes to the role-specific curricula when changes are made to County policies or procedures or when the County changes its privacy practices. 2. Prepares changes to training materials. 3. Retains the training material for six (6) years. 4. Develops training plan. <b>NOTE:</b> Determines affected staff with supervisor involvement.
County Workforce	5. Successfully completes training and provides evidence of training to the Deputy Privacy Officer.
Deputy Privacy Officer	6. Requires individual documentation of training completion and forwards documentation to Staff Development.
Staff Development	7. Enters training data into the Staff Development Training database and retains the original training documentation for six years.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.



**5. REFERENCES:**

45 CFR 164.530(b)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.900**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE POLICY**  
**TERMINATION OF STAFF OR INDEPENDENT CONTRACTORS**

**1. PURPOSE:**

The purpose of this policy is to specify that the County shall protect the confidentiality of PHI by terminating the access to PHI of terminated County staff members and independent contractors.

**2. POLICY**

It is the policy of the County to ensure the confidentiality and security of PHI. to respond appropriately when County staff members or independent contractors who have with access to PHI terminate their employment or contractual relationship with the County.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(c)\_\_\_\_\_

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 100.901**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE PROCEDURE  
TERMINATION OF STAFF MEMBERS AND INDEPENDENT CONTRACTORS**

<b>Actor</b>	<b>Activity</b>
Division Director	1. Completes the IT Change of Computer Access Request Form on the County Intranet to notify the Personnel/Human Resources Department and the Information Technology Department that an employee or independent contractor's services are being terminated. 2. Notifies the Privacy Officer of the termination of services.
Division Director	3. Notifies the Security Officer of employees and independent contractors who, through reassignment or otherwise, need to have their level of access to electronic health information adjusted.
Deputy Privacy Officer	4. Immediately takes the following actions: A. Revokes access privileges, such as user-IDs and passwords, to system and data resources and secure areas. B. Retrieves sensitive materials, including access control items, such as keys and badges. C. Retrieves all hardware, software, data, and documentation issued to or otherwise in the possession of the data user. D. Arranges an exit briefing to verify retrieval of all items, to discuss any security/confidentiality concerns with the data user, and to remind the data user of the continuing need to protect data security and client confidentiality.

	<p>5. Keeps records of the termination procedure for each such person, including the retrieval of security-related items, such as badges, keys, passwords, and information system assets, for not less than six years from the termination date.</p> <p>6. When necessary, arranges for security escort of terminated persons from the facility and for an immediate audit of their accounts to detect any security or confidentiality threats or breaches.</p>
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(c)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.1000**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE POLICY**  
**REPORTING BREACHES OF CONFIDENTIALITY**

**1. PURPOSE:**

The purpose of this policy is to specify that the County requires its workforce members, independent contractors and business associates to report all suspected breaches of confidentiality of client PHI.

**2. POLICY**

The policy of the County is that all of its workforce members, independent contractors, and business associates to report all breaches and suspected breaches of the confidentiality of client PHI.

It is the County's policy that all personnel should not only feel free to report breaches, without fear of reprisal, but also understand they have a duty to report.

The County will not take any adverse personnel or other action against a person who reports an actual or suspected breach of security, confidentiality, or the County's policies and procedures protecting the security and confidentiality of health information so long as the report is made in good faith.

It is the County's policy to notify the affected individual(s), media, and/or the Secretary of the United States Department of Health and Human Services, in the event of a formal breach of unsecured client PHI as required by 45 C.F.R. § 164.404, 164.406, 164.408.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(c), 164.404, 164.406, 164.408

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 100.1001**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE PROCEDURE  
REPORTING BREACHES OF CONFIDENTIALITY**

<b>Actor</b>	<b>Activity</b>
County Workforce and Independent Contractors	<p>1. <b>What to report:</b> Breaches of security or confidentiality or of the County’s policies and procedures protecting the security and confidentiality of health information:</p> <p style="padding-left: 40px;">A. A breach of security is defined as any event that inappropriately places health information at risk for unavailability, improper alteration, breach of confidentiality, or other potential harm to clients, staff, the County itself, or others that may result in adverse legal action.</p> <p style="padding-left: 40px;">B. Breach of confidentiality, defined as the improper disclosure of individually identifiable health information to a person or entity not authorized to receive the information.</p> <p style="padding-left: 40px;">C. Any violation of County policies and procedures relating to the security or confidentiality of health information.</p> <p style="padding-left: 40px;">D. Any violation of County policies and procedures relating to the proper use of computer and other information systems equipment.</p>

2. **How to report:** The person discovering the breach or suspected breach must institute the reporting procedure as soon as possible after the occurrence of the breach or its discovery.

3. The person discovering the breach must take the following actions:

A. If, for example, a data user detects an unauthorized person observing confidential patient data on a computer screen, he or she should cover the screen, turn off the screen, or otherwise prevent the unauthorized person from continuing to view it.

B. Notify the fire department or other emergency services if necessary.

C. Report the matter to building security if necessary, such as in the case of an unauthorized person in the medical records department who refuses to leave immediately.

D. Report the incident to his or her immediate supervisor if the supervisor is available.

E. Report the incident to the Deputy Privacy Officer.

4. As soon as possible, make a written report (on a form to be provided by the County) of the following information:

A. Person submitting the report.

B. Date and time of the report.

C. Date and time of the incident.

D. Location of the incident.

E. Health information resources involved (hardware, software, data).

F. Persons involved (suspects, witnesses).



	<p>G. Nature of the breach.  H. Harm, if any, observed.  I. Any statements made by suspects and witnesses.  J. Who was notified.  K. Remedial action, if any, taken.  L. Recommendations for corrective action.</p> <p><b>NOTE:</b> The report is <b>not</b> to be made a part of the client file.</p>
Deputy Privacy Officer	<p>5. Enters report into the IHPTS database.  6. Retains copy of the report for six years.</p>
	<p>7. Notifies the Privacy Officer of the breach.  8. Conducts a thorough and confidential investigation of the breach.  9. Involves the Privacy Officer in the investigation, as necessary.</p>
Privacy Officer	<p>1. Determine whether the incident constitutes a formal “breach” as defined by 45 C.F.R. § 164.402, necessitating formal notification(s) of the individual, United States HHS Secretary or media.</p> <p>2. Determine if there has been an “unauthorized” acquisition, access, use, or disclosure of PHI in a manner not permitted by the HIPAA Privacy Rule.</p> <p>3. Perform a risk analysis to determine if the breach compromises the security or privacy of the PHI, i.e. that the breach of PHI poses a significant risk of financial, reputational or other harm to the individual.</p> <p>4. Determine if any of the statutory exceptions to a “breach” are applicable:</p> <p style="padding-left: 40px;">A. Unintentional acquisition, access, or use of PHI by an employee or individual acting under the authority of a covered entity or business associate;</p> <p style="padding-left: 40px;">B. Inadvertent disclosure of PHI from one person authorized to access PHI at a</p>

<p>Privacy Officer</p>	<p>covered entity or business associate to another person authorized to access PHI at the covered entity or business associate; and</p> <p>C. Unauthorized disclosures in which an unauthorized person to whom PHI is disclosed would not reasonably have been able to retain the information.</p> <p>5. Determine if the breach pertains to secure or unsecure PHI; breach of encryption secured PHI would not necessitate notice(s).</p> <p>6. If it is determined a formal “breach” of unsecured PHI has occurred, send the required notification(s) to:</p> <p>A. Individual: [If deceased, to next of kin or personal representative; If minor, to parent or personal representative]</p> <p>(i) Timeliness: Without unreasonable delay and in no case later than 60 calendar days after the date the breach was discovered or by exercising reasonable diligence would have been known.</p> <p>(ii) Content: Required elements:</p> <p>(a) A brief description of what happened, including the date of the breach and the date of the discovery of the breach;</p> <p>(b) A description of the types of unsecured PHI involved in the breach;</p> <p>(c) Any steps individuals should take to protect themselves from potential harm resulting from the breach;</p> <p>(d) A brief description of what the covered entity involved is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and</p> <p>(e) Contact procedures for individuals to ask questions or learn additional information, which must include a toll-free telephone number, an e-mail address, Web site, or postal address.</p> <p>(iii) Method of Notification:</p> <p>(a) Written form by first-class mail</p>
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Privacy Officer

to the last known address of the individual;

(b) Written form may be in the form of electronic mail, provided the individual agrees to receive electronic notice and such agreement has not been withdrawn;

(c) Substitute notice required if insufficient contact information or notices are returned as undeliverable:

(1) For fewer than ten individuals, provide by an alternative form of written or telephone notice or other means;

(2) For ten or more individuals, provide by conspicuous posting for a period of ninety days on the homepage of the covered entity's web site or a conspicuous notice in major print or broadcast media in geographic areas where the individuals are likely to reside, along with a toll-free telephone number that remains active for at least ninety days.

B. Media: Notice must be provided to prominent media outlets serving a State or jurisdiction, following the discovery of a breach in the unsecured PHI of more than 500 residents of such State or jurisdiction is, or is reasonably believed to have been, accessed, acquired, or disclosed during the breach.

(i) Timeliness: Same as above for individual

(ii) Content: Same as above for individual

(iii) Method of Notification: Press Release

C. U.S. Department of Health and Human Services Secretary

(i) Breaches involving 500 or more individuals (regardless of residency): Notice must be sent immediately, i.e. concurrently with notice to the individuals (See section 6(A)(i) above)

(ii) Breaches involving less than 500 individuals: Covered entity may maintain a log of such breaches and annually submit

<p>Privacy Officer</p>	<p>such log to the Secretary documenting the breaches occurring during the year involved. The information about breaches maintained in the log must be provided to the Secretary no later than 60 days after the end of each calendar year.</p> <p>(iii) Notification to the Secretary must be provided in the manner specified on the United States Health and Human Services Web site.</p> <p>D. Law Enforcement Delay: If a law enforcement official states to a covered entity that notice would impede a criminal investigation or cause damage to national security, the covered entity shall:</p> <p>(i) If the statement is made in writing, and specifies the time for which delay is required, delay the notice for that time frame; or</p> <p>(ii) If the statement is oral, document the statement and delay notification no longer than 30 days from the date of the oral statement unless a written statement is submitted in that time frame.</p>
<p>Business Associate</p>	<p>7. If a breach of unsecured PHI occurs at or by a business associate, the business associate must notify Wayne County following the discovery of the breach.</p> <p>8. Such notice must be provided to Wayne County without unreasonable delay and in no case later than 60 calendar days after the discovery of the breach.</p> <p>9. The notice shall include the identification of each individual whose unsecured PHI has been, or is reasonably believed by the business associate, to have been improperly accessed, acquired or disclosed, as well as any and all other available information that Wayne County would be required to provide to the affected individual(s) as noted above at Section 6(A)(ii)(a)-(e).</p> <p>10. Take any and all actions mandated by the</p>

Business Associate	existing business associate agreement between Wayne County and the business associate.
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(c), 45 CFR Parts 160 and 164\_

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 100.1100**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**ADMINISTRATIVE POLICY**  
**PERSONNEL SECURITY**

**1. PURPOSE:**

The purpose of this policy is to specify that the County shall employ personnel security requirements.

**2. POLICY:**

It is the policy of the County to ensure that its workforce members and others who have access to PHI are properly screened, properly trained, and properly supervised regarding their access to and use of PHI.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(c)\_\_\_\_\_

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 100.1101**

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**ADMINISTRATIVE PROCEDURE  
PERSONNEL SECURITY**

<b>Actor</b>	<b>Activity</b>
Division Director	<p><b>Screening</b></p> <p>1. Screens all workforce members and others with access to PHI to “appropriately clear” them. An appropriate clearance may include, among others, the following elements:</p> <ul style="list-style-type: none"> <li>*Criminal background check.</li> <li>*Credit check.</li> <li>*Verification of references.</li> <li>*Verification of employment history.</li> <li>*Verification of licensure and/or certification.</li> <li>*In-depth interview.</li> <li>*Drug testing.</li> <li>*Clauses in vendor contracts, such as for computer system maintenance technicians, that require the vendor to screen employees with access to our system and data.</li> <li>*Agreements with other entities requiring them to screen personnel with access to our system and data. (For example, a nursing school could be required to certify that it would not send any nursing students to the County for training unless it believed they could be trusted with confidential health information.)</li> <li>*Self-certification in the employment application.</li> </ul>

	<p>2. Determines what screening is appropriate for its personnel with access to PHI by considering the risk and then balancing the cost of the security measure against the risk.</p> <p>3. Factors to be considered when evaluating the risk include the following:</p> <ul style="list-style-type: none"> <li>A. Background of the class of employee (average age, educational experience, specialized training, licensure or certification, and the like).</li> <li>B. Level of access of the class of employee or of the particular employee.</li> <li>C. Nature of the employee's duties.</li> <li>D. The past history of data users in the department.</li> </ul> <p><b>NOTE:</b> The physician credentialing process constitutes sufficient screening for access to patient information.</p>
Division Director	<p>4. May "grandfather" (not conduct a further screening) of employees and others with access if the data user has had no breaches of confidentiality in the last three years.</p> <p>5. Submits written request to "grandfather" other individuals Privacy Officer.</p> <p>6. Submits their standards for screening data users to the Privacy Officer no later than May 15, 2003. The standards will be effective and implemented upon approval for the submitting covered health care component.</p> <p>7. Retains records of screening for not less than six years from the completion of the screening.</p>
Privacy Officer	<p>7. Keeps records of standards for not less than six years from their effective date.</p>
County Supervisor	<p><b>Training</b></p> <p>1. Responsible for training personnel with access to health information as required by the County's Health Information Training Policy.</p>



County Supervisor	<p><b>Supervision</b></p> <ol style="list-style-type: none"> <li>1. Detail security and confidentiality requirements in position descriptions and performance evaluations.</li> <li>2. Monitor the day-to-day performance of employee to detect problems with security and confidentiality before they become serious breaches.</li> <li>3. Audit compliance with security and confidentiality policies in accordance with the County's Internal Audit Procedure 400.106.</li> <li>4. Report breaches of security or confidentiality in accordance with the County's Report Policy 100.1000.</li> <li>5. Respond to breaches of security or confidentiality in accordance with the County's Response Procedure _____.</li> <li>6. Commend employees demonstrating a high degree of proficiency in protecting PHI integrity and confidentiality.</li> <li>7. Take appropriate action against employees who breach security or confidentiality in accordance with the County's Workforce Disciplinary Action Policy 100.600.</li> </ol>
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(c)

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Privacy Officer

**COUNTY OF WAYNE**  
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**Chapter: 100.1200**

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**ADMINISTRATIVE POLICY**  
**RETALIATION PROHIBITED**

**1. PURPOSE:**

The purpose of this policy is to establish the policy prohibiting retaliation as a result of client or employee complaints or whistleblower allegations against the County regarding its handling of PHI.

**2. POLICY:**

It is the policy of the County that the County shall not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against clients for exercising their rights documented in the County Notices of Privacy Practices or against client or employee whistleblowers. [45 CFR 164.530(g)]

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(g)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 200.100**

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**CLIENT RIGHTS POLICY**

**NOTICE OF PRIVACY PRACTICES**

**1. PURPOSE:**

The purpose of this policy is to establish a policy regarding the County's Notices of Privacy Practices.

