

Health Insurance Portability and Accountability Act (HIPPA)

DEPARTMENT : County Administrator's Office

DEPARTMENT AFFECTED : All Departments

SUBJECT : Suspected Violations of County Privacy Practices

POLICY: To ensure the security and privacy of individual protected health information and to provide a mechanism to report, investigate and develop corrective action for violations of the County Privacy Practices.

RESPONSIBLE PERSON(S): Privacy Officer

PROCEDURE:

The provisions of this policy apply to all employees, as well as other individuals and business associates whose business relationship with this County requires access to protected health information.

A. Reporting suspected violations of the Cass County Privacy Practices :

1. Every employee, student, volunteer, and contractor has the obligation to actively protect and safeguard protected health information in a manner designed to prevent the unauthorized use and disclosure of this information.
2. The Privacy Officer is designated as the person to receive and process complaints. The Privacy Officer's phone number and office location shall be published in the Notice and posted in the Cass County Building.
3. All employees, students, volunteers, and contractors will promptly notify the Privacy Officer of any possible violations of the Privacy Practices or improper activity by its employees and agents and cooperate in the investigation process.

B. Complaint Investigation:

1. Receiving the complaint:

- a. All complaints shall be submitted in writing to the Privacy Officer by:
 - Calling 269-445-4420 and requesting a complaint form; or
 - Writing to the Privacy Officer at the Cass County Administrator's Office, 120 N. Broadway, Suite 116, Cassopolis, MI 49031.
 - Complaints may be signed or made anonymously.
- b. No person making a complaint with a good faith belief that the County Privacy Practices have been violated shall be subject to retaliation.
- c. The Privacy Officer shall acknowledge receipt of the complaint by documenting when the complaint was received.
- d. The Privacy Officer shall maintain a record of all complaints received.

2. Investigating the complaint:

- a. Each complaint shall be investigated. It shall be the goal of an investigation to identify those situations in which the Privacy Practices have not been followed.
- b. An investigation shall be commenced as soon as is reasonably possible but in no event later than ten (10) business days after receipt of a complaint or report.
- c. The Privacy Officer shall contact legal counsel when appropriate to assist in the investigation of a complaint.

- d. An investigation shall include an interview with the complainant or other person(s) who may have knowledge of the alleged problem or process and a review of the applicable documentation and standards.

3. Concluding the investigation:

- a. If an investigation finds that the conduct complained of does not violate law, regulations, or policies or that such conduct did not occur, the investigation shall be closed, and the results documented and maintained on file.
- b. If the investigation concludes that a problem may exist, further investigation into the issues shall occur. This may include the conducting of additional interviews, audit activities or the involvement of consultants to determine the extent and seriousness of the alleged conduct. The results of the investigation shall be documented and maintained on file.

4. Reporting and documentation of complaint investigations:

- a. The Privacy Officer shall maintain a log of all complaints received, indicating the type of complaint along with the results of the investigation, the corrective action plan and when the completion of the corrective action occurred.

C. Mitigation

1. If the investigation concludes that a violation of the Cass County Privacy Practices has occurred, Cass County must mitigate (make less severe or make attempts to alleviate the damage) the harmful effects caused by the violation of the Privacy Practices.
2. The Privacy Officer will meet with the person whose protected health information was inappropriately used or disclosed to discuss reasonable and realistic alternatives that could be implemented to mitigate the harmful effects of the Privacy violation. The Privacy Officer will document the list of alternatives or corrective action plan developed.
 - a. In developing a corrective action plan, the Privacy Officer should obtain advice and guidance from the County's legal counsel and other appropriate personnel, as necessary.
 - b. Corrective action plans should be designed to ensure not only that the specific issue is addressed but also so that similar problems do not occur in other areas or departments. Corrective action plans may require that compliance issues be handled in a designated way, that certain training take place, that restrictions be imposed on particular employees or that the matter be disclosed externally.
 - c. Sanctions or discipline, in accordance with the County's work rules, may also be recommended.
3. The employee will be informed of the alternative(s) selected and informed about the implementation of the corrective action.
4. The Privacy Officer shall report to the Board of Commissioners the results of a HIPAA investigation and the corrective action plan that has been developed to address the problem.

