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Owner Andrea Barrell:
Nursing Director
Area Nursing

HIPAA General Operating Policy

PURPOSE:

The intent of this document is to educate the staff on Healthcare Insurance Portability and Accountability Act requirements (HIPAA).

POLICY STATEMENT:

It is the policy of the Seneca County General Health District (SCGHD) to protect the privacy of health information maintained or created by its offices in accordance with applicable state and federal privacy laws and regulations. This HIPAA General Operating Policy includes patient confidentiality. Protected Health Information (PHI) shall be considered confidential and shall not be used or disclosed except as permitted by these policies or otherwise as required by law.

DEFINITIONS: (OPTIONAL)

PROCEDURES & STANDARD OPERATING GUIDELINES:

- 1. Notice of Privacy Practices** SCGHD shall provide a copy of its "Notice of Privacy Practices" to all individuals who present for care. The Notice shall also be posted in prominent areas where patients and visitors will be able to see it. The Notice shall be posted on the SCGHD's website. Copies of the Notice shall be available upon request.
- 2. Patient Rights Under HIPAA** SCGHD shall implement policies and procedures to allow individuals access to their health information for inspection and/or copying, to request amendments to their medical record, and to receive an accounting of the disclosures of their health information. SCGHD shall implement policies and procedures to allow individuals the right to request a restriction on any uses or disclosures of their PHI,

though this organization need not agree to the requested restriction, and cannot agree to a restriction relating to disclosures required under law (i.e., disclosures to the U.S. Secretary of Health and Human Services for HIPAA enforcement purposes.) SCGHD shall implement policies and procedures to allow individuals the right to request to receive communications of PHI by alternative means or at alternative locations (reasonable requests will be accommodated).

3. Treatment, Payment & Health Care Operations SCGHD shall implement policies and procedures consistent with federal and state law allowing for the use and disclosure of PHI for treatment, payment, or health care operations.

4. Authorizations HIPAA requires that an individual sign an " Authorization Form" that contains certain required statements before the individual's health information can be used or disclosed for reasons other than treatment, payment, or health care operations. SCGHD has developed a model Authorization Form to comply with this requirement.

5. Minimum Necessary SCGHD shall make reasonable efforts to limit the use and disclosure of PHI to the minimum necessary amount to accomplish the purposes of the use, disclosure or request.

6. Personal Representatives A person acting in the role of personal representative must be treated as the individual, upon verification, regarding access to relevant PHI: a).The individual is an unemancipated minor, but is authorized to give lawful consent, or may obtain the health care without consent of the personal representative, and the minor has not requested that the person be treated as a personal representative, or the personal representative has assented to an agreement of confidentiality between the provider and the minor; or b).There is a reasonable basis to believe that the individual has been or may be subjected to domestic violence, abuse or neglect by the personal representative or that treating that person as a personal representative could endanger the individual, and, in the exercise of professional judgment, it is determined not to be in the best interests of the individual to treat that person as a personal representative.

7. Business Associate SCGHD shall have Business Associate Agreements in place with all persons or entities that provide services to or on behalf of SCGHD and, when doing so, may have access to or create PHI.

8. Training SCGHD shall train existing members of its workforce on the HIPAA Privacy Regulations, the HITECH Act and related amendments, revisions and supplemental or associated regulations, requirements and SCGHD's policies and procedures related to the privacy of PHI on an annual basis. New employees will receive HIPAA training as part of their employee orientation.

9. Safeguards SCGHD shall have appropriate administrative, technical, and physical safeguards in place to reasonably safeguard PHI from intentional or unintentional unauthorized use or disclosure.

10. Complaints & Reporting SCGHD shall implement a policy and procedure giving individuals the ability to register complaints concerning potential violations of their privacy rights and providing workforce members with a process for reporting potential privacy violations. SCGHD shall make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct. There will be no retribution or discipline for anyone who reports a possible violation in good faith. Any member of our workforce who deliberately makes a false accusation with the purpose of harming or retaliating against another member of the workforce will be subject to discipline. Each member of the workforce has an individual responsibility for reporting any activity by any other member of the workforce, physician, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, or SCGHD policies.

11. Response to Privacy Violation SCGHD shall investigate all reported concerns promptly and

confidentially. The Health Commissioner will coordinate any findings from the investigations and immediately recommend corrective action. SCGHD shall attempt to mitigate, to the extent practicable, any harmful effects of unauthorized uses or disclosures of PHI. Where an internal investigation substantiates a reported violation, SCGHD shall initiate corrective action, including, as appropriate, contacting the responsible employee and the affected individual, and government or private authorities or agencies, to mitigate the violation and prevent a similar violation from recurring in the future.