**2. POLICY:**

- A. It is the policy of the County that the County shall provide a County Notice of Privacy Practices for each of its covered health care components, update the Notices as necessary, and distribute the Notices and any revised Notices to all County clients. **Exception:** This policy does not apply to County clients who are deceased. [45 CFR 164.520]
- B. It is the policy of the County that when the County is acting as a health care provider, the County shall make a good faith effort to obtain a written acknowledgment of receipt of the Notice provided, and if not obtained, document its good faith efforts to obtain such acknowledgment and the reason why the acknowledgment was not obtained. [45 CFR 164.520]
- C. It is the policy of the County that all the Notice of Privacy Practices required elements listed in the HIPAA Privacy Rule shall be contained in a County Notice of Privacy Practices. [45 CFR 164.520]
- D. It is the policy of the County that the name of every client to whom a County Notice of Privacy Practices is distributed shall be recorded into the IHPTS database.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.520

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
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**Chapter: 200.101**

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**CLIENT RIGHTS PROCEDURE  
NOTICE OF PRIVACY PRACTICES**

<b>Actor</b>	<b>Action</b>
County Health Plan Staff	1. For clients enrolled in a County Health Plan prior to April 14, 2003, mails a copy of the designated Notice to each client's last known address no later than April 13, 2003. 2. Records the name of the client into the IHPTS database and that the Notice was mailed to the client. 3. For material revisions made to the Notice, mails a copy of the revised Notice to each client enrolled in a County Health Plan within sixty (60) working days of the effective date of the revision. 4. Records the name of the client to whom the revised Notice was sent into the IHPTS database and that the Notice was mailed to the client.
County Health Plan Staff	5. For new clients enrolled in a County Health Plan subsequent to April 14, 2003, mails the Notice at the time of enrollment. 6. Records the name of the client into the IHPTS database and that the Notice was mailed to the client. 6. At least once every three years, notifies clients of the availability of the Notice and how to obtain the Notice.
County Health Care Provider Staff	7. Beginning April 14, 2003, distributes the Notice to each client no later than the date of the first service delivery after April 14, 2003, except in emergency situations.

<p>County Health Care Provider Staff</p>	<p><b>NOTE:</b> Prior to services being provided, checks the IHPTS database to see if the notice has already been provided.</p> <p>8. In emergency situations, distributes the Notice as soon as reasonably practicable after the emergent situation.</p> <p>9. Requests that each client to whom the Notice is given sign the Notice Acknowledgment Form. <b>Exception:</b> Emergency treatment situations.</p> <p style="padding-left: 40px;">A. If the client refuses to sign the Acknowledgment Form, County staff member completes the form documenting that the client refused to sign it with the date of refusal.</p> <p style="padding-left: 40px;">B. Retains the signed or unsigned Acknowledgment Form in the medical record at the location where it was provided.</p> <p>10. Records the name of the client to whom the Notice was given into the IHPTS database and the County facility/location where the Notice was provided.</p> <p>11. Upon revisions to the Notice, makes the Notice available upon request on or after the effective date of the revision.</p> <p>12. Posts the revised Notice at the physical service delivery site.</p>
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.520

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 200.200**

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**REVISED:**

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**CLIENT RIGHTS POLICY**  
**CLIENT RIGHTS**

**1. PURPOSE:**

The County shall establish policies protecting a client's rights regarding County privacy practices.

**2. POLICY:**

- A. It is the policy of the County that County clients or their personal representative shall have the right to request an alternate means of communication and an alternative address to receive communications of PHI from the County. The County shall accommodate such requests when reasonable. [45 CFR 164.522(b)]
- B. It is the policy of the County that County clients may inspect their own PHI in a designated record set except:
  - 1. For psychotherapy notes;
  - 2. For information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding;
  - 3. For PHI maintained by the County that is subject to the Clinical Laboratory Improvement Amendments (CLIA) to the extent that access to the client is prohibited by CLIA;
  - 4. When the access to the PHI requested is reasonably likely to endanger the life or physical safety of the individual or another person as determined by a licensed health care professional by using their professional judgment;
  - 5. When the PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that granting the access requested is reasonably likely to cause substantial harm to such other person; or
  - 6. When the request for access is made by client's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably

likely to cause substantial harm to the individual or another person.  
[45 CFR 164.524]

- C. It is the policy of the County that it shall allow clients or their personal representative to obtain a copy of the client's own PHI. If the client's PHI is maintained in an electronic health record, the client has the right to receive a copy of that PHI in electronic format. The County may charge a fee for obtaining a copy of the PHI. [45 CFR 164.524]
- D. It is the policy of the County that an accounting of all disclosures of a client's PHI shall be produced via report by the Deputy Privacy Officer when the request is made in writing by the client or the client's personal representative and sent to the County. All disclosures shall be reported except for those:
1. Made to carry out treatment, payment and health care operations (TPO) [45 CFR 164.506];
  2. For notification purposes that include disaster relief, emergencies, or in the case of client death;
  3. For national security purposes[45 CFR 164.528(a)(1)(vi)];
  4. To correctional institutions or law enforcement officials having custody of an inmate;
  5. Made prior to April 14, 2003;
  6. Made six years prior to the date the accounting is requested;
  7. Made to the client of the client's own PHI; nad
  8. Made to individuals involved in the client's care.

**NOTE:** County may choose to report the excepted disclosures. [45 CFR 164.528] If the client's PHI is maintained in an electronic health record, the client has the right to request an accounting of disclosures made for treatment, payment and health care operations that were made via that electronic health record. Such an accounting can go back as far as three years.

- E. It is the policy of the County that clients or their personal representative may request restrictions on the uses and disclosures of their own PHI by submitting a request in writing to the County. The Deputy Privacy Officer shall approve or deny requests for restriction(s) in writing within fifteen (15) working days. If a restriction is approved, the County shall not use or disclose the restricted PHI except in accordance with the restriction.. [45 CFR 164.522(a)] **NOTE:** The County must agree to requested restrictions on disclosures of PHI about an individual if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for treatment purposes), and the PHI pertains solely to a health care item or service for which the health care provider involved was paid out of pocket in full.

**Exception:** Limited use and disclosure of PHI when the client is not present for an emergency or because of the incapacity of the client.

1. If a client requires emergency treatment and the restricted PHI is needed to respond to an emergency, County staff, in the exercise of professional judgement and upon a determination that the disclosure is in the best interest of the client, shall disclose such information to a person involved in the client's health care for treatment purposes. The member of the County workforce making such determination shall immediately notify the Deputy Privacy Officer of the disclosure. [45 CFR 164.510(b)(3); 45



CFR 522.)(a)(1)(iii)]

2. When the client is incapacitated or in an emergency treatment situation, the County may determine in its professional judgement if it is in the best interest of the client whether to notify a family member, a close personal friend, or the client's personal representative of a client's location and general condition. [45 CFR 164.510(b)(3)]

- F. It is the policy of the County that the County shall allow clients or their personal representative to request that an amendment be made to the client's own PHI contained in a designated record set for as long as the PHI is maintained by the County. A request for an amendment shall be submitted in writing to the County. [45 CFR 164.526]

**NOTE:** For purposes of this policy, the term "amend" or "amendment" does not include an appendage or an update requested by the client or the client's personal representative to the client's PHI contained in a designated record set for as long as the PHI is maintained by the County.

- G. It is the policy of the County that clients or their personal representative may make a complaint whenever it is believed that the County has violated the Privacy Rule. Complaints shall be made in writing to the Deputy Privacy Officer or to the Secretary of the DHHS. [45 CFR 164.530(d)(1)]

### **3. APPLICABILITY:**

This policy applies to the County workforce.

### **4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

### **5. REFERENCES:**

45 CFR 164.522(b), 45 CFR 164.524, 45 CFR 164.528, 45 CFR 164.522(a), 45 CFR 164.510, 45 CFR 164.526, 45 CFR 164.530 (d)(1), Pub. L. 111-5 §§ 13405(a), 13405(c), 13405(e)

### **APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 200.201**

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**CLIENT'S RIGHTS PROCEDURE  
ALTERNATE MEANS OF COMMUNICATION**

<b>Actor</b>	<b>Activity</b>
Client or Personal Representative	1. Requests alternate means of communication or an alternative address for delivery of PHI from the County. <b>NOTE:</b> If the client is unable to write the request, the client may request assistance from a County workforce member. If assistance is provided, the County workforce member shall document that the assistance was given, have the client sign and date the document, co-sign and retain the document in the case file at the County location where assistance was provided.
County Workforce	2. Determines reasonableness of request. 3. Approves or denies request. If unable to determine if the request is reasonable, requests supervisor assistance. 4. If the client or the client's personal representative is present when the request is approved or denied, notifies the client or the client's personal representative verbally of the decision, and documents the notification in the client's file at the County location where the request was made. 5. If the client is not present when the request is approved or denied, notifies the client or the client's personal representative of the decision in writing and retains the copy of the decision in the client's file at the County location where the request was made.

	<p>6. If the request is approved, records the alternative method and/or address in the client file at the County location where the request was made.</p> <p>7. If the request is denied, notifies the Deputy Privacy Officer.</p>
Deputy Privacy Officer	<p>8. Records the denial of a request in the IHPTS database including a brief statement of the reason for denial.</p>

### **3. APPLICABILITY:**

This policy applies to the County workforce.

### **4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

### **5. REFERENCES:**

45 CFR 164.522(b)

### **APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
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**Chapter: 200.202**

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**CLIENT RIGHTS PROCEDURE  
INSPECT AND COPY**

<b>Actor</b>	<b>Activity</b>
Client or Personal Representative	1. Requests to inspect or copy the client's own PHI contained in a single County location.
Deputy Privacy Officer or County Workforce	2. For all requests received in writing, acknowledges receipt of the client's request in writing no later than five (5) working days after receipt of the client's request to inspect or to obtain a copy of the client's own PHI. 3. Determines if the request will be granted in part, in full or denied. 4. If unsure whether to grant the client's request in part or in full, or in the case where a client's request will be denied, the Deputy Privacy Officer immediately refers the written request to the Privacy Officer. 5. If the request will be granted in part or in full, provides a written response within thirty (30) working days of sending the acknowledgement letter to the client, arranging with the client or the client's personal representative a convenient time and place to inspect or obtain a copy of the PHI; to mail the copy of the PHI at the client's request; and discuss the scope, format, and other aspects of the client's request with the client or the client's personal representative as necessary to facilitate timely provision.
	6. If the request is made verbally, and the request is granted in part or in full, arranges with the client or the client's personal

representative a convenient time to inspect or obtain a copy of the client's own PHI and discuss the scope, format, and other aspects of the client's request with the client or the client's personal representative as necessary to facilitate timely response. If unsure about granting the request, instructs the client to submit the request in writing to the Deputy Privacy Officer.

NOTE: If the Deputy Privacy Officer or the County workforce member is unable to gather the required data within the time period required, the time for the action may be extended by no more than thirty (30) working days so long as the client is provided with a written statement of the reason(s) for the delay and the date by which the Deputy Privacy Officer or the County workforce member shall complete the action on the request. However, only one such extension of time shall be allowed.

7. Provides a copy of the client's PHI to the client or the client's personal representative in the format requested, if possible. If the client's PHI is maintained in an electronic health record, provide a copy of that PHI in an electronic format. If not, provides the PHI in a readable hard copy form or in another format mutually agreed upon by the Deputy Privacy Officer or the County workforce member and the client or the client's personal representative.

8. If the client or the client's personal representative requests a copy of the client's PHI, the Deputy Privacy Officer or the County staff member may impose a reasonable, cost-based fee, that includes only the cost of:

A. Copying, including the cost of supplies for and labor of copying the information requested (refer to existing policies regarding chargeable fees);

B. Postage, when the client or the client's personal representative has requested the copy to be mailed.

Client or Personal Representative	9. Requests in writing to inspect or to obtain a copy of the client's PHI contained in more than one location in the County. The request must be made in writing to the Deputy Privacy Officer.
Deputy Privacy Officer	<p>10. For all requests received in writing, responds in writing to the request to inspect or to obtain a copy of PHI, no later than sixty (60) working days after receipt of the request. Determines if the request will be granted in part, in full or denied.</p> <p>11. If the request will be granted in full, provides a written response arranging with the client or the client's personal representative a convenient time and place to inspect or obtain a copy of the PHI; to mail the copy of the PHI at the client's request; and discusses the scope, format, and other aspects of the client's request with the client or the client's personal representative as necessary to facilitate timely provision.</p> <p><b>NOTE:</b> If the Deputy Privacy Officer is unable to gather the required data within the time period required, the Deputy Privacy Officer may extend the time for the action by no more than thirty (30) working days so long as the client is provided with a written statement of the reason(s) for the delay and the date by which the Deputy Privacy Officer shall complete the action on the request. However, only one such extension of time shall be allowed.</p> <p>12. Provides a copy of the client's PHI to the client or the client's personal representative in the format requested, if possible. If the client's PHI is maintained in an electronic health record, provide a copy of that PHI in an electronic format. If not, provides the PHI in a readable hard copy form or in another format mutually agreed upon by the Deputy Privacy Officer and the client or the client's personal representative</p>

<p>Deputy Privacy Officer</p>	<p>13. If the request is denied, in part or in full, the Deputy Privacy Officer:</p> <p style="padding-left: 40px;">A. Gives the client or the client’s personal representative access to any permitted PHI requested to the extent possible.</p> <p style="padding-left: 40px;">B. Provides a written denial to the client or the client’s personal representative. The denial shall be written in plain language and contain:</p> <p style="padding-left: 80px;">i. The basis for the denial;</p> <p style="padding-left: 80px;">ii. If applicable, a statement of the client’s review rights.</p> <p style="padding-left: 80px;">iii. A description of how the client may complain to the Privacy Officer or to the Secretary of DHHS. This description must include the title and telephone number of the Privacy Officer and the Secretary of DHHS.</p> <p>14. Records all actions pertaining to access to inspect and copy in the IHPTS database.  <b>NOTE:</b> If the County does not maintain the PHI that is the subject of the request for inspection or copying, the Deputy Privacy Officer shall inform the client or the client’s personal representative where to direct the request, if known.</p> <p>15. If the client or the client’s personal representative requests a copy of the PHI, the Deputy Privacy Officer may impose a reasonable, cost-based fee, that includes only the cost of:</p> <p style="padding-left: 40px;">A. Copying, including the cost of supplies for and labor of copying the information requested (refer to existing policies regarding chargeable fees);</p> <p style="padding-left: 40px;">B. Postage, when the client or the client’s personal representative has requested the copy to be mailed.</p>
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.524, Pub. L. 111-5 § 13405(e)

**APPROVED:**

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Privacy Officer



**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

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**REVISED:**

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**CLIENT RIGHTS PROCEDURE  
ACCOUNTING OF DISCLOSURES**

<b>Actor</b>	<b>Activity</b>
Client or Personal Representative	1. Requests an accounting of disclosures of PHI in writing to the County.
Deputy Privacy Officer	<p>2. Within sixty (60) working days of receiving a client's or the client's personal representative's request, prepares a report from the IHPTS database that includes all required PHI disclosures that occurred during the six (6) years prior to the date of the request for an accounting, unless the client or the client's personal representative requested an accounting for a shorter period of time than six (6) years. If the client's PHI is maintained in an electronic health record, include an accounting of disclosures made for treatment, payment and health care operations that were made via that electronic health record. Such an accounting can go back as far as three years.</p> <p><b>NOTE:</b> The deadline for producing the disclosure report may be extended for up to thirty (30) working days, provided that a written statement is sent to the client citing the reasons for the delay and the date by which the accounting shall be received.</p> <p>3. Provides free of charge, the first accounting report within any twelve-month period. If additional requests for an accounting are made within the same twelve-month period, gives the client notification that a fee shall be charged in case the client or the client's personal representative wishes to withdraw the request.</p>

4. Enters the accounting disclosure information into the IHPTS database.
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.528, Pub. L. 111-5 § 13405(c)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 200.204**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**CLIENT RIGHTS PROCEDURE**  
**SETTING RESTRICTIONS**

<b>Actor</b>	<b>Activity</b>
Client or Personal Representative	<p>1. Requests restriction(s) on the use and disclosure of PHI to the County in writing. If the request is for restricting PHI at a single covered health care component, the request is handled by the Deputy Privacy Officer.</p> <p><b>NOTE:</b> If the client is unable to write the request, the client may request assistance from County staff. If assistance is provided, the staff member shall document that the assistance was given, have the client sign and date the document, co-sign and retain the document in the medical record at the County location where assistance was provided.</p>
Deputy Privacy Officer	<p>2. Approves or denies the request as appropriate and ensures the approval or denial of the restriction is entered into the medical record at the covered health care component.</p> <p><b>NOTE:</b> The County must approve requested restrictions on disclosures of PHI about an individual if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for treatment purposes), and the PHI pertains solely to a health care item or service for which the health care provider involved was paid out of pocket in full.</p> <p>3. Informs client or the client's personal representative in writing of the approval or denial of the request to restrict use and</p>

	<p>disclosure. Sends the Deputy Privacy Officer copy of approval or denial.</p> <p>4. Documents the restriction(s) in the IHPTS database.</p> <p>5. If the restriction would involve more than one covered health care component, sends the request to the Privacy Officer for handling.</p>
Privacy Officer	<p>6. Approves or denies requests referred by the Deputy Privacy Officer.</p> <p>7. Documents decisions on restriction(s) requests referred by the Deputy Privacy Officer in the IHPTS database.</p>

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions .

**5. REFERENCES:**

45 CFR 164.522(a), 45 CFR 164.510, Pub. L. 111-5 § 13405(a)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 200.205**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**CLIENT RIGHTS PROCEDURE  
AMENDMENTS**

<b>Actor</b>	<b>Activity</b>
Client or Personal Representative	<p>1. Submits a written request to amend the client's PHI or a record contained in a County designated record set and the reason(s) to support the requested amendment.</p> <p><b>NOTE:</b> If the client is unable to write the request, the client may request assistance from County staff. If assistance is provided, the staff member shall document that the assistance was given, have the client sign and date the document, co-sign and retain the document in the client file at the County location where assistance was provided.</p>
Privacy Officer	<p>2. Within five (5) working days of receiving the client's or the client's personal representative's written request for an amendment, forwards the request to the originator of the PHI requested to be amended for a determination on whether to grant or deny, in whole or in part, the client's request.</p>
Originator of PHI	<p>3. Reviews the client's request for an amendment.</p> <p>4. Determines whether to grant or deny, in whole or in part, the client's request.</p> <p>5. Within 45 working days of receiving the client's written request for an amendment from the Privacy Officer, informs the Privacy Officer, in writing, of the decision to grant or deny, in whole or in part, the client's request and the reason(s) for reaching the decision.</p>

Privacy Officer

6. Within 60 working days of the original receipt of the client's request for an amendment, informs the client or the client's personal representative of the decision to grant or deny the requested amendment in whole or in part.

**NOTE:** If the Privacy Officer is unable to act on the amendment within the required 60 day period, the time may be extended by no more than 30 days, provided that the Privacy Officer provides the client with a written statement of the reasons for the delay and the date the action on the request will be completed.

7. If the client's request is granted in whole or in part:

A. Makes the appropriate amendment to the client's PHI in the designated record set.

B. Informs the client that the amendment is accepted.

C. Obtains client's agreement and identification of persons to whom the County is to notify of the amendment.

D. Provides the amendment to those persons identified by the client and to persons, including business associates, that the Privacy Officer knows have received the PHI that is the subject of the amendment and who may have relied or could foreseeably rely on such information to the detriment of the client.

8. If the client's request is denied in whole or in part:

A. Provides client with a timely, written denial which includes the reason for the denial.

B. Informs the client of his/her right to submit, and the procedure for submission of, a written statement disagreeing with the denial. Also informs the client that if no statement of disagreement is submitted, the client may request that the County provide the client's request for

	<p>amendment and the denial with any future disclosures of the PHI that is the subject of the amendment request.</p> <p>C. If necessary, prepares a written rebuttal to the client's statement of disagreement and provides a copy to the client.</p> <p>D. Identifies the record or PHI and appends to the designated record set the:</p> <ul style="list-style-type: none"><li>i. Client's request for an amendment;</li><li>ii. County's denial of the request;</li><li>iii. The client's statement of disagreement, if any; and</li><li>iv. County's rebuttal, if any.</li></ul>
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**3. APPLICABILITY:**

This policy applies to the County.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.526

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 200.206**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**CLIENT RIGHTS PROCEDURE**  
**COMPLAINTS**

<b>Actor</b>	<b>Activity</b>
Client or Personal Representative	1. Submits a complaint in writing to the County specifying how the client's privacy rights have been violated.
County Workforce	2. Refers the complaint to the Deputy Privacy Officer.
Deputy Privacy Officer	3. Within five (5) working days of receipt of the complaint, initiates an investigation by notifying the Privacy Officer of the receipt of the complaint. 4. Enters the complaint into the IHPTS database.
Deputy Privacy Officer	5. Within thirty (35) working days of receipt of the complaint, conducts an investigation and prepares a written report to the Privacy Officer documenting the details of the investigation and the findings.
Privacy Officer	6. Within thirty (30) working days after receiving the written report, the Privacy Officer determines the validity of the complaint and notifies the client, the appropriate supervisor and the Deputy Privacy Officer of the action taken. In consultation with the supervisor and the Deputy Privacy Officer, takes appropriate action to mitigate the adverse affects of any unauthorized disclosure.



County Supervisor and Deputy Privacy Officer	7. For valid complaints, ensures that the appropriate disciplinary action and training are applied as per County HIPAA Discipline Policy 100.600.
Privacy Officer	8. Enters the investigation results into the IHPTS database.
Privacy Officer and Deputy Privacy Officer	9. Documentation shall contain no individually identifiable health information other than that provided by the individual. Where additional health information is necessary to fully document the resolution, the person who resolved the complaint, i.e., the Privacy Officer or the Deputy Privacy Officer, shall note in the Privacy Complaint Information System that supplementary information was retained by the Privacy Officer or the Deputy Privacy Officer. The information itself, however, shall be maintained in a file separate from the electronic system.
Deputy Privacy Officer	10. Shall review the IHPTS database quarterly and audit the complaints resolved and provide reports to the Privacy Officer on any deficiencies in compliance and the corrective action taken to resolve the deficiencies. Audit reports shall be due to the Privacy Officer on the 15 <sup>th</sup> of January, April, July and October. Such report information will be used for evaluation and process and/or procedure enhancement, as appropriate.
Privacy Officer	11. Annually in February, the Privacy Officer will review the findings of the audit reports with the Deputy Privacy Officers and discuss any changes or improvements required. If amendments to this policy are required, the Privacy Officer will issue them in March of each year. The Privacy Officer, however, may make amendments to this policy as required to comply with HIPAA other than in March of each year.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(d)(1) and (e) and (f).

**APPROVED:**

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Privacy Officer

**HIPAA FORM 200b**



**COUNTY OF WAYNE  
HIPAA Notice of Privacy Practices for  
Protected Health Information for Its Employee  
Medical, Dental, Vision, Employee Reimbursement Account,  
and Employee Assistance Program Health Plans**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS  
THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact us at (313) 224-7766 or fax (313) 224-7419.**

This is your Notice of Privacy Practices provided by the County of Wayne ("County"). This notice refers to the County by using the terms "us," "we," or "our."

If you have your medical insurance coverage with Health Alliance Plan (HAP) or Blue Care Network or if you have your dental insurance coverage with Golden Dental, you will receive a notice from them regarding their privacy practices and your privacy rights regarding the health information they use and disclose about you.

You have received this notice because of your employee insurance coverage ("Insurance") with us. The County must collect information about you to provide this Insurance. We know that information we collect about you and your health is private. The County is required to protect this information by federal and state law.

This notice will tell you how we may use or disclose information about you. Not all situations will be described. The County is required to give you a notice of our privacy practices for the information we collect, keep and disclose about you. We are required to follow the terms of the notice currently in effect.

## HOW THE COUNTY MAY USE AND DISCLOSE INFORMATION WITHOUT YOUR AUTHORIZATION

! **For Payment:** We may use or disclose information to pay for the health care services you receive. For example, the County may receive and review health information contained on claims to reimburse providers for services rendered.

! **For Health Care Operations:** We may use or disclose health information for our insurance operations or to manage our programs or activities. For example, we may use PHI to process transactions requested by you or to review the quality of services you receive.

! **Where Required by Law or for Law Enforcement:** We will use and disclose information when required by law. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

! **When Required for Public Health Activities:** We disclose information when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities about communicable diseases, or providing information to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.

! **For Health-Related Benefits or Services:** We may use health information to provide you with information about benefits available to you under your current Insurance coverage and, in limited situations, about health-related products or services that may be of interest to you.

! **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose Protected Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

! **For Government Programs:** We may use and disclose information for public benefits under other government programs. For example, we may disclose information for the determination of benefits under Medicare.

! **Disclosures to Family, Friends and Others:** We may disclose information to your family or other person(s) who are involved in your medical care or payment for your medical care. You have the right to object to the sharing of this information.

! **Other Uses of Health Information:** For other situations, the County will ask for your written authorization before using or disclosing information.

## YOUR PRIVACY RIGHTS

! **Right to See and Get Copies of Your Records:** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

! **Right to Amend Your Records:** You may ask the County to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request.

! **Right to Get a List of Disclosures:** You may request a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for payment or health care operations or releases required by law or for law

enforcement. The list also will not include information provided directly to you or information that was sent with your authorization.

! **Right to Request Limits on Uses or Disclosures:** You may request that the County limit how information is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. The County is not required to agree to the limitation. You can request, in writing, that the limitation be terminated or the County may terminate the limitation with advance notice to you.

! **Right to Request Confidential Communications:** You may request that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.

! **Right to Revoke Authorization:** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been disclosed under the authorization.

! **Right to File a Complaint:** You have the right to file a complaint if you do not agree with how the County has used or disclosed information about you.

! **Right to Get a Paper Copy of this Notice:** You have the right to ask for a paper copy of this notice at any time.

### COMMUNICATIONS ABOUT YOUR RIGHTS

You may contact the County to:

! Ask to look at or copy your records

! Ask to limit how information about you is used or disclosed

! Ask to cancel your authorization

! Ask to amend your records

! Ask for a list of the times the County disclosed information about you

The County may deny your request to look at, copy or amend your records. If the County denies your request, it will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with the County or with the U.S. Department of Health and Human Services, Office of Civil Rights.

If you wish to ask questions about this notice, exercise your rights under this notice, communicate with us about privacy issues or file a complaint, you can contact us at:

Employee Benefits Manager / HIPAA Compliance

County of Wayne Risk Management Division

600 Randolph, 5<sup>th</sup> Floor

Detroit, Michigan 48226

(313) 224-7766

(313) 224-7419 (FAX)

[HIPAAPrivacyOfficer@co.wayne.mi.us](mailto:HIPAAPrivacyOfficer@co.wayne.mi.us)

You may file a complaint with the federal government at:

U.S. Office of Civil Rights:  
Medical Privacy, Complaint Division  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201  
(866) 627-7748  
TTY: (866) 788-4989  
Email: [ocrprivacy@hhs.gov](mailto:ocrprivacy@hhs.gov)

**Changes to This Notice:** We reserve the right to revise this notice at any time. The revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required to comply with whatever notice is currently in effect. Any changes to our notice will be published on our website. Go to [www.waynecounty.com](http://www.waynecounty.com) and click on the HIPAA icon. A copy of the new notice will be posted at each County site and facility and provided as required by law. You may ask for a paper copy of the current notice anytime.

**PLEASE SHARE THIS NOTICE WITH YOUR ADULT COVERED DEPENDENTS**

**HIPPA FORM 200d**

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES  
AND  
CONSENT TO USE OR DISCLOSE HEALTH INFORMATION**

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name MI

SS#: \_\_\_\_\_ County File No., if any: \_\_\_\_\_

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of the Notice of Privacy Practices for the Wayne County Public Health Department and understand that I may contact the person named in it if I have questions about the notice.

\_\_\_\_\_  
**Patient/Parent/Legal Guardian Date Witness**

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**CONSENT TO USE OR DISCLOSE HEALTH INFORMATION FOR TREATMENT,  
PAYMENT OR HEALTH CARE OPERATIONS**

I give my voluntary consent for the Wayne Public Health Department to use and disclose health/medical information regarding \_\_\_\_\_ (Patient name) for purposes of treatment, payment and health care operations as stated in the Notice of Privacy Practices.

I understand that:

- a. The health/medical information used and disclosed may include information about communicable diseases (such as HIV).
- b. I may revoke this consent at any time, except to the extent that action has been taken in reliance on it.
- c. That this consent is valid until I revoke it and that if I want to revoke this consent I must do so in writing.
- d. If I revoke this consent, the revocation does not apply to uses and disclosures already made.
- e. I have had ample opportunity to review and have chosen not to, or I have already reviewed Wayne County's Notice of Privacy Practices for a description of the uses and disclosures made of health information before signing this consent.
- f. That the Notice of Privacy Practices is subject to change and that at any time I may receive a copy of the notice currently in effect upon request.

\_\_\_\_\_  
*Signature of Patient*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of parent, legal guardian, or other legally responsible person (when required)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

**COUNTY OF WAYNE**

**Access to Records Request Form**

*(For use by County clients requesting access to their own records.)*

Name:	ID Number:
Record Holder:	Date of Birth:
Location of Record:	Date of Request:

If you are asking for access to your records that the County of Wayne ("County") has, please consider:

- You may ask to access, look at or get information about yourself that is in County records.
- The **County** cannot give you access to psychotherapy notes.
- The County may deny you access to your information if it was given to the County by someone other than a health care provider, under the promise of confidentiality.

I am asking for access to my information for the following time period:

From: \_\_\_\_\_ To: \_\_\_\_\_

*(See other side for client rights information)*

Approved 9
Denied 9
Delayed 9
If delayed, we will act on your request by
Comments:
Client Signature <span style="float: right;">Date</span>
County Representative Signature



### **Your Right to Access Your Information:**

- You have a right to request access, look at or get information about yourself that is in County records.
- You have a right to have an answer to your request within 30 days. If the information is not at this location, you have the right to have an answer within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- You may be charged a fee, if you have accessed the same information within the past year.
- Your request may be denied if professionals involved in your case believe that access to your information could be harmful to you or others.
- The reviewer must decide, within a reasonable time, whether to approve or deny your request. You will get an answer in writing. The answer will include the reason for the decision.

### **You have a right to file a privacy complaint:**

Individuals can file privacy complaints with either the County or with the U.S. Department of Health and Human Services, Office of Civil Rights.

Privacy complaints may be directed to any of the following:

#### **County of Wayne**

Wayne County Public Health Department  
33030 Van Born  
Wayne, Michigan 48184  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: [HIPAAPrivacyOfficer@co.wayne.mi.us](mailto:HIPAAPrivacyOfficer@co.wayne.mi.us)

#### **U.S. Department of Health and Human Services, Office of Civil Rights**

Medical Privacy, Complaint Division  
200 Independence Avenue, SW  
HHH Building, Room 509H  
Washington, D.C. 20201  
Phone: 866-627-7748  
TTY: 886-788-4989 Email: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

This form is available in alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).  
Contact the County at: Phone \_\_\_\_\_ or fax \_\_\_\_\_.

# COUNTY OF WAYNE

## Accounting of Disclosures Request Form

(For use by **County** clients requesting an accounting of disclosures.)