D. Intimidation or Retaliation

1. No person making a complaint with a good faith belief that the Privacy Practices have been violated shall be subject to retaliation.
2. The Facility will inform employees and business associates as part of the HIPAA education program that the County will not permit any form of intimidation or retaliatory acts against individuals who exercise the right to file a complaint or participate in the process of filing a complaint.
 - a. Retaliatory actions include, but are not limited to, threats, coercion, intimidation, discrimination and other similar actions against an individual.
 - b. The process of filing a complaint or participating in the process of filing a complaint includes, but is not limited to testifying, assisting with or participating in an investigation compliance review proceeding or hearing.

- c. A person may oppose an act or practice made unlawful by HIPAA if the opposition is done in good faith, in a reasonable manner of opposition and it does not involve a disclosure of protected health information by doing so.

E. Sanctions

1. The County will establish and maintain the Privacy Policies and Procedures to be followed by its employees and agents. These policies and procedures will be designed to protect from intentional or unintentional use and disclosure of protected health information.
2. The County will apply sanctions against its workforce for failure to comply with the Privacy Practices.
3. The County has developed progressive discipline and punishment for violations of HIPAA policies that relate to the severity of the violation and punishment ranging from corrective action up to and including discharge. The County will enforce its standards for employee compliance through the existing mechanisms in consultation with the appropriate Human Resources policies and personnel.
4. Employee sanctions will be included as part of the corrective action plan for mitigation.
 - a. If it appears that certain individuals have a propensity to engage in practices that raise concerns with further compliance with the Privacy Practices, actions must be taken to prevent such individuals exercising substantial discretion in regard to Privacy Practice issues.
 - b. Corrective action plans for employees may require that compliance issues be handled in a designated way, that certain training take place, that restriction be imposed on particular employees, or that the matter be disclosed externally.
5. The Privacy Officer shall contact legal counsel when appropriate to assist in the sanction process.

1. True False You must obtain patient agreement to use/disclose PHI for public health activities related to disease prevention.
2. True False You can use/disclose PHI without patient agreement to report victims of abuse, neglect, or domestic violence.
3. True False To protect patient confidentiality, learn about your facility's patient privacy rights—and encourage other to do the same.
4. True False If you need help understanding the rules, the Department of Health and Human Services is required to give you assistance.
5. True False In general, disclosure of PHI must be limited to the least amount needed to get the job done right.
6. True False The HIPAA Privacy Rule protects a patient's fundamental right to privacy and confidentiality.
7. True False After signing an authorization, the patient can decide to revoke it.
8. True False An authorization must contain an expiration date.
9. True False You are permitted to use/disclose PHI when authorized or requested by the individual patient.
10. True False Authorization must be obtained for any use/disclosure of PHI for marketing purposes.
11. True False You are called a covered entity if you are a healthcare provider, health plan, or healthcare clearinghouse who transmits health information in electronic form.
12. True False Using PHI for purposes not specified by the rules requires covered entities to get patient authorization.
13. True False The Notice of Privacy Practices gives patients notice about the use/disclosure of the PHI, as well as their rights in general.
14. True False The Privacy Rule gives patients the right to take action if their privacy is violated.
15. True False The Privacy Rule gives patients the right to request a history of routine disclosures.
16. True False PHI is used when it is shared, examined, applied, or analyzed.
17. True False You are required to use/disclose PHI for treatment, payment, and healthcare operations.
18. True False PHI includes all health information that is used/disclosed, except PHI in oral form.

ACKNOWLEDGEMENT OF TRAINING

I have read and understand the training handbook, HIPPA Compliance.

Employee 's Signature

Date

Trainer's Name

Date

To: Elected Officials
Department Heads
Judges
All Employees

From: Terry L Proctor
County Administrator

Re: **Notice of Privacy Practices**

Date: April 26, 2004

The attached Notice of Privacy Practices is being distributed to all current employees, their department heads, Elected Officials and Judges. Please review the Practices and if you have any questions, please contact me in person, by phone (ext. 3284) or e-mail (TerryP@cassco.org). Thank you.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
NOTICE OF PRIVACY PRACTICES

Cass County, to provide certain group health care benefits for its employees and others may need to get private information from you. This information may be about your medical health, mental health or your use of alcohol or drugs.

This notice describes how information about you may be used and disclosed and how to get access to this information.

Please review it carefully.

Our Privacy Pledge

We will work hard to keep your personal information private and free from errors.

Who Will Follow This Notice?

- Cass County elected and appointed officers and employees.
- Anyone who has a contact with Cass County to provide group health care benefits for its employees or others, for example, Blue Cross.

The Use and Disclosure of Information About You

In order to give you group healthcare benefits, there are times we need to talk about you with other people or agencies. The following sections tell you what we will do with your personal information.