12. Sanctions SCGHD shall discipline workforce members who fail to comply with the HIPAA Privacy Rule and related policies and procedures. SCGHD will enforce all standards to achieve compliance in all areas. The precise discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any of the following : 1- Verbal Warning, 2- Written Warning, 3- Suspension, 4- Termination.

13. Monitoring, Auditing, and Reporting SCGHD will take reasonable steps to achieve compliance with this policy by using monitoring, auditing, and reporting systems that employees can use to reveal misconduct or privacy breaches without fear of retribution. Internal audits will be conducted periodically to detect and prevent any privacy breaches. As audits are conducted and questionable findings are revealed, the appropriate manager will notify the personnel responsible for matters in question and provide guidance in correcting such findings. Efforts will be made to educate employees to prevent ongoing errors. To obtain guidance on any ethics or compliance issue, or to report a suspected violation, SCGHD encourages affected persons to raise such concerns with their supervisor or the Health Commissioner.

REFERENCE(S):

APPENDICES

Attachments

Business_Associate_Agreement.docx

HIPAA INS consent.pdf

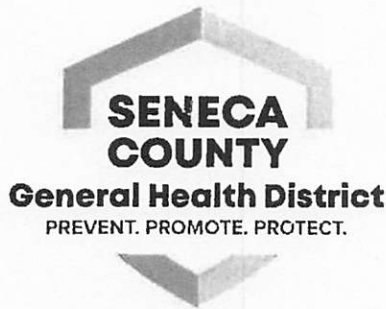
HIPAA policy and procedures scghd.doc

Notice of Privacy Practices 11.21.13.pdf

Approval Signatures

Step Description	Approver	Date
BOH	Beth Schweitzer: Health Commissioner	07/2019

Beth Schweitzer: Health Commissioner	06/2019
Andrea Cook: Nursing Director	06/2019
Andrea Cook: Nursing Director	06/2019



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Owner Julie Richards:
Health Commissioner
Area Personnel

Confidential Information

PURPOSE:

The purpose of this policy is to safeguard confidential information.

POLICY STATEMENT:

- A. In the course of working for the Seneca County General Health District, employees will have access to confidential information. Personal, financial, client (medical and non-medical), and business information are all considered confidential. All employees must respect the confidentiality of information by not revealing it unless it is necessary to do so in the performance of job duties. Even though some information may be accessible to the public through a public records request, such information shall be treated as confidential by employees in the normal course of business and shall not be revealed nor discussed except as necessary in the performance of the employee's job duties.
- B. It is the responsibility of all employees to keep confidential all information accessed through all forms of communication, including but not limited to:
 - 1. Computerized data systems;
 - 2. Hard copy records and reports;
 - 3. Faxes;
 - 4. Electronic mail;
 - 5. Verbal communication;
 - 6. Employee records including payroll;
 - 7. Internet applications; and
 - 8. Client records.

- C. Any access by an employee to confidential information, either through the computerized system or in hard copy, will only be for legitimate business purposes when the individual has a legal need to know.
- D. Access to computerized data systems will be controlled by individual user security access codes.
- E. Every precaution must be taken by all employees to protect confidential information when in the form of hard copy records or reports. These precautions may include, but are not limited to, shredding, disposing of paper into locked recycling bins, locking filing cabinets, limiting physical access to offices during non-business hours, personally delivering confidential information, or sending information through interoffice mail only in a sealed envelope labeled "Confidential." Shredding or disposal of documents shall be subject to any restrictions under applicable laws regarding the retention of public records.

DEFINITIONS:

None

PROCEDURES:

- A. All employees are required to sign a Confidentiality Statement (see form attached to this policy).
- B. Employees who witness or have other reason to suspect misuse of confidential information shall notify their supervisor immediately. If the supervisor is the subject of their report, the employee shall notify the Health Commissioner. Failure to notify the supervisor shall result in termination of employment.
- C. Upon receiving notification of suspected misuse of confidential information the supervisor shall notify the Health Commissioner who shall investigate the situation.
- D. Using confidential information or Employer data for any purpose other than as required to complete assigned work tasks, discussing such confidential information or data with anyone other than for work purposes, or removal of such information or data from the Employer's premises without authorization shall result in termination of employment.

REFERENCES:

- 1. Ohio Revised Code 3709.21. <https://codes.ohio.gov/ohio-revised-code/section-3709.21>. Last accessed 7/20/2022.
- 2. Public Health Accreditation Board Standards & Measures, version 1.5, Adopted December 2013. Accreditation Measure 11.1.3A, RD#1: *Confidentiality policies*.
- 3. Public Health Accreditation Board Standards & Measures, version 1.5, Adopted December 2013. Accreditation Measure 11.1.3A, RD#3: Signed employee confidentiality form or agreement.



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HEALTHCARE INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ATTESTATION

I hereby acknowledge that I have received and read a copy of the Seneca County General Health District **Healthcare Insurance Portability and Accountability Act