Name:	ID Num ber:
Record H older:	Date of Birth:
Location of Record:	Date of Request:

You can ask for a list of disclosures of your Protected Health Information made by Wayne County ("County"). If you would like this information, please consider:

- The list is free one time in any twelve-month period. The County may charge you for additional lists in the same twelve-month period.
- The County will not list disclosures made more than six years before your request.
- The County will not list disclosures made earlier than April 13, 2003.
- The County will only list disclosures of Protected Health Information not related to Treatment, Payment, or Health Care Operations.
- The County will not list disclosures that you authorized.

I am asking for a list of disclosures for the following period of time: (be specific)

From: \_\_\_\_\_ To: \_\_\_\_\_

*(See other side for client rights information)*

Approved 9
Denied 9
Delayed 9
If delayed, we will act on your request by
Comments:
Client Signature <span style="float: right;">Date</span>
County Representative Signature

**Your Right to an Accounting of Disclosures:**

- You have a right to request an accounting of disclosures made by the County of your information.
- You have a right to have an answer to your request within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- Your first request for an accounting in a twelve-month period is free. You may be charged for additional requests in the same twelve-month period.

**You have a right to file a privacy complaint:**

Individuals can file privacy complaints with either the County or with the U.S. Department of Health and Human Services, Office of Civil Rights.

Privacy complaints may be directed to any of the following:

**County of Wayne**

Wayne County Public Health Department  
33030 Van Born  
Wayne, Michigan 48184  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: [HIPAAPrivacyOfficer@co.wayne.mi.us](mailto:HIPAAPrivacyOfficer@co.wayne.mi.us)

**U.S. Department of Health and Human Services, Office of Civil Rights**

Medical Privacy, Complaint Division  
200 Independence Avenue, SW  
HHH Building, Room 509H  
Washington, D.C. 20201  
Phone: 866-627-7748  
TTY: 886-788-4989 Email: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

This form is available in alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).

Contact the County at: Phone \_\_\_\_\_ or fax \_\_\_\_\_.

**COUNTY OF WAYNE**

**Restriction of Use and Disclosures Request Form**

*(For use by **County** clients asking to limit use and disclosure of their information.)*

Name:	ID Num ber:
Record H older:	Date of Birth:
Location of Record:	Date of Request:

If you are asking to limit use and disclosure of your personal information, please consider the following:

- The County of Wayne ("County") will consider your request. The County does not have to agree to your request unless it is regarding vocational rehabilitation or alcohol and drug information.
- The County may need your authorization to use and disclose information for some services. Without your authorization, the County may not be able to see if you qualify for services.

I am asking to limit the following information from being used and disclosed (be specific):

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*(See other side for client rights information.)*

Approved 9
Denied 9
Delayed 9
If delayed, we will act on your request by
Comments:
Client Signature <span style="float: right;">Date</span>
County Representative Signature

**Your Rights When Requesting Restriction of Information:**

- You have a right to request restrictions on the uses and disclosures of your information
- You have a right to have an answer to your request within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.

Your request and the answer will be kept in your record.

If the County agrees to your request, the restricted information will not be used or disclosed.

The County may end its agreement to your restriction if you ask to agree to end the restriction.

Your request and County action will be in writing and placed in your record.

Information in our record that was created or received while the restriction was in place will remain subject to the restriction.

**You have a right to file a privacy complaint:**

Individuals can file privacy complaints with either the County or with the U.S. Department of Health and Human Services, Office of Civil Rights.

Privacy complaints may be directed to any of the following:

**County of Wayne**

Wayne County Public Health Department  
33030 Van Born  
Wayne, Michigan 48184  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: [HIPAAPrivacyOfficer@co.wayne.mi.us](mailto:HIPAAPrivacyOfficer@co.wayne.mi.us)

**U.S. Department of Health and Human Services, Office of Civil Rights**

Medical Privacy, Complaint Division  
200 Independence Avenue, SW  
HHH Building, Room 509H  
Washington, D.C. 20201  
Phone: 866-627-7748  
TTY: 886-788-4989 Email: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

This form is available in alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).  
Contact the County at: Phone \_\_\_\_\_ or fax \_\_\_\_\_.

# COUNTY OF WAYNE

## Amendment of Health Record Request Form (For use by *County* clients asking for amendment of their records.)

Name:	ID Num ber:
Record H older:	Date of Birth:
Location of Record:	Date of Request:

If you are requesting for an amendment to the Wayne County ("County") record of your health information, please consider:

- The County cannot amend records that it did not create.
- The County will only amend records if they are found to be incomplete or inaccurate.
- Please attach any information you have to support your request.

I am asking for the following amendment to the record of my health information: (be specific)

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*(See other side for client rights information)*

Approved 9
Denied 9
Delayed 9
If delayed, we will act on your request by
Comments:
Client Signature <span style="float: right;">Date</span>
County Representative Signature

### **Your Right to Amend Information in your Record:**

- You have a right to request amendments to your information held in County files.
- You have a right to have an answer to your request within 60 days.  
If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- If you disagree with the answer, you can provide a written statement saying how you'd like your record to be changed. The County will keep this statement with your record.
- The County may also write an answer to your statement, which will also be placed in your record. You can have a copy of this statement.
- Anytime your record is shared, both your statement and the County answer will be included, when relevant.

### **You have a right to file a privacy complaint:**

Individuals can file privacy complaints with either the County or with the U.S. Department of Health and Human Services, Office of Civil Rights.

Privacy complaints may be directed to any of the following:

#### **County of Wayne**

Wayne County Public Health Department  
33030 Van Born  
Wayne, Michigan 48184  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: [HIPAAPrivacyOfficer@co.wayne.mi.us](mailto:HIPAAPrivacyOfficer@co.wayne.mi.us)

#### **U.S. Department of Health and Human Services, Office of Civil Rights**

Medical Privacy, Complaint Division  
200 Independence Avenue, SW  
HHH Building, Room 509H  
Washington, D.C. 20201  
Phone: 866-627-7748  
TTY: 886-788-4989 Email: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

This form is available in alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).

Contact the County at: Phone \_\_\_\_\_ or fax \_\_\_\_\_.

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.100**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY**  
**USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

**1. PURPOSE:**

The County shall establish policies for the use and disclosure of PHI within the County.

**2. POLICY:**

It is the policy of the County that PHI shall be used or disclosed only by authorized members of the County workforce and only in accordance with County policies and procedures. [45 CFR 164.502(a) and 45 CFR 164.530(i)]

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions .

**5. REFERENCES:**

45 CFR 164.502(a), 45 CFR 164.530(i)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer



# COUNTY OF WAYNE

## HIPAA Policy and Procedures Manual

Chapter: 300.200

EFFECTIVE: April 14, 2003

REVISED:

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### USES AND DISCLOSURES POLICY

#### WHEN AN AUTHORIZATION IS REQUIRED AND EXCEPTIONS TO WHEN AN AUTHORIZATION IS REQUIRED

##### 1. PURPOSE:

The purpose of this policy is to establish the policy regarding when authorizations for the use and disclosure of PHI shall be required and what are the exceptions to the policy.

##### 2. POLICY:

It is the policy of the County that a valid written authorization shall be required from clients or their personal representative before any use or disclosure of PHI, except:

- A. For disclosures to the client or personal representative pursuant to his/her request. [45 CFR 164.502(a)(1)(i)]
- B. For purposes of treatment, payment or health care operations (TPO); [45 CFR 164.502 and 506]
- C. When a consent, authorization or other express legal permission in writing was obtained from the client prior to April 14, 2003, that permits the use or disclosure of PHI, is on file in a County location ; [45 CFR 164.532]
- D. When the use or disclosure of PHI is limited to the minimum necessary for:
  1. Assisting disaster relief agencies; [45 CFR 164.510(b)(4)]
  2. Coroners and medical investigators upon subpoena, funeral directors and organ procurement organizations; [45 CFR 164.512(g) and (h)]
  3. Averting a serious and imminent threat to health or safety; [45 CFR 164.512(j)]
  4. Health oversight activities; [45 CFR 164.512(d)]
  5. Disclosures required by law pursuant to a legal duty to disclose or report, such as, for law enforcement purposes; child abuse or neglect; judicial or administrative proceedings or workers compensation proceedings pursuant to a subpoena; [45 CFR 164.512(a), (c), (e) and (f)]
  6. Public health activities; [45 CFR 164.512(b)]
  7. Correctional institutions or law enforcement officials who have custody of an inmate; [45 CFR 164.512(k)(5)]
  8. Government agencies which administer a government program that provides public benefits, where the disclosure is necessary to coordinate, improve, investigate or manage the program; [45 CFR 164.512(d)(1) and (3)]
  9. Research purposes that have been granted a waiver of authorization by an

- appropriately constituted Institutional Review Board (IRB); [45 CFR 164.512(i)]
- E. For the use of psychotherapy notes in training mental health professionals. [45 CFR 164.508(a)(2)]

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.502, 45 CFR 164.506, 45 CFR 164.508, 45 CFR 164.512, 45 CFR 164.532

**APPROVED:**

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Privacy Officer

# COUNTY OF WAYNE

## HIPAA Policy and Procedures Manual

**Chapter: 300.201**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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### USES AND DISCLOSURES PROCEDURE WHEN AN AUTHORIZATION IS REQUIRED AND EXCEPTIONS TO WHEN AN AUTHORIZATION IS REQUIRED

Actor	Activity
Requestor	1. Requests PHI.
County Workforce	2. Determines if a valid authorization is presented. (See County Determining a Valid Authorization Policy 300.600.) 3. Determines the identity and authority of the requestor as per County Verifying Identity & Authority Policy 300.800. 4. If a valid authorization is presented and the identity and authority of the requestor is verified, discloses the PHI in accordance with the valid authorization's instructions. <b>NOTE:</b> the valid authorization itself meets the minimum necessary criteria. 5. Retains the valid authorization in the medical record at the County location where the authorization is received. 6. Records the valid authorization and the disclosure in the IHPTS database. 7. If the request is not accompanied by a valid authorization, determines if one of the exceptions applies. If so, follows the policy and procedure for the exception to requiring an authorization. 8. If any one of the exceptions does not apply, denies the request for disclosure of PHI, documents the denial and instructs the requestor that a valid authorization must be obtained from the client before the County will disclose PHI.

### 3. APPLICABILITY:

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.502, 45 CFR 164.506, 45 CFR 164.508, 45 CFR 164.512, 45 CFR 164.532

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 300.300**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY  
MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED**

**1. PURPOSE:**

The purpose of this policy is to establish when authorizations for the use and disclosure of PHI is not required.

**2. POLICY:**

It is the policy of the County that when a disclosure is made as a result of an exception to an authorization being required, the authorized member of the County workforce shall follow the specific procedure established for that exception. [45 CFR 164.508, 45 CFR 164.512, 45 CFR 164.532]

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.502(b), 45 CFR 164.508, 45 CFR 164.512, 45 CFR 164.532

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 300.301**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE**

**MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED:  
TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS (TPO)**

<b>Actor</b>	<b>Activity</b>
County Workforce	<ol style="list-style-type: none"><li>1. When conducting daily business that involves the use or disclosure of PHI, determines if the use or disclosure of PHI is for the purposes of TPO.</li><li>2. Determines whether the use or disclosure is for treatment purposes, for payment purposes, or for purposes of health care operations.</li><li>3. If the person with whom the PHI is to be used or disclosed is unknown, verifies identity and authority in accordance with County Verifying Identity &amp; Authority Policy 300.800.</li><li>4. Applies the <i>minimum necessary</i> criteria to disclosures of PHI for payment or health care purposes. <b>NOTE:</b> The <i>minimum necessary</i> criteria do not apply to disclosures or requests by a health care provider for treatment purposes.</li><li>5. Ensures that there are no restrictions to the requested disclosure for PHI.</li><li>6. Uses or discloses the minimum necessary PHI. <b>NOTE:</b> Disclosures made for the purpose of providing TPO are not required to be entered into the IHPTS database.</li></ol>

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.502(b), 45 CFR 164.508, 45 CFR 164.532

**APPROVED:**

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Privacy Officer

# COUNTY OF WAYNE

## HIPAA Policy and Procedures Manual

**Chapter: 300.302**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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### USES AND DISCLOSURES PROCEDURE

#### MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED: AVERTING SERIOUS THREAT

Actor	Activity
Deputy Privacy Officer	<ol style="list-style-type: none"> <li>1. Using professional judgment in good faith determines that the use or disclosure of PHI is necessary to avert a serious and imminent threat to the health or safety of a person or the public:               <ol style="list-style-type: none"> <li>A. If the requestor is unknown, verifies the identity and authority of the requestor in accordance with County Verifying Identity &amp; Authority Policy 300.800.</li> <li>B. Applies the minimum necessary criteria per County Minimum Necessary Policy 300.500 for disclosing PHI to prevent or lessen the threat.</li> <li>C.. Discloses the PHI only to person(s) reasonably able to prevent or lessen the threat, including the target of the threat.</li> </ol> </li> <li>2. Records the disclosure of PHI in the IHPTS database.</li> </ol>

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.512(j)



**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 300.303**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE**

**MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED: WORKERS'  
COMPENSATION**

<b>Actor</b>	<b>Activity</b>
Requestor (on behalf of Workers' Compensation Administration)	1. Requests PHI.
County Workforce	2. If unknown, verifies the identity and authority of the requestor as per County Verifying Identity & Authority Policy 300.800. 3. Discloses the required PHI to Workers' Compensation Administration in accordance with the minimum necessary criteria. 4. Records the disclosure of PHI into the IHPTS database.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.512(l)

**APPROVED:**

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Privacy Officer

**Chapter: 300.304**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE**

**MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED: CORONERS,  
MEDICAL INVESTIGATORS, FUNERAL DIRECTORS AND ORGAN PROCUREMENT  
ORGANIZATIONS**

<b>Actor</b>	<b>Activity</b>
Coroner, Medical Examiner's Office	1. Requests PHI in writing for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. 2. Requires a subpoena (MCL 52.202(3)).
County Workforce	3. If unknown, verifies the identity and authority of the requestor in accordance with County Verifying Identity & Authority Policy 300.800. 4. Applies the minimum necessary criteria per County Minimum Necessary Policy 300.500. 5. Discloses the minimum necessary PHI to the coroner or medical examiner pursuant to a valid subpoena. 6. Records the disclosure in the IHPTS database.
Funeral Director	1. Requests PHI in writing as necessary to carry out their duties with respect to the decedent.
County Workforce	2. Forwards all requests from Funeral Directors to the Deputy Privacy Officer.
Deputy Privacy Officer	3. Verifies the identity and authority of the requestor as per County Verifying Identity & Authority Policy 300.800.
	4. Applies the minimum necessary criteria per County Minimum Necessary Policy 300.500. 5. Consults with Corporation Counsel. 6. Discloses the minimum necessary PHI to the funeral director. 7. Records the disclosure in the IHPTS database.
Organ Procurement Organization	1. Requests PHI in writing. Alternatively, an authorized County staff member may initiate contact with organ procurement organizations for the purpose of facilitating organ, eye or tissue donation and transplantation.