Remember that the information we have may be about your mental health, your medical health, or your use of alcohol or drugs. All of the ways we are allowed to use and communicate information fall within one of the following sections.

Special Situations

We may be required to release personal information for:

- **Public Health Risks** - if your records with us can prevent the spread of diseases.
- **National Security Purposes** - if our records have information pertaining to security threats.
- **Other Kinds of Emergencies**

SECTION 1

(1) Routine Disclosures:

Routine disclosures are the ones we need to make as a part of serving you. We do not need any specific consent or permission from you for the uses listed below.

- **For Treatment** - Any Cass County staff or one of our partner's staff members involved in your care will be using your personal information.
- **For Payment** - We may communicate personal information about you to get paid for your services.
- **Cass County** - We may use personal information about you to improve the way we provide services.
- **Medical Records** - The personal information in your record is seen by various staff to provide services, and to do filing, case interviews, billing, customer service, etc. The staff uses the information in your record in order to do their jobs.

SECTION 2

(2) Disclosures which require your consent:

Sometimes, we will need your permission before we can use or communicate personal information. We will then ask you to sign a specific form to do this.

- **Additional Services** - Before we can help you work with another agency; we may need to tell them some personal information about you. Examples are: Social Security offices, Family Independence Agency (FIA), lawyers or courts.
- **Individuals Involved in Your Care** - We may tell personal information to other people or agencies who are helping us to provide your services. Examples are your family/friends you want informed or other supportive people who help you.
- **Your Primary Medical Doctor** - We will ask you for consent to share information with your doctor.
- **Right to Revoke** - You have the right to revoke your consent, but you must put it in writing.

SECTION 3

(3) Mandatory Disclosures:

There are certain times that we are unable to protect the privacy of your personal information. We will give information about you when required to do so by federal, state, or local law.

- **To Avert a Serious Threat to Health or Safety-** We want to keep you safe. We will tell personal information about you to stop a serious threat to your health and safety. We will protect the health and safety of other people if you are in any way a threat to someone else.
- **Law Enforcement** -We release personal information if asked by law enforcement officials:
 - In response to an order of the court
 - To identify or locate a suspect, fugitive, material witness or missing person.

Your Rights Regarding Information About You

- **Right to Inspect and Copy** - In most cases, you have the right to look at and receive a copy of information that is in your record. You will be charged for the copies you receive. The cost will be the same as a FOIA request.
- **Right to Amend** - If you think any information, we have about you is not correct or not complete, you can ask us to change the information, or add a statement to your record stating what you think is incorrect or incomplete.
- **Right to an Accounting of Disclosures** - A "Release Record" is our list of items that have been copied from your record and shared with someone else. You have the right to ask for this list.
- **Right to Request Restrictions** - You have the right to put limits on what we can do with your personal information. But we are not required to agree with your request.
- **Right to Request Confidential Communications** - You have the right to ask us to communicate with you in a certain way or at a certain location. For example, you may ask that we only get in touch with you at work or by mail. Before we can act on your rights, we will ask you to put your request in writing.

Complaints

If you believe your rights have been violated, you may file a complaint with us.

CONTACTING US

If you have any questions about this privacy notice, or your rights, please call the
County Administrator at (269) 445-4420
110 N. Broadway, Suite 116
Cassopolis, MI 49031

You will not be penalized for filing a complaint.

Changes To This Notice

The date of this notice is April 22, 2004.

We may make changes to this notice in the future. If we make a change, we will print a new notice and it will become our current notice. We will post a copy of the current notice on the Employee Bulletin Board in the Cass County Building.

You are welcome to ask for a copy as long as you receive services from us. Our current notice will always tell you what you need to know about how we use your personal information. It will also tell you about your rights.

WE ARE REQUIRED BY LAW TO:

- Make sure that any information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices.
- Follow the terms of the current notice.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Effective April 22, 2004
Please read and sign this form.

Name of Employee or other

Date of Birth

I have received a copy of the **Notice of Privacy Practices** for Cass County. I know that I may ask questions and/or discuss any of the information in the brochure. I know that I can request limits on how my personal information is used or released. This may be done by contacting the County Administrator at 269-445-4420.

I understand that the Cass County **Notice of Privacy Practices** will be given to me once. I know that the most current notice is posted in the Cass County Building, and I may request a copy at any time.

