

Polk County Wisconsin
CONFIDENTIALITY, SECURITY, AND ACCESS TO PROTECTED HEALTH INFORMATION
(PHI)

Policy 601.P

Effective Date: August 19, 2003

Current Revision Date:

PURPOSE:

Protected health information is in many forms: written, verbal, or stored in paper, photographic, video, or electronic format. In all these media, protected health information may be used for a variety of legitimate purposes, for example, client care, quality review, education, research, public health, legal, and reimbursement. Regardless of its use, clients must be assured the information they share with Polk County employees will remain confidential. Without such assurance, clients may withhold critical information that could affect the quality and outcome of care, as well as the reliability of the information, and Polk County may face legal consequences, and the bond of trust between client and Polk County is broken.

POLICY:

In keeping with the values of Polk County, we respect and will protect every client's right to have all the information they share with Polk County employees to be kept confidential.

SCOPE:

This policy applies to all Polk County employees, consultants, interns, students, volunteers, and Board members (hereafter referred to as *Individuals*). It presents guidelines that can be used to determine what protected health information is, what a violation of privacy is, and the disciplinary process for anyone who violates privacy.

DEFINITIONS:

1. **Designated Record Set** - Any information that is used in whole or part by or for Polk County to make decisions about a client.
2. **Protected Health Information (PHI)** - Health information (medical record) that is identifiable to a specific individual and that is maintained or transmitted by a covered entity in any form, whether in oral, paper, or electronic form. Information is considered to be individually identifiable if it identifies the individual or there is a reasonable basis to believe that the information can be used to identify the individual.
3. **Ownership of Protected Health Information within a Designated Data Set** – Polk County essentially “owns” its medical databases. However, this ownership “right” is not absolute. Polk County owns the databases but the client has a high level of access and control over distribution of their protected health information within the databases. Polk County is free to exert control over the physical document or records, but the information within the health record belongs to the client. Nevertheless, to the degree that it is a business record, the provider's database is owned by the provider. Both the ownership and access concept will be respected by Polk County.
4. **Need-to-Know** is defined as the right of an employee to access client information only when it is necessary to perform his/her job responsibilities. **This includes employees who are being treated as clients.**
5. **Property** – Protected health information, regardless of the media in which it is maintained, paper or electronic, is the property of Polk County, but the protected health information contained in the records belongs to the client. Clients have a right to access, inspect and receive a copy of their medical records. Refer to policy 601.D Client Right to Access, Inspect, and Copy Protected Health Information .

ORIENTATION/EDUCATION OF EMPLOYEES:

1. Information and education regarding the Confidentiality Policy shall be given to new employees upon General Orientation and annually for all other employees.
2. An employee who needs clarification of the Confidentiality Policy should speak with his or her supervisor.
3. Supervisors must review this policy with individuals who are in their department on a short-term basis (one or two days) observing or shadowing various jobs/positions at Polk County.
4. Polk County will engage in ongoing training for its employees, consultants, Board of Supervisors, as well as its providers, regarding the importance of protecting privacy.

CONFIDENTIALITY AND SECURITY OF PHI:

1. Employees may access client information **only** when it is necessary to perform their job.
2. Care needs to be taken to ensure that oral communication among Polk County employees occur in an area and manner that ensures client privacy. Gossip, careless remarks, and idle chatter regarding client information obtained under "1" above are violations of trust and the client's right to privacy.
3. Employees **are not** authorized to access medical records, regardless of the media in which they are maintained, paper or electronic, to obtain information about themselves, their spouse, or their dependents. While this information is about employees and their families, and though they may have a right to know, this information **must** be obtained through proper channels. Proper channels include calling the Human Resources Manager. The Release of Information Policy outlines the steps required to retrieve information on employees and/or their dependents. Employees are expected to follow the same procedure as non-employees.
4. Client information must be disclosed only upon written authorization by the client or his/her legal representative or where such disclosure is authorized by federal or state law, subpoena, or court order, and in accordance with the Release of Information Policy.
5. Contractual arrangements will be made for release of information to any organization associated with Polk County and will include a confidentiality clause.
6. Polk County will assign a unique client number for tracking purposes, so that client names do not have to be used.
7. Audit trails, masking, passwords, encryption technology, data storage, and other policies at the technical level will be used to further protect client privacy. Full implementation shall be achieved at the completion of HIPAA Security compliance.
8. Personnel policies at Polk County will include affirmative confidentiality requirements and applicable sanctions for breaches of confidentiality.