County Workforce	2. If unknown, verifies the identity and authority of the requestor in accordance with County Verifying Identity & Authority Policy 300.800. 3. Applies the minimum necessary criteria per County Minimum Necessary Policy 300.500. 4. Discloses the minimum necessary PHI to the Organ Procurement Organization. 5. Records the disclosure in the IHPTS database.
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.512(g) and (h)

**APPROVED:**

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 Privacy Officer

**COUNTY OF WAYNE  
 HIPAA Policy and Procedures Manual**

**Chapter: 300.305**

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**USES AND DISCLOSURES PROCEDURE**

**MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED: DISASTER  
 RELIEF EFFORTS**

Actor	Activity
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Disaster Relief Entity	1. Requests PHI to assist the entity in disaster relief efforts in notifying, identifying or locating a family member, personal representative or other person responsible for the care of the client regarding the client’s location, general condition or death.
	2. If unknown, verifies the identity and authority of the requestor in accordance with County Verifying Identity & Authority Policy 300.800. 3. Applies the minimum necessary criteria per County Minimum Necessary Policy 300.500. 4. Provides clients or their personal representative the opportunity to agree to, restrict or prohibit the use or disclosure of PHI to the disaster relief entity, unless the client is not present or is unable to agree to, restrict or prohibit the disclosure. <b>NOTE:</b> If, in the County staff member’s professional judgment, providing clients or their personal representative the opportunity to agree to, restrict or prohibit the disclosure of PHI will interfere with the ability to respond to emergency circumstances, the
County Workforce	County staff member may disclose the PHI to the disaster relief entity without the client’s permission. 5. Discloses the PHI and records the disclosure in the IHPTS database.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.510(b)(4)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 300.306**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE**

**MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED: HEALTH  
OVERSIGHT ACTIVITIES**

<b>Actor</b>	<b>Activity</b>
Health Oversight Agency	1. Requests documents related to a client's PHI. 2. Records the identity of clients for whom PHI was accessed.
County Workforce	3. If unknown, verifies the identity and authority of the requestor in accordance with County Verifying Identity & Authority Policy 300.800. 4. Applies the minimum necessary criteria per County Minimum Necessary Policy 300.500. 5. Discloses the minimum necessary PHI. 6. Obtains the identity of clients for whom PHI was accessed. 7. Records any disclosure(s) made for purposes of health oversight activities in the IHPTS database.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.512(d)

**APPROVED:**

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Privacy Officer





**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 300.307**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE**

**MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED: PUBLIC HEALTH ACTIVITIES**

<b>Actor</b>	<b>Activity</b>
Public Health Authority other than the County	1. Requests PHI.
County Workforce	2. If unknown, verifies the identity and authority of the requestor. 3. Applies the minimum necessary criteria per County Minimum Necessary Policy 300.500. 4. Discloses the minimum necessary PHI if he purpose of requesting the information is: <ul style="list-style-type: none"> <li>A. The prevention or control of disease, injury or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority; or</li> <li>B. To another public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect; or</li> <li>C. To a person subject to the jurisdiction of the Food and Drug Administration:</li> </ul>

	<p>i. To report adverse events (or similar reports with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations if the disclosure is made to the person required or directed to report such information to the Food and Drug Administration;</p> <p>ii. To track products if the disclosure is made to a person required or directed by the Food and Drug Administration to track the product;</p> <p>iii. To enable product recalls, repairs, or replacement (including locating and notifying individuals who have received products of product recalls, withdrawals, or other problems); or</p> <p>iv. To conduct post marketing surveillance to comply with requirements or at the direction of the Food and Drug Administration.</p> <p>D. To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.</p> <p>5. Records any disclosure(s) made to a Public Health Authority, other than within the County, in the IHPTS database.</p>
County Acting as a Public Health Authority	1. Records any disclosure(s) made in the IHPTS database.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.512(b)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.308**

**EFFECTIVE: April 14, 2003**

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**USES AND DISCLOSURES PROCEDURE**

**MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED: REQUIRED  
BY LAW**

<b>Actor</b>	<b>Activity</b>
Requestor	1. Requests PHI.
County Workforce	2. If the request for the disclosure of PHI appears to be required by law, verifies the identity of the requestor and forwards the request to the Corporation Counsel for a determination of the validity of the request. 3. If advised by the Corporation Counsel that the request is valid, discloses the PHI in accordance with the minimum necessary criteria. 4. Records the disclosure in the IHPTS database.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.512(a), (c), (e) and (f)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.309**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE**

**MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED: LEGAL AND LAW ENFORCEMENT REQUESTS**

Actor	Activity
Requestor	1. Requests PHI.
County Workforce	2. If the request for PHI arises from legal proceedings and requests such as judicial or administrative proceedings or subpoenas, or requests of law enforcement officials, verifies the identity of the requestor if practicable, and forwards the request to the Corporation Counsel, unless documented exceptions from Corporation Counsel have been received.
Corporation Counsel	3. If the identity of the requestor has not been previously verified to Corporation Counsel, verifies the identity of the requestor and determines the validity of the legal or law enforcement request. 4. Discloses the PHI or directs the disclosure to be recorded. 5. Records the disclosure or directs the disclosure to be recorded in the IHPTS database.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.512(a), (c), (e) and (f)

**APPROVED:**

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Privacy Officer

# COUNTY OF WAYNE

## HIPAA Policy and Procedures Manual

**Chapter: 300.310**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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### USES AND DISCLOSURES POLICY AND PROCEDURE

#### MAKING A DISCLOSURE WHEN AN AUTHORIZATION IS NOT REQUIRED: CONSENTS AND AUTHORIZATIONS MADE PRIOR TO APRIL 14, 2003

#### 1. SUMMARY OF POLICY and PROCEDURE:

It is the policy of the County that when a disclosure is made as a result of an exception to an authorization being required, the authorized member of the County workforce shall follow the specific procedure established for that exception. This procedure describes the process when consent or authorization for the use or disclosure of PHI was made prior to April 14, 2003.

- A. It is the policy of the County that the County may use or disclose PHI created or received in accordance with a consent, authorization or other express legal permission made in writing and obtained from a client prior to April 14, 2003 if the document permits the use or disclosure of PHI and is on file in a County location. [45 CFR 164.532(b)]
- B. It is the policy of the County that any authorization created or received prior to April 14, 2003 shall apply only to PHI created or received prior to April 14, 2003. [45 CFR 164.532(b)]
- C. It is the policy of the County that if there cannot be a determination of when the PHI was created or received, the PHI shall not be disclosed until a valid authorization is received.

#### 2. PROCEDURE:

Actor	Activity
Requestor	1. Requests PHI
County Workforce	2. Determines if a valid authorization exists for the specific use or disclosure of PHI request. 3. If a valid authorization does not exist, determines if a consent, an authorization or other legal permission exists that was obtained before April 14, 2003.

	<p>4. If a consent, an authorization or other legal permission exists, verifies that it is still in effect and that it is for the use or disclosure of the specific PHI requested.</p> <ul style="list-style-type: none"><li>A. If yes, discloses the PHI and records the disclosure in the IHPTS database.</li><li>B. If no, denies the PHI request and instructs the requestor that a valid authorization must be obtained from the client. Provides the requestor a blank Authorization form to be completed by client.</li></ul>
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definition.

**5. REFERENCES:**

45 CFR 164.532(b)

**APPROVED:**

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Privacy Officer



**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.400**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY**  
**MAKING A DISCLOSURE FOR RESEARCH PURPOSES**

**1. PURPOSE:**

The purpose of this policy is to establish the policy for determining when a disclosure can be made of a client's PHI for research purposes.

**2. POLICY:**

It is the policy of the County that before a disclosure is made for research purposes, a valid authorization must be signed by the client or a waiver of authorization must have been given from a properly constituted Institutional Review Board (IRB) or a County Privacy Board. [45 CFR 164.512(i); 45 CFR 164.514(b) and (e)]

**3. APPLICABILITY:**

This policy applies to the County.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.512(i); 45 CFR 164.514(b) and (e)

**APPROVED:**

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Privacy Officer

**Chapter: 300.401**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE  
MAKING A DISCLOSURE FOR RESEARCH PURPOSES**

<b>Actor</b>	<b>Activity</b>
Research Entity	1. Requests PHI for research purposes with an authorization; or without a client authorization where the research entity provides documentation reflecting alteration or waiver of the authorization requirement. [45 CFR 164.512(i)(1) and (2)]
County Staff	2. Forwards all requests to the Privacy Officer.
Privacy Officer	3. If unknown, verifies the identity and authority of the requestor in accordance with County Verifying Identity & Authority Policy 300.800. 4. Grants or denies request in accordance with the HIPAA Privacy Rule. [45 CFR 164.512(i)] 5. Applies the minimum necessary criteria per County Minimum Necessary Policy 300.500. 6. Enters the disclosure information into the IHPTS database.

**3. APPLICABILITY:**

This policy applies to the County.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.512(i); 45 CFR 164.514(b)(e)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.500**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY**  
**MINIMUM NECESSARY**

**1. PURPOSE:**

The purpose of this policy is to establish that the County shall use, disclose, and request only the minimum necessary PHI needed to accomplish the task.

**2. POLICY:**

It is the policy of the County that the County shall apply minimum necessary criteria to limit PHI for the use, disclosure or request for PHI to the amount necessary to accomplish the task, except for disclosures for treatment purposes. [45 CFR 164.514(d)(2)-(5), 45 CFR 164.502(b)(2)] It is the policy of the County that, to the extent practicable, the acquisition, access, use or disclosure of PHI shall be restricted to the "limited data set", as defined at 45 C.F.R. § 164.514(e).

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45CFR 164.514(d), 45 CFR 164.502(b)(1) and (2), 45 CFR 164.514(e)

**Approved:**

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Privacy Officer

# COUNTY OF WAYNE

## HIPAA Policy and Procedures Manual

**Chapter: 300.501**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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### USES AND DISCLOSURES PROCEDURE

#### MINIMUM NECESSARY: USE OF PROTECTED HEALTH INFORMATION

Actor	Activity
County Supervisor	1. Determines the minimum necessary PHI needed by each member of the County workforce to perform their job duties. <ul style="list-style-type: none"> <li>A. Authorizes appropriate medical record access.</li> <li>B. Authorizes appropriate access to billing and payment information.</li> <li>C. Authorizes appropriate access to other files containing PHI.</li> <li>D. Authorizes appropriate electronic access to PHI and sets security levels.</li> </ul> 2. Instructs each member of the County workforce on the authorized use of PHI consistent with the job duties.
County Workforce	3. Uses PHI as authorized. 4. Requests additional access to PHI from the supervisor if needed to perform job duties.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.514(d)(2)-(5), 45 CFR 164.502(b)(2)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 300.502**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE  
MINIMUM NECESSARY: COUNTY DISCLOSURES OF PROTECTED HEALTH  
INFORMATION**

<b>Actor</b>	<b>Activity</b>
County Workforce	<p>1. Prior to making any disclosures of PHI, determines the minimum necessary PHI to disclose by applying the following:</p> <p style="padding-left: 40px;">A. If the disclosure request is made for a client file maintained within the organizational unit, the request must specifically justify in writing why the entire client file is needed. Apply professional judgment in determining whether all PHI requested is necessary to be disclosed. Absent such justification, the request shall be denied. The written request and disposition shall be maintained within the client file.</p> <p style="padding-left: 40px;">B. If a request for PHI to be disclosed is pursuant to a state or federal statute, administrative rule, court order, contract or grant and the disclosure is routine or recurring, determine if a County protocol for that disclosure exists.</p> <p style="padding-left: 40px;">C. If it does, follow the protocol established for that routine and recurring disclosure.</p>

D. For any other routine or recurring disclosures, contact the Privacy Officer with a proposed standard protocol, using County Form HIPAA \_\_\_\_\_, that details the minimum necessary PHI to be disclosed, to whom and for what purpose. Once developed and approved, follow the protocol established for such routine and recurring disclosures. By following such protocol, the minimum necessary requirement will be met.

E. If the disclosure is not routine or recurring, the minimum necessary PHI to disclose is the PHI that has been requested by any of the following:

- i. A health care provider or health plan;
- ii. A business associate of the County, if the business associate represents that the PHI is the minimum necessary needed; or
- iii. A researcher whose request for PHI is consistent with the documentation of approval of such research by an IRB or Privacy Board, and which documentation was provided to, and approved by the Privacy Officer, in accordance with County Privacy Procedure [45 CFR 164.512(h)]

2. When determining the minimum necessary PHI for all other disclosures:

- A. Review each request and if necessary make appropriate inquiries of the requestor to determine why the PHI is needed;  
of the requested disclosure;



	<p>B. Apply professional judgment in determining whether all the PHI requested is necessary to be disclosed to accomplish the identified purpose.</p> <p>C. Limit the disclosure to the appropriate PHI to accomplish the identified purpose.</p> <p>D. If the disclosure is less than requested, provide an explanation of the limitation when the disclosure is made.</p> <p>E. Refer questions concerning the minimum necessary disclosure of PHI to the Deputy Privacy Officer .</p>
Deputy Privacy Officer	3. Answers questions regarding minimum necessary. If the answer is unknown, forwards the question to the Privacy Officer.
Privacy Officer	<p>4. If proposed standard protocols are received, reviews and approves or disapproves the standard protocol, keeps a copy of all approved standard protocols and notifies the supervisor of the decision.</p> <p>5. Answers Deputy Privacy Officer's questions concerning minimum necessary.</p>
County Workforce	<p>6. Follows standard protocols that have been approved by the Privacy Officer.</p> <p>7. If disclosure requests are received other than from the client, forwards the request to the immediate supervisor.</p> <p>8. If the disclosure request is from the client, the minimum necessary shall be the PHI that the client requested.</p> <p>9. Records the disclosure in the IHPTS database.</p>

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.514(d)(3), 45 CFR 164.502(b)(2), 45 CFR 164.512(h)

**APPROVED:**

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Privacy Officer

# COUNTY OF WAYNE

## HIPAA Policy and Procedures Manual

**Chapter: 300.503**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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### USES AND DISCLOSURES PROCEDURE

#### MINIMUM NECESSARY: COUNTY REQUESTS FOR PROTECTED HEALTH INFORMATION

Actor	Activity
County Workforce	1. Determines the minimum necessary PHI to request by applying the following: <ul style="list-style-type: none"> <li>A. If the request is made for an entire client file, specifically justifies why the entire client file is needed. <b>NOTE:</b> If a medical record is for treatment purposes, minimum necessary does not apply and justification is not required.</li> <li>B. If the request for PHI is not routine or recurring, limits the request for PHI to the minimum necessary to accomplish the task.</li> </ul> 2. Ensures all requests for PHI are in writing and that a copy is given to the Deputy Privacy Officer for audit purposes.
County Supervisors & Workforce	3. For any PHI requests that are routine or recurring, completes County Form HIPAA _____ and sends the proposed standard protocol to the Privacy Officer that details the minimum necessary PHI needed to accomplish the task.
Deputy Privacy Officer	4. Maintains written PHI requests and performs audits as directed by the Privacy Officer.
Privacy Officer	If proposed standard protocols are received, reviews and approves or disapproves the standard protocol, keeps a copy of all approved standard protocols and notifies the supervisor of the decision.
County Supervisor	Follows standard protocols that have been approved by the Privacy Officer.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.514(d)(4)(5), 45 CFR 164.502(b)(2)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.600**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY**  
**DETERMINING A VALID AUTHORIZATION**

**1. PURPOSE:**

The purpose of this policy is to establish the policy regarding what constitutes a valid authorization for the disclosure of PHI, when an authorization form other than the County approved authorization form is presented or used.