Signature of Employee or other

Date

CONFIDENTIALITY STATEMENT

As an employee/volunteer/student, I have been asked by Cass County to affirm my commitment that it is my legal and ethical duty to not reveal information which is confidential health information. I understand that Cass County reminds its employees and volunteers of their confidentiality obligations on a periodic basis to help ensure compliance due to the significance of this issue.

Cass County has a legal and ethical responsibility to safeguard the privacy of all employees and protect confidentiality of their health information. I may come into possession of protected health information as part of my position. I understand that such information must be maintained in the strictest confidence. As a condition of my employment/assignment I agree that I will comply with the County Privacy Practices and will not disclose any protected health information to any person in violation of the County Privacy Practices. I promise to:

- Use protected health information only as needed to perform my legitimate duties as authorized within the scope of my job description.
- Only access confidential information for which I have a need to know and have been permitted to access as authorized within the scope of my job description.
- Appropriately disclose protected health information and not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information, except as properly authorized within the scope of my job description.
- Safeguard and will not disclose my access code or any other information, except as properly authorized within the scope of my job description.
- Accept responsibility for all activities undertaken using my access code and other authorization.
- Report activities by any individual or entity that I suspect may compromise the use or disclosure of protected health information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
- Use discretion to ensure that conversations involving protected health information in the course of my work cannot be overheard by others who are not involved.

I understand that:

- My obligations under this Agreement will continue after termination of my employment/assignment and that my privileges hereunder are subject to periodic review, revision and if appropriate, renewal.
- I have no right to ownership interests in any protected health information referred to in this agreement and that Cass County may at any time revoke my access code, or any other type of authorization, or access to protected health information. At all times during my employment/assignment, I will safeguard and retain the confidentiality of all protected health information.
- I am responsible for misuse or wrongful disclosure of protected health information as defined in the Privacy Policy and should I fail to safeguard my access code or other authorized access to protected health information, I will be subject to disciplinary action.
- A violation of this agreement may result in corrective action, up to and including discharge.

Signature of Employee/Student/Volunteer _____ Date _____

Printed Name _____

Employee Health Records

POLICY: It is the policy of Cass County to maintain certain health records on each employee which are directly related to his/her employment.

RESPONSIBLE PERSON(S)	County Administrator
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Federal and state regulations require that Cass County maintain an individual health record for each employee.

Should it become necessary for an employee to furnish data or records, the employee will be notified, and such data must be completed/provided within the time frame specified. Failure to provide requested/required data can result in disciplinary action or termination of employment.

Medical records contain, as each may apply, the following data:

- Application for group insurances
- Drug screenings
- Others as appropriate or necessary

Should it become necessary to obtain information from an outside source, the employee will be informed of the identity of the source and the reason(s) why such information is necessary.

The employee health records will be maintained separate from the rest of the employee record.

Employees are permitted to inspect their individual health records file upon request. Requests must be in writing and submitted to the County Administrator. An appointment will be made, and the employee will be informed of the date and time to report to the County Administrator's Office.

Employees may request copies of their health records. A charge will be made for each copy. (Note: The cost of making copies will not exceed that normally charges for such services.)

Access to the employee health records will be limited to the Purchasing/Insurance Officer and a separate key will be maintained in the locked key box located in the County Administrator's Office.

Only those persons with a need-to-know basis (i.e., employee benefits, administrator, government officials, etc.), will have access to an employee's health records.

Destruction of Protected Health Information

POLICY: To provide for appropriate and safe destruction of documents containing protected health information. The provisions of this policy apply to all personnel, as well as, other individuals and business associates whose business relationship with Cass County requires access to protected health information.

RESPONSIBLE PERSON(S):	Purchasing/Insurance Officer
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PROCEDURE:

Many types of Protected Health Information (PHI) need to be retained on file in a secure location. Those who need to access the PHI should go to the location of the original to use the PHI. Copies of PHI should be avoided whenever possible and when duplicate copies have been created, they should be destroyed when the need for them no longer exists.

Destruction of hard copy documents:

Destruction of hard copy documents is accomplished by placing the document into a shredder for complete destruction.

Destruction of documents stored on computers :

Destruction of documents on magnetic storage media such as tape reels or floppy disks must be deleted by use of a two-step process. It is not sufficient to simply "erase" files from computer magnetic storage media. The user should delete the documents from the magnetic storage media and submit the tape reel or floppy disk to the Security Officer for the second step of the deletion process by means of an approved zeroization program.

Destruction of optical media such as CD-ROMs must be accomplished through physical destruction on the media to prevent the information from being accessed.