9. New employees of Polk County will have signed a statement of confidentiality before receiving passwords to secured systems. Current employees will have signed confidentiality statements by the implementation of the HIPAA Security compliance.
10. Polk County will establish a structure for internal monitoring and auditing to ensure that privacy, confidentiality, and security policies and procedures are followed.
11. Polk County will maintain an audit trail of who accesses what information and of any unauthorized access attempts.
12. Polk County will only use client data collected for the purpose for which that data was authorized to be collected.
13. Any information passed to agencies for statistical computations will not contain any confidential client record information.
14. Client identifying information must **not** be put or displayed in areas within view of the public. Logs, computer screens, printers, medical records, and client reports must be treated as confidential and kept away from public view.

ACCESS TO PHI (MEDICAL RECORDS):

1. Legal original medical records shall not be removed from the Polk County facilities.
2. Hard/paper copies of reports should be filed in the client's medical record. Original chart copies should be placed in the medical record.
3. Copies that are made or printed from the electronic record that are not the original chart copy should be disposed of properly for shredding. Information containing confidential client information should **not** be discarded in waste paper baskets.

MANAGEMENT OF INFORMATION SYSTEMS: (Full implementation shall be achieved at the completion of HIPAA Security compliance.)

1. Computer systems at Polk County will have a defined set of users. Users will receive policies and procedures regarding the protection and disclosure of confidential information.
2. Passwords will be changed periodically. Terminated employees will have their password authorizations terminated immediately.
3. All computers will automatically enter into a password-protected mode after a set period of inactivity.
4. Each computer user will be assigned a security level specifically based on his/her job description.
5. All electronic media (tapes, floppies, discs, so forth) produced at Polk County with PHI will be catalogued and secured.
6. Long-term record management policies and procedures will be developed for archiving, purging, destroying, sealing, or changing of records and reports.

7. A disaster recovery plan will be developed and tested to assure record integrity.
8. Anti-virus computer software will be installed on all internal computer systems.

VIOLATIONS:

1. Individuals observing others violating client privacy in or outside of Polk County are obligated to report the incident to their supervisor.
2. Supervisors and/or appropriate personnel will investigate all alleged violations of the Confidentiality Policy.
3. Individuals found in violation of this policy are subject to disciplinary action, up to and including immediate termination. See Polk County Progressive Discipline Policy.

CONFIDENTIALITY AGREEMENT

I understand that Polk County has a legal and ethical responsibility to safeguard the privacy of all clients and to protect the confidentiality of their health information. Additionally, Polk County must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Confidential Information").

In the course of my employment/assignment at Polk County, I understand that I may come into the possession of Confidential Information.

I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Polk County's Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. In addition, I understand that my personal access code, user ID(s), and password(s) used to access computer systems are also an integral aspect of this Confidential Information.
2. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
3. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, in the cafeteria, at restaurants, and at social events). It is not acceptable to discuss Confidential Information in public areas even if a client's name is not used. Such a discussion may raise doubts among clients and visitors about our respect for their privacy.
4. I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information.
5. I will not willingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason, except maintenance or technical support.
6. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information in Polk County's computer system. Such unauthorized transmissions include, but are not limited to removing and/or transferring Confidential Information from Polk County's computer system to unauthorized locations (for instance, home).
7. I will password protect any computer prior to leaving it unattended.
8. I will comply with any security or privacy policy promulgated by Polk County to protect the security and privacy of Confidential Information.
9. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of this Agreement or of any Polk County information security or privacy policy.
10. Upon cessation of my employment, I will immediately return any documents or other media containing Confidential Information to Polk County.
11. I agree that my obligations under this Agreement will continue after the cessation of my employment.
12. I further understand that all computer access activity is subject to audit.

By signing this document I understand and agree to the following:

I have read the above agreement and agree to comply with all its terms.

I understand that violation of this Agreement may result in disciplinary action, up to and including discharge of employment and/ or suspension and loss of privileges, in accordance with Polk County's Discipline Policy, as well as legal liability.

Signature of employee/consultant/student/volunteer _____

Print name _____ Date _____

TO BE FILED IN EMPLOYEE'S PERSONNEL RECORD

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