**2. POLICY:**

- A. It is the policy of the County to ensure the presence of the following elements when determining whether an authorization is valid when a request for the disclosure of PHI is received:
  - 1. A description that specifically identifies the information to be used or disclosed;
  - 2. The name or other specific identification of the person(s) or organization(s), or class of persons authorized to release the requested PHI use or disclosure;
  - 3. The name or other specific identification of the person(s), organization(s) or class of persons, to whom the County may disclose the PHI;
  - 4. A description of each purpose of the requested use of disclosure. The statement, "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not provide any other statement of purpose.
  - 5. An expiration date that ends the authorization or a description of a circumstance that ends the authorization of the disclosure. For research authorizations, a statement such as: "end of the research study" or, "none" is sufficient;
  - 6. A statement that if the expiration date of the authorization is past or if the circumstance no longer exists that the authorization is invalid.
  - 7. A statement of the client's right to revoke the authorization in writing and the exceptions to the right to revoke the authorization, together with a description of how the client may revoke the authorization, or a reference to an applicable Notice of Privacy Practices;
  - 8. A statement that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining the authorization if such conditioning is prohibited by the HIPAA Privacy Rule, or if conditioning is permitted, a statement about the consequences of refusing to sign the authorization;
  - 9. A statement that information used or disclosed in accordance with an authorization may be subject to re-disclosure by the recipient and no longer protected by the HIPAA Privacy rule;
  - 10. Signature of the client and date;
  - 11. If the authorization is signed by a personal representative of the client, a

- description of such representative's authority to act for the client;
  - 12. A statement that the client may inspect or copy the PHI that is authorized to be used or disclosed; and
  - 13. A statement that the client may refuse to sign the authorization.[45 CFR 164.508(c)]
- B. It is the policy of the County that if any of the required elements are not contained on the authorization, the authorization shall be considered invalid and PHI shall not be disclosed.
  - C. It is the policy of the County that if all required elements are on an authorization, that authorization shall be considered as valid.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions

**5. REFERENCES:**

45 CFR 164.508(c)

**APPROVED:**

\_\_\_\_\_  
 Privacy Officer

**COUNTY OF WAYNE  
 HIPAA Policy and Procedures Manual**

**Chapter: 300.700**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY  
 REVOKING A VALID AUTHORIZATION**

**1. PURPOSE:**

The purpose of this policy is to establish the policy regarding a client's or the client's personal representative's revocation of a valid authorization to use and disclose PHI.

**2. POLICY:**

- A. It is the policy of the County that clients or their personal representative shall have the right to revoke a valid authorization for the use and disclosure of PHI at any time, provided that the revocation of a valid authorization is made in writing to the County. To the extent that the County has taken action relying upon the authorization, the authorization is still valid. [45 CFR 164.508(b)(5)]
- B. It is the policy of the County that the Deputy Privacy Officer shall enter any revocation of a valid authorization into the IHPTS database.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.508(b)(5)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 300.701**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE  
REVOKING A VALID AUTHORIZATION**

<b>Actor</b>	<b>Activity</b>
Client or Personal Representative	1. Requests revocation of a valid authorization in writing to the County.

County Workforce	2. Forwards the request to the Deputy Privacy Officer.
Deputy Privacy Officer	3. Documents the revocation. 4. Records the revocation in the IHPTS database. 5. Notifies the Privacy Officer of the revocation. 6. Retains a copy of the revocation with the now revoked authorization.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.510(b)(5)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 300.800**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY  
VERIFYING IDENTITY AND AUTHORITY**

**1. PURPOSE:**

The purpose of this policy is to require verification of the identity and authority of a requestor of PHI.

**2. POLICY:**

It is the policy of the County that if the identity or authority of a requestor of PHI is unknown, the



identity and authority of that requestor shall be verified prior to any disclosure. [45 CFR 164.514(h)]

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.514(h)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 300.801**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE  
VERIFYING IDENTITY AND AUTHORITY**

<b>Actor</b>	<b>Activity</b>
Requestor	1. Submits a request for PHI.

<p>County Workforce</p>	<p>2. Determine whether the requestor is a client or personal representative of a client. If the requestor is unknown to the County staff member, requests proof of identity, such as a photograph ID, credit card issued to the requestor, or Medicaid card issued to the requestor.</p> <p>3. Verifies the requestor's identity.</p> <p>4. If the requestor is the client, a valid signed authorization satisfies the authority requirement.</p> <p>5. If the requestor is the client's personal representative, requires proof of authority to act on the client's behalf.</p> <p>6. If the request for PHI disclosure is requested by a government official, and the government official's identity is unknown, verifies the identity of the government official by viewing an agency identification badge or other official credentials.</p> <p>7. Once the identity of the government official is verified (or if already known), verifies the authority of the request. If the disclosure of PHI is required by law, discloses the PHI and records the disclosure in the IHPTS database. If there are questions as to whether PHI disclosure is required by law, seeks assistance from the Corporation Counsel prior to any PHI disclosure.</p>
	<p>8. Forwards all requests for PHI for research purposes to the Privacy Officer. See County Making a Disclosure for Research Purposes Policy 300.400.</p> <p>9. Forwards all requests for PHI from subpoenas, legal requests, or for law enforcement purposes to the Corporation Counsel within two (2) working days or receipt.</p>
<p>Corporation Counsel</p>	<p>10. Determines the identity of the requestor and the authority of the requestor.</p> <p>11. Approves or denies the request and takes the appropriate legal action.</p>

<p>Privacy Officer</p>	<p>12. For any disclosure of PHI made, records the disclosure in the IHPTS database.</p> <p>13. If a valid authorization from a County facility is received because the Restriction or Amendment flag is set in the IHPTS database, takes the following action:</p> <p>A. If the Restriction flag is set, and the valid authorization from the client is asking for the restricted PHI to be disclosed, notifies the client in writing within three (3) working days that a previously set restriction must be revoked in writing by the client before the disclosure can be made.</p> <p>B. If the Amendment flag is set, within three (3) working days determines if the PHI to be disclosed has been amended. If yes, discloses the amended PHI.</p> <p>C. Records the disclosure in the IHPTS database.</p>
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.514(h)

**APPROVED:**

\_\_\_\_\_  
 Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.900**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY**  
**DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION**

**1. PURPOSE:**

The purpose of this policy is to establish the policy for de-identifying a client's PHI in accordance with the HIPAA Privacy Rule.

**2. POLICY:**

It is the policy of the County that the County may de-identify PHI on clients by removing all client identifiable information as per County De-Identification of Protected Health Information Policye 300.900. [45 CFR 164.514(a)(b)]

**3. APPLICABILITY:**

This policy applies to the County.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.514(a)(b)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**Chapter: 300.901**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE  
DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION**

<b>Actor</b>	<b>Activity</b>
County Workforce	<p>1. Forwards the PHI to be de-identified to a person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable; or 2. Removes all the following client identifiable information:</p> <ul style="list-style-type: none"><li>A. Names;</li> <li>B. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:<ul style="list-style-type: none"><li>i. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and</li><li>ii. The initial three digits of a zip code</li></ul>for all such geographic units containing 20,000 or fewer people is changed to 000.</li></ul>

C. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

D. Telephone numbers;

E. Fax numbers;

F. E-mail addresses;

G. Social security numbers;

H. Medical record numbers;

I. Health plan beneficiary numbers;

J. Account numbers;

K. Certificate/license numbers;

L. Vehicle identifiers and serial numbers, including license plate numbers;

M. Device identifiers and serial numbers;

N. Web Universal Resource Locators; (URLs);

O. Internet Protocol (IP) address numbers;

	<p>P. Biometric identifiers, including finger and voice prints;</p> <p>Q. Full face photographic images and any comparable images; and</p> <p>R. Any other unique identifying number, characteristic, or code, except as otherwise permitted.</p>
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**3. APPLICABILITY:**

This policy applies to the County.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.514(a)(b)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.1000**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY**  
**TERMINATION OF RESTRICTIONS**

**1. PURPOSE:**

The purpose of this policy is to establish a process for terminating restrictions on the uses and disclosures of a client's PHI.

**2. POLICY:**

It is the policy of the County that restrictions on the uses and disclosures of a client's PHI shall be terminated if:

- A. The client or the client's personal representative requests the termination in writing, or
- B. The Privacy Officer informs the client or the client's personal representative in writing that the County agreement to a restriction has ended and that the termination of the restriction is effective with any PHI created or received after the client is notified of the termination. [45 CFR 164.522(a)(2)]

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.522(a)(2)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.1001**



**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE  
TERMINATION OF RESTRICTIONS**

<b>Actor</b>	<b>Activity</b>
Client or Personal Representative	1. Requests termination of the restriction(s) on the use and disclosure of PHI in writing to the County. <b>NOTE:</b> If the client is unable to write the request, the client may request assistance from County staff. If assistance is provided, County staff shall document that the assistance was given, have the client sign and date the document, co-sign and retain the document in the client file at the County location where assistance was provided.
County Workforce	2. Refers request to the Deputy Privacy Officer.
Deputy Privacy Officer	3. Grants the termination of the restriction(s). 4. Informs the client or the client's personal representative in writing of the termination of the restriction(s). 5. Records the termination of restriction in the IHPTS database. 6. Notifies Privacy Officer of termination of restriction(s).
County Requester	Submits a written request to the Deputy Privacy Officer requesting termination of the restriction(s) and justifying the request for termination.

Deputy Privacy Officer	<p>2. Approves or denies the request within five (5) working days. If approved, notifies the client or the client's personal representative in writing of the termination request and gives the client or the client's personal representative ten (10) working days to disagree in writing. If denied, notifies the requestor in writing.</p> <p>3. If the client or the client's personal representative disagrees, the Deputy Privacy Officer informs the requestor of the disagreement and requires a response in three (3) working days to review the communication from the client or the client's personal representative to ascertain if the disagreement by the client has bearing on the Deputy Privacy Officer's final decision to terminate the restriction.</p> <p>4. Issues a final decision within five (5) working days and notifies the client or personal representative and the County requestor.</p> <p>5. Records any termination of restriction(s) in the IHPTS database.</p> <p>6. Notifies Privacy Officer of termination of restriction(s).</p>
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.522(a)(2)

**APPROVED:**

\_\_\_\_\_  
 Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.1100**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY  
BUSINESS ASSOCIATES**

**1. PURPOSE:**

The purpose of this policy is to establish the policy for the County to ensure that PHI is disclosed to, used by, and may be further disclosed by business associates in accordance with written agreements that meet HIPAA Privacy rule, Security Rule and breach notification requirements.

**2. POLICY:**

It is the policy of the County that the County shall have privacy protections in all contracts if the contract anticipates that the County will make disclosures of PHI to the contractor so that the contractor may use the PHI to perform some function on behalf of the County relating to treatment, payment or health care operations. The written protections that will be used in these contracts with the County's business associates will meet the requirements of the HIPAA Privacy Rule, Security Rule and breach notification requirements. [45 CFR 164.504(e), 164.404, 164.406, 164.408]

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.504(e)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 300.1101**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES PROCEDURE  
BUSINESS ASSOCIATES**

Actor	Activity
Corporation Counsel	1. Determines the official County business associate standard language to be inserted into contracts or agreements.
Contract Administrator	2. Determines if the party with whom the County is to contract is a covered entity. If so, this policy does not apply. 3. For any contract with a non-covered entity, determines whether the contractor will be expected to use PHI to perform a function on behalf of the County relating to TPO. 4. For an agreement with a non-covered entity who will be using PHI to perform some function on behalf of the County relating to TPO, ensures that the agreement includes the required official business associate agreement standard language. (See attached County Form HIPAA 300c).

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.504(e)

**APPROVED:**

\_\_\_\_\_  
 Privacy Officer

**COUNTY OF WAYNE  
 HIPAA Policy and Procedures Manual**

**Chapter: 300.1200**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY  
 RECORDING AUTHORIZATIONS AND DISCLOSURES**

**1. PURPOSE:**

The purpose of this policy is to establish that the County shall record all valid authorizations and record all disclosures of PHI.

## **2. POLICY:**

- A. It is the policy of the County that all valid authorizations shall be recorded when received in the IHPTS database. [45 CFR 164.508(b)(6)]
- B. It is the policy of the County that all disclosures of PHI shall be recorded in the IHPTS database when made. The only exceptions that shall be allowed to the recording of disclosures of PHI are those:
  - 1. Made to carry out treatment, payment and health care operations (TPO);
  - 2. For notification purposes that include disaster relief, emergencies, or in the case of client death;
  - 3. For national security purposes;
  - 4. To correctional institutions or law enforcement officials having custody of an inmate;
  - 5. Made prior to April 14, 2003; [45 CFR 164.528a]
  - 6. Made six years prior to the date the accounting is requested;
  - 7. Made to the client of the client's own PHI;
  - 8. Made to individuals involved in the client's care;
- C. It is the policy of the County that any disclosures of PHI shall be made and recorded by authorized members of the County workforce only and that authorized members of the County workforce may record the excepted disclosures. [45 CFR 164.528]

## **3. APPLICABILITY:**

This policy applies to the County workforce.

## **4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

## **5. REFERENCES:**

45 CFR 164.508(b)(6), 45 CFR 164.510, 45 CFR 164.528, 45 CFR 164.528a

## **APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 300.1300**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**USES AND DISCLOSURES POLICY**  
**MITIGATION**

**1. PURPOSE:**

It is the purpose of this policy to establish the policy for mitigating any harmful effect that is known to the County that occurs from an improper use or disclosure of a client's PHI.

**2. POLICY:**

- A. It is the policy of the County that, to the extent practicable, the County will mitigate any harmful effect that is known to the County from an improper use or disclosure of a client's PHI by a member of the County workforce by applying the requirements set forth in the County Privacy policies and procedures applicable to County Workforce Disciplinary Action and Training. (County HIPAA Privacy Policies 100.600 and 100.800. respectively). [45 CFR 164.530(f)]
- B. It is the policy of the County that, to the extent practicable, the County will mitigate any harmful effect that is known to the County from an improper use or disclosure of a client's PHI by any of its business associates by including language in its contracts with business associates that may impose fines and/or penalties to the business associate, up to and including immediate termination of a business associate's relationship with the County. [45 CFR 164.530(f)]

**3. APPLICABILITY:**

This policy applies to the County.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(f)

**APPROVED:**

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Privacy Officer

County of Wayne \_\_\_\_\_(Name of Covered Health Care Component)

**HIPAA FORM 300b**  
**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION FOR PURPOSES OTHER THAN**  
**TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Client Medical Record # \_\_\_\_\_ Client SS # \_\_\_\_\_

I \_\_\_\_\_ hereby authorize  
(Client or Personal Representative)

\_\_\_\_\_ to disclose specific health information  
(Name of Provider/Plan)

from the records of the above named client to: \_\_\_\_\_  
(Recipient Name/Address/Phone/Fax)

for the specific purpose(s): \_\_\_\_\_

Specific information to be disclosed: \_\_\_\_\_

I understand that this authorization will expire on the following date, event or condition: \_\_\_\_\_

I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to **one** year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time and that I will be asked to sign the Revocation Section on the back of this form. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

I understand that if my record contains information relating to communicable diseases, HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing this disclosure **will** include that information **unless I expressly request that it not.**

I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, the County's ability to use my information for payment for services rendered, or my eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g., insurance company) for the sole purpose of creating health information (e.g., physical exam), **service may be denied** if authorization is not given. If treatment is research-related, treatment may be denied if authorization is not given. I further understand that I may request a copy of this signed authorization.

\_\_\_\_\_  
(Signature of Client) (Date) (Witness-If Required)

\_\_\_\_\_  
(Signature of Personal Representative) (Date) (Personal Representative Relationship/Authority)

\*\*\*\*\*

NOTE: This Authorization was revoked on \_\_\_\_\_



County of Wayne \_\_\_\_\_(Name of Covered Health Care Component)

**HIPAA FORM 300b**  
**(Date)**  
**REVOCATION SECTION**

*(Signature of Staff)*

I do hereby request that this authorization to disclose health information of \_\_\_\_\_  
*(Name of Client)*

Signed by \_\_\_\_\_ on \_\_\_\_\_  
*(Enter Name of Person Who Signed Authorization)* *(Enter Date of Signature)*

Be rescinded, effective \_\_\_\_\_. I understand that any action taken on this authorization prior to the  
*(Date)*

rescinded date is legal and binding.

\_\_\_\_\_  
*(Signature of Client)*                      \_\_\_\_\_ *(Date)*                      \_\_\_\_\_ *(Signature of Witness)*                      \_\_\_\_\_ *(Date)*

\_\_\_\_\_  
*(Signature of Personal Representative)*                      \_\_\_\_\_ *(Date)*                      \_\_\_\_\_ *(Personal Representative Relationship/Authority)*

**VERBAL REVOCATION SECTION**

I do hereby attest to the verbal request for revocation of this authorization by \_\_\_\_\_  
*(Name of Client or Personal Representative)*

on \_\_\_\_\_. The client or his personal representative has been informed that any action  
taken on this  
*(Date)*

authorization prior to the rescinded date is legal and binding.

\_\_\_\_\_  
*(Signature of Client)*                      \_\_\_\_\_ *(Date)*                      \_\_\_\_\_ *(Signature of Witness)*                      \_\_\_\_\_ *(Date)*

Associate Addendum dated **[date]**, between \_\_\_\_\_, whose address is \_\_\_\_\_ (“Covered Entity”), and \_\_\_\_\_ whose address is \_\_\_\_\_ (“Business Associate”).

#### Recitals

- A. Covered Entity acknowledges that it is subject to 45 CFR Parts 160, 162, and 164, issued by the U.S. Department of Health and Human Services under the authority of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA).
- B. Business Associate provides services to Covered Entity pursuant to a Service Agreement, dated \_\_\_\_\_ (“Service Agreement”). In the course of providing such services to Covered Entity, Business Associate may be required to use and/or disclose Protected Health Information (PHI) of individuals received from Covered Entity or created or received by Business Associate on behalf of Covered Entity.

#### Agreement

- 1. Legal Effect and Term of this Addendum.
  - 1.1. This Business Associate Addendum (“Addendum”) shall be considered an amendment to the Service Agreement.
  - 1.2. This Addendum shall become effective on **[date]** and shall remain in effect during the entire period the Service Agreement is in effect. In addition, this Addendum may remain in effect subsequent to the termination of the Service Agreement, as provided in this Addendum.
- 2. Obligations of Business Associate.
  - 2.1. Business Associate agrees not to use or disclose PHI other than as permitted or required by this Addendum, the Service Agreement, or as required by law. In case of any conflict between this Addendum and the Service Agreement, this Addendum shall govern.
  - 2.2. Business Associate agrees to use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for in this Addendum.
  - 2.3. As required by 45 CFR 164.530(f), Business Associate agrees to mitigate, to the extent practical, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of this Addendum.
  - 2.4. Business Associate agrees to report to Covered Entity any use or disclosure of which it becomes aware that is in violation of this Addendum.
  - 2.5. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI, agrees to the same restrictions and conditions that apply to Business Associate with respect to such information.
  - 2.6. Business Associate agrees to provide access to PHI contained in a designated record set as requested by an individual in accordance with 45 CFR 164.524.
  - 2.7. Business Associate agrees to make amendments to PHI contained in a designated record as requested by an individual in accordance with 45 CFR 164.526.
  - 2.8. Business Associate to provide an accounting of disclosures of PHI as requested by an individual in accordance with 45 CFR 164.528.

- 2.9. Business Associate agrees to provide to Covered Entity, in a time and manner reasonably designated by Covered Entity, information collected in accordance with this Addendum to permit Covered Entity to respond to a request by an individual for access to PHI, amendment of PHI, or an accounting of disclosures of PHI, in accordance with 45 CFR 164.524, 164.526, and 164.528.
- 2.10. Business Associate agrees to make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary, in the manner lawfully designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
3. Permitted Uses and Disclosures by Business Associate.
  - 3.1. Except as otherwise limited in this Addendum, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Service Agreement, provided that such use or disclosure would not violate the Privacy Rule if made by Covered Entity.
  - 3.2. Except as otherwise limited in this Addendum, Business Associate may use PHI to carry out the legal responsibilities of Business Associate.
  - 3.3. Except as otherwise limited in this Addendum, Business Associate may disclose PHI for the proper management and administration of Business Associate, provided that such disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential, that the person will only use or further disclose the information as required by law or for the purpose for which it was disclosed, and that the person agrees to notify Business Associate of any instances, of which it becomes aware, where the confidentiality of the information has been breached.
  - 3.4. Except as otherwise limited in this Addendum, Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B).
  - 3.5. Business Associate may use or disclose PHI to report violations of law to appropriate federal and state authorities consistent with 45 CFR 164.502(j)(1).
4. Obligations of Covered Entity.
  - 4.1. Covered Entity shall notify Business Associate of any limitations in its notice of privacy practices if such limitation may affect Business Associate's use or disclosure of PHI.
  - 4.2. Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by an individual to use or disclose PHI, if such changes affect Business Associate's permitted or required uses and disclosures of PHI.
  - 4.3. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of an individual's PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, if such restriction may affect Business Associate's use or disclosure of PHI.
5. Permissible Requests by Covered Entity.

Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.
6. Electronic Data Security.

Business Associate agrees to implement administrative, physical, and technical

safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic PHI that it creates, receives, maintains, or transmits to or on behalf of Covered Entity as required by HIPAA. Business Associate further agrees to ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it. Business Associate agrees to promptly report to Covered Entity any material security incident of which it becomes aware.

7. Termination.

7.1. Termination of the Service Agreement. This Addendum shall terminate upon termination of the Service Agreement.

7.2. Termination for Cause. Upon Covered Entity's knowledge of a material breach of this Addendum by Business Associate, Covered Entity shall provide a reasonable opportunity for Business Associate either to cure the breach or end the violation. If Business Associate has breached a material term of this Addendum and cure is not possible or if Business Associate does not cure a curable breach or end the violation within a reasonable time as reasonably specified by Covered Entity, Covered Entity may immediately terminate the Service Agreement and this Addendum.

7.3. Effect of Termination.

(A) Except as provided in paragraph (2) of this section, upon termination of the Service Agreement for any reason, Business Associate shall return originals and all copies of, or shall destroy, all PHI. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate.

(B) If Business Associate reasonably determines that returning or destroying PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. If return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Addendum to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

8. Miscellaneous.

8.1. Regulatory References. Terms used in this Addendum have the same meaning as those terms that are used in the Privacy Rule in effect or as amended.

8.2. Amendment. The Parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and HIPAA.

8.3. Survival. The rights and obligations of Business Associate and Covered Entity under the termination provisions of this Addendum shall survive the termination of this Addendum.

8.4. Interpretation. Any ambiguity in this Addendum shall be resolved in favor of a meaning that permits Covered Entity to comply with the Privacy Rule.

COVERED ENTITY:

By: \_\_\_\_\_

Its: \_\_\_\_\_

BUSINESS ASSOCIATE:

By: \_\_\_\_\_

Its: \_\_\_\_\_

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 400.100**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**SAFEGUARDING PHI POLICY**  
**SAFEGUARDING PROTECTED HEALTH INFORMATION**

**1. PURPOSE:**

The purpose of this policy is to ensure that PHI within the County is safeguarded.

**2. POLICY:**

It is the policy of the County that PHI shall be confidential and be subject to safeguarding procedures. [45 CFR 164.530(c)]

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(c)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**Chapter: 400.101**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**SAFEGUARDING PHI PROCEDURE  
COMPUTER MONITORS ACCESSIBLE TO THE GENERAL PUBLIC**

<b>Actor</b>	<b>Activity</b>
County Workforce	1. Ensures that all computer monitors that provide access to PHI that are located in an area accessible to or visible by the general public are not facing the public. 2. Ensures that each computer monitor that provides access to PHI is locked with a password-protected screen saver or otherwise secures the computer monitor by a method approved by the Privacy Officer before leaving the computer monitor for any reason.
Deputy Privacy Officer	3. Performs random audits as directed by the Privacy Officer to assure compliance with this procedure. 4. Reports any confirmed violation to the County staff member's supervisor and to the Privacy Officer.
County Supervisor and Deputy Privacy Officer	5. Implements the appropriate disciplinary action and training (if applicable) described in County Workforce Disciplinary Action Policy 100.600. Notifies Privacy Officer of disposition.
Deputy Privacy Officer	6. Records the confirmed violation and disciplinary action into the IHPTS database. 7. Performs follow-up as necessary.

**3. APPLICABILITY:**

This policy applies to County staff who have electronic access to PHI.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(c)

**APPROVED:**

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Privacy Officer



**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 400.102**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**SAFEGUARDING PHI PROCEDURE**  
**RESTRICTING ACCESS TO PROTECTED HEALTH INFORMATION**

<b>Actor</b>	<b>Activity</b>
County Workforce	1. When meeting with clients or their personal representative, ensures that any PHI that does not belong to that client is not visible. If meeting with the general public, ensures that all PHI is not accessible or visible. 2. Implements a password-protected screen saver or other method approved by the Privacy Officer prior to seeing a client, the client's personal representative or the general public. 3. Ensures that before leaving a computer monitor for any reason that monitor shall be locked with a password-protected screen saver or other method approved by the Privacy Officer. 4. Ensures that any PHI is in a secure environment before leaving a workspace for any reason.
Deputy Privacy Officer	5. As directed by the Privacy Officer, performs random audits to assure compliance with this procedure. 6. Reports any confirmed violation to the County staff member's supervisor and to the Privacy Officer.
County Supervisor and Deputy Privacy Officer	7. Implements the appropriate disciplinary action and training (if applicable) described in County Workforce Disciplinary Action Policy 100.600. Notifies the Privacy Officer of disposition.
Deputy Privacy Officer	8. Records the violation and disciplinary action in the IHPTS database. 9. Does follow-up as necessary.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(c)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 400.103**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**SAFEGUARDING PHI PROCEDURE**  
**FACSIMILE MACHINES**

<b>Actor</b>	<b>Activity</b>
County Workforce	1. When a FAX machine is located in an area accessible by the general public, removes incoming and outgoing FAXes immediately. 2. Prior to sending any FAX document containing PHI, verifies the disclosure is in accordance with County Verifying Identity and Authority Policy 300.800. A. Applies the minimum necessary criteria in accordance with County Minimum Necessary Policy 300.500. B. Verifies that the number to which the PHI is being sent is the correct number. C. Determines if the disclosure is required to be recorded, in accordance with County Recording Authorizations and Disclosures Policy 300.1200 D. If it is, records any required disclosure of PHI in the IHPTS database.
Deputy Privacy Officer	3. Performs random audits to assure compliance with this procedure. 4. Reports any audit finding and/or violation to the County staff member's supervisor and to the Privacy Officer.
County Supervisor and Deputy Privacy Officer	5. Implements the appropriate disciplinary action and training (if applicable) described in County Workforce Disciplinary Action Policy 100.600. Notifies Privacy Officer of disposition.
Deputy Privacy Officer	6. Records the audit finding and/or violation in the IHPTS database. 7. Performs follow-up as necessary.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

45 CFR 164.530(c)

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 400.104**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**SAFEGUARDING PHI PROCEDURE  
ELECTRONIC MAIL**

<b>Actor</b>	<b>Activity</b>
County Workforce	Prior to sending an email that contains PHI: 1. Verifies the disclosure is in accordance with County Email Procedure 400.104. 2. Applies the minimum necessary criteria in accordance with County Minimum Policy 300.500. 3. Enters a notation referring to the confidential or sensitive nature of the information in the subject line to further safeguard the confidentiality of electronically submitted data. 4. Verifies the recipient's email address. 5. Determines if the disclosure is required to be recorded, in accordance with County Recording Authorizations and Disclosures Policy 300.1200. If it is, records the disclosure in the IHPTS database. 6. Internet messaging, including e-mails containing PHI must be encrypted. 7. Return notification service shall be used to confirm receipt of the message by the intended recipient.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definition.

**5. REFERENCES:**

45 CFR 164.530(c)

**Approved:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 400.105**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**SAFEGUARDING PHI PROCEDURE**  
**DOCUMENT DISPOSAL**

<b>Actor</b>	<b>Activity</b>
County Workforce	Destroys any form of paper that contains PHI by shredding or equivalent means as approved by the Privacy Officer. If a shredder is not available at the time the paper containing PHI needs to be destroyed, places the paper in a secure, locked environment, e.g. room, file cabinet, desk, etc., until a shredder is available. <b>NOTE:</b> Under no circumstances shall unshredded paper containing PHI be placed in a trashcan, recycle bin or otherwise disposed.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

42 CFR 164.530(c)

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 400.106**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**SAFEGUARDING PROCEDURE**  
**INTERNAL AUDIT**

<b>Actor</b>	<b>Activity</b>
Security Officer	<p><b>With Regard to Data Quality:</b></p> <ol style="list-style-type: none"> <li>1. Periodically, but at least quarterly, conduct an access or audit log of who accessed which computer objects, when, and for what amount of time, including, but not limited to: Logins and logouts, accesses or attempted accesses to files or directories, execution of programs, and uses of peripheral devices. (See discussion of compliance audits, below).</li> <li>2. Conduct performance audits to measure whether the system meets the medical and/or business objectives for which it was designed and to measure whether the system meets its design objectives in terms of performance.</li> <li>3. Control of the quality of transcribing, coding, indexing, abstracting, and other retrieval of health information. Such controls must include, but are not limited to the following:               <ol style="list-style-type: none"> <li>A. Procedures specifying conformity to required characteristics of data integrity: reliability, validity, timeliness, completeness, and accessibility.</li> </ol> </li> </ol>
	<ol style="list-style-type: none"> <li>B. Quality control: measuring performance, comparing that performance to the above procedures and acting to correct problem areas.</li> <li>C. Audit: reviewing the quality of output from components of the health information system and the adequacy of quality control procedures.</li> </ol>



Division Director	4. Responsible for advising the Security Officer of required data integrity standards for data that they maintain, use, and transmit and any problems with data integrity.
Security and Information Technology Department	<p><b>With Regard to Data Users' Compliance with Laws, Regulations, Professional Ethics, and Accreditation Requirements:</b></p> <p>1. Responsible for auditing data users' access to and use of the County's information assets.</p> <p>2. Responsible for:</p> <ul style="list-style-type: none"> <li>A. Installing intrusion detection software to detect unauthorized access.</li> <li>B. Developing audit criteria specifying what activities are to be audited.</li> <li>C. Performing audits of records of system activity, such as logon, logoff, file access, attempted logon, failed logon, and so forth.</li> <li>D. Perform vulnerability tests to highlight weaknesses in the system.</li> <li>E. Maintain a log of security-relevant events that have occurred, listing each event and the person responsible.</li> <li>F. Report security breaches detected during audit pursuant to the County's Report Procedure.</li> </ul>
	<ul style="list-style-type: none"> <li>G. Investigate security breaches detected during audit pursuant to the County's Response Procedure _____.</li> <li>H. Take appropriate remedial action to mitigate the harm of breaches and prevent recurrence.</li> </ul>
	3. Maintain the audit trails for not less than six years from the date of the audit.
County Supervisors, Data Users and Staff	<p>4. Responsible for reporting problems with data integrity to the Deputy Security Officer.</p> <p>5. Responsible for reporting suspected or actual breaches of security or of the County's policies and procedures in accordance with the County's Report Procedure 100.1000.</p>

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

42 CFR 164.530(c)\_\_\_\_\_

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 400.107**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**SAFEGUARDING PROCEDURE**  
**PHYSICAL SECURITY**

<b>Actor</b>	<b>Activity</b>
County Workforce and Independent Contractors	1. Access to computer rooms will be limited to personnel who require access for the normal performance of their duties. 2. Access will be controlled by an electronic card key swipe system that will track all access activity. 3. Computer rooms are to be securely locked when unattended. Security cameras may monitor the entrances to deter/detect unauthorized entry.
Deputy Security Officer	4. Responsible for determining who has physical access to computer rooms. 5. Responsible for installing electrical power protection devices to suppress surges, reduce static, and provide backup power in the event of a power failure. 6. Will keep records of the removal/receipt of computer equipment. 7. Report detected or suspected security problems relating to PHI should be immediately reported to the Deputy Security Officer. Persons making such reports are to follow up immediate notification with a written memorandum to the Deputy Security Officer that includes the following information:
County Workforce and Independent Contractors	A. Narrative of the physical security problem. B. Estimate of how long the problem may have existed. C. Suggested solutions.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

42 CFR 164.530(c)\_\_\_\_\_

**APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE**  
**HIPAA Policy and Procedures Manual**

**Chapter: 400.108**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**SAFEGUARDING PROCEDURE**  
**WORKSTATION USE**

<b>Actor</b>	<b>Activity</b>
Computer Users	<p><b>Preventative Measures</b></p> <ol style="list-style-type: none"> <li>1. All computer users will monitor the computer's operating environment and report potential threats to the computer and to the integrity and confidentiality of data contained in the computer system.</li> <li>2. All computers plugged into an electrical power outlet will use a surge suppressor approved by the Information Technology Department.</li> <li>3. All personnel using computers will familiarize themselves with and comply with the facility's disaster plans and take appropriate measures to protect computers and data from disasters.</li> <li>4. Personnel using computers will not smoke at or near the terminal nor eat or drink at the terminal to prevent damage due to spills, etc.</li> <li>5. Personnel logging onto the system will ensure that no one observes the entry of their password.</li> <li>6. After three failed attempts to log on, the system will refuse to permit access and generate a notice to the system administrator.</li> <li>7. Personnel will not log onto the system using another's password nor permit another to log on with their password. Nor will personnel enter data under another person's password.</li> </ol>

8. Each person using the facility's computers is responsible for the content of any data he or she inputs into the computer or transmits through or outside the facility's system. No person may hide their identity as the author of the entry or represent that someone else entered the data or sent the message. All personnel will familiarize themselves with and comply with the County's E-Mail Procedure 400.104.

9. No employee may access any confidential patient or other information that they do not have a need-to-know. No employee may disclose confidential patient or other information unless properly authorized.

10. Employees must not leave printers unattended when they are printing confidential patient or other information. This rule is especially important when two or more computers share a common printer or when the printer is located in an area where unauthorized personnel have access to the printer.

11. Employees may not use the County's system to solicit for outside business ventures, organizational campaigns, political, or religious causes. Nor may they enter, transmit, or maintain communications of a discriminatory or harassing nature or materials that are obscene or s-rated.

12. No person shall enter, transmit, or maintain messages with derogatory or inflammatory remarks about an individual's race, age, disability, religion, national origin, physical attributes, sexual preference, or health condition.

13. No person shall enter, maintain, or transmit any abusive, profane or offensive language.

14. Employees may not access the County's network and applications from a location not on the County network using remote access methods without prior approval by Wayne

15. Each computer will be programmed to generate a screen saver when the computer receives no input for a specified period. Supervisors may specify an appropriate period to protect confidentiality while keeping the computer available for use.

16. Each user must log off the system if they leave the computer terminal for any period of time. **Exception:** where medically necessary (such as in the emergency department), must be approved in writing by the Division Director.

17. Each covered health care component must develop a policy to ensure the accuracy of data its personnel enter into the system and provide a copy of such policy to the Security Officer.

18. No files containing PHI will be stored on the local disk drive. This includes letters, e-mail, spreadsheets, screen captures, client files and any other records with PHI. **Exception:** Portable computers that are used in field collection or case management, as described in the Portable Computer Policy 400.300.

19. Each covered health care component must develop a policy on hard-copy printouts, including who may generate such printouts, what may be done with the printouts, how to dispose of the printouts, and how to maintain confidentiality of hard-copy printouts. Copies of such a policy shall be submitted to the Privacy Officer for review.

	<p>20. No personnel may download data from the County's system without the express written permission of the division director with notice to the Chief Information Officer.</p> <p>21. No personnel may upload any unauthorized software or data without the express written permission of the division director with notice to the Chief Information Officer.</p> <p>22. All computer equipment, both desktop and portable, relocation and reassignment shall be approved by the division director and must be documented through an Information Technology Service Request.</p> <p>23. Disposal of any computer equipment, both desktop and portable, must be approved by the division director and documented through an Information Technology Service Request.</p> <p>24. Only County computers may be used on the County computer network.</p> <p>25. Only County computers will be used in the standalone mode.</p> <p>26. The information on the computers will belong to the County.</p> <p>27. Use of equipment that is not owned by the County must have prior approval by the Chief Information Officer, the division head and the Security Officer.</p>
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**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

42 CFR 164.530(c)

**APPROVED:**



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Privacy Officer

# COUNTY OF WAYNE

## HIPAA Policy and Procedures Manual

**Chapter: 400.200**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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### **SAFEGUARDING POLICY INTERNET SECURITY**

#### **1. PURPOSE:**

The purpose of this policy is to establish the County's intent to comply with the Privacy Rule by safeguarding the use of the Internet by its computer users.

#### **2. POLICY:**

This policy establishes that the County has safeguards in place governing Internet access, communications, and storage using the County's system.

Division directors have discretion in establishing additional reasonable and appropriate conditions for Internet use by users under their control. Such policies must be consistent with this policy and must be provided to the Security Officer for review.

All users must strictly observe the following rules when using the Internet:

- A. Users may not access or use the Internet for personal business or personal commercial gain.
- B. Users must have a proper business purpose for any access and use of the Internet.
- C. Users may not access pornographic or other offensive websites (including, but not limited to, sexist, racist, discriminatory, hate, or other sites that would offend a reasonable person in the same or similar circumstances).

Access Control:

- A. Users may not use any other user's password or other identification to access the Internet.
- B. Users attempting to establish a connection with the County's computer system via the Internet must authenticate themselves at a firewall before gaining access to the County's internal network.
- C. Users may not establish modem, Internet, or other external network connections that could allow unauthorized users to access the County system or information without the prior approval of the Chief Information Officer.
- D. Users may not establish or use new or existing Internet connections to establish new communications channels without the prior approval of the Security Officer.

Users may not transfer PHI or County business information via the Internet without prior approval of the

Security Officer. Before transmitting PHI, the user will comply with the County's Uses and Disclosures Policies 300.100-300.1300 to ensure legal authority for the disclosure exists.

The County supports strict adherence to software vendors' license agreements.

At any time and without prior notice, the County reserves the right to audit Internet access in accordance with the County's Internal Audit Procedure 500.106.

No user may attempt to probe computer security mechanisms at County or other Internet sites unless part of an audit approved by the Chief Information Officer.

### **3. APPLICABILITY:**

This policy applies to the County workforce.

### **4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

### **5. REFERENCES:**

42 CFR 164.530(c)\_\_\_\_\_

### **APPROVED:**

\_\_\_\_\_  
Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**

**Chapter: 400.201**

**EFFECTIVE: April 14, 2003**

**REVISED:**

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**SAFEGUARDING PROCEDURE  
INTERNET SECURITY**

<b>Actor</b>	<b>Activity</b>
Internet Users	1. If a user has any doubt whether access to a specific website is proper, he or she should seek approval from his or her supervisor.
Security Officer	2. Responsible for ensuring agreements and proper content protection measures are in place, when necessary, to protect the security and confidentiality of information transmitted via the Internet.
Computer Users	3. May not copy software in any manner that is inconsistent with the vendor's license.
Internet Users	4. Will report security problems with Internet use, breach of confidentiality, and any violations of this or other County policies and procedures occurring during Internet use in accordance with the County's Report Procedure _____.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

42 CFR 164.530(c)\_\_\_\_\_

**APPROVED:**

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Privacy Officer

# COUNTY OF WAYNE

## HIPAA Policy and Procedures Manual

**Chapter: 400.300**

**EFFECTIVE: April 14, 2003**

**REVISED: June 1, 2011**

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### **SAFEGUARDING POLICY LAPTOP/PORTABLE DEVICES**

#### **1. PURPOSE:**

The purpose of this policy is to specify the County's safeguards for PHI residing on laptop/portable devices.

#### **2. POLICY:**

1. All laptop/portable devices users must use strong login passwords that contain a combination of alpha and numeric characters, to be changed on a regular basis. Passwords shall not be shared or written down or stored on any electronic device. Where feasible, dual factor login authorization shall be utilized, partnering a password with either a token, ID card, biometric scan or unique question.
2. All laptop/portable devices shall be logged out when unattended, and powered down when unused for more than one hour.
3. All laptop/portable devices shall utilize password protected screensavers that activate after a short period of non-use.
4. All laptop/portable devices shall have virus detection software installed and enabled, that must not ever be disabled or altered by the user. Users must report any and all suspected viruses to the Department of Technology (DOT). Users should not delete any suspected virus from a laptop/portable device without DOT assistance/permission.
5. Users shall not install or download any software applications and/or executable files on any laptop/portable device without prior authorization of DOT.
6. Wayne County reserves the right to monitor individual laptop/portable device usage at its discretion. Audit logs of such usage may be maintained by Wayne County.
7. Storage and use of sensitive or confidential data, including protected health information (PHI) as defined by HIPAA, on a laptop/portable device should be purely temporary. Such sensitive or confidential data should only be stored on a laptop/portable device until such time that said data can be transferred to the appropriate secured server.
8. All laptop/portable devices that may contain sensitive or confidential data must employ a whole disc encryption method where feasible. To the extent practical, any and all sensitive or confidential patient data stored and/or used on a laptop/portable device shall be deidentified.

9. All laptop/portable devices must be physically secured in locked drawers, cabinets, etc., or by an integral locking mechanism, when not in use. A combination of these methods to further strengthen security shall be utilized where possible.
10. No personally owned laptop/portable devices shall be used to store any sensitive or confidential data. Any Wayne County issued laptop/portable device is for business use only, not for the personal use of the user. Users shall not permit anyone else to use the laptop/portable device for any purpose, including, but not limited to, the user's family and/or associates, patients, patient families, employees and agents of Wayne County.
11. "Portable Device" shall include, but is not limited to, PDA, smart phone, flash/thumb drive, portable hard drive, magnetic tape, disc media, etc. Because these devices are small and can be easily lost or stolen, the storage of sensitive or confidential data on them should be avoided if possible. Sensitive or confidential data should never be stored on them in an unencrypted state. If such devices contain sensitive or confidential data, they should not be left unattended; if so, they should be securely locked. All sensitive and confidential data should be deleted from such portable devices when it is no longer needed.
12. Any sensitive or confidential data stored on a laptop/portable device must be limited to that minimum necessary to perform the user's job duties, and should be made anonymous where feasible. After completing work necessitating the usage of a laptop/portable device, any files containing sensitive or confidential data should be uploaded to the appropriate secured server and deleted from the laptop/portable device.
13. Users must maintain a list of files containing sensitive or confidential data that are stored on a laptop/portable device. Said list must be updated regularly and be maintained separate from the laptop/portable device.
14. All laptop/portable devices should be kept with the user at all times when working away from Wayne County facilities, unless secure, locked storage is available.
15. If a laptop/portable device must be left in a vehicle, it should never be visible. If possible, the laptop/portable device should be locked in the trunk of the vehicle. Users shall never leave a laptop/portable device in a vehicle overnight.
16. Users shall not access any Wi-Fi, cellular, or remote connection with any laptop/portable device containing any sensitive or confidential data as this could pose a serious security risk to the device and its data. Nor should users connect any additional peripheral devices to the laptop/portable device without prior authorization of DOT.
17. Users shall immediately contact their immediate supervisor, Deputy HIPAA Officer, and DOT to report any lost or stolen laptop/portable device. User shall in addition prepare a written statement detailing the circumstances of the missing laptop/portable device.
18. Users shall not dispose of laptop/portable devices without the prior authorization of DOT. Such devices must have any and all sensitive or confidential data contained therein adequately addressed to render the data unreadable. Users shall not alter the serial and/or asset numbers of any laptop/portable device issued.
19. Failure to follow any of these procedures may subject a user to the Wayne County progressive discipline policy. In the event of an infraction, Wayne County will employ that policy but in the

discretion of management, Wayne County may take whatever disciplinary action is appropriate based upon the nature and seriousness of the infraction, up to, and including, termination.

**3. APPLICABILITY:**

This policy applies to the County workforce.

**4. DEFINITIONS:**

Refer to HIPAA Policies and Procedures Definitions.

**5. REFERENCES:**

42 CFR 164.530(c)\_\_\_

**APPROVED:**

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Privacy Officer

**COUNTY OF WAYNE  
HIPAA Policy and Procedures Manual**



**Chapter: HIPAA 400a**

**EFFECTIVE: April 14, 2003**

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**SAFEGUARDING FORM  
PORTABLE COMPUTERS**

The County has issued the following computer equipment to you for the uses for which you have been specifically trained. The hardware, software, all related components, and data are the property of the County and must be safeguarded and be returned upon request or upon termination of your employment. Any equipment exchanged must be logged in the server room equipment log. Your responsibility for the initial equipment extends to the equipment below and/or any exchanged or additional equipment the County may issue you during your employment.

EQUIPMENT	SERIAL NUMBER	ASSET TAG NUMBER

The user agrees to use the equipment solely for County business purposes. The user further understands and agrees that:

- 1) Dial in functions are restricted to dialing into the County.
- 2) All information on a portable computer, that contains PHI shall be downloaded and/or synchronized with the main database or file. Only the minimum amount of such information shall be stored on the portable computer at any time. Information no longer needed on the portable computer shall be deleted.
- 3) User is not permitted to dial into any other unauthorized services, Internet service providers, or any other Internet access or to use the dial-up capabilities in any other manner than as instructed. The user understands that the hardware has been disabled from performing any functions other than those intended for business use and that the user may not attempt to enable such other functions.
- 4) Computers, associated equipment, and software are for business use only, not for the personal use of the user or any other person or entity.
- 5) Users will not download any software onto the computer except as loaded by authorized staff of the Deputy Security Officer.
- 6) Users will not insert any floppy disks, CDs, or other media into the computer without the

express authorization of the Deputy Security Officer.

- 7) Users must use only batteries and power cables provided by the County and may not, for example, use their car's adaptor power sources.
- 8) Users will not connect any additional peripherals (keyboards, printers, modems, etc.) without the express authorization of the Deputy Security Officer.
- 9) Users are responsible for securing the unit, all associated equipment, and all data, within their homes, cars, and other locations as instructed in the training provided.
- 10) Users will use the cable provided to lock equipment to immovable objects except when transporting the equipment.
- 11) Users may not leave portable computer units unattended unless they are in a secured location.
- 12) Users should not leave portable computer units in cars or car trunks for an extended period in extreme weather (heat or cold) or leave them exposed to direct sunlight.
- 13) Users must place portable computers and associated equipment in their proper carrying cases when transporting them. The case must display the user's name and identify the County.
- 14) Users must not alter the serial numbers and asset numbers of the equipment in any way.
- 15) Users will not permit anyone else to use the computer for any purpose, including, but not limited to, the user's family and/or associates, patients, patient families, or unauthorized officers, employees, and agents of the County.
- 16) Users must not share their passwords with any other person and must safeguard their passwords and may not write them down so that an unauthorized person can obtain them.
- 17) Users must report any breach of password security immediately to the Deputy Security Officer.
- 18) Users must maintain client confidentiality when using the portable computer, as specified in the County's Workstation Policy. The screen must be protected from viewing by unauthorized personnel, and users must properly log out and turn off the portable computer when it is not in use.
- 19) Users must immediately report any lost, damaged, malfunctioning, or stolen equipment or any breach of security or confidentiality to the Security Officer.

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
User Title

\_\_\_\_\_  
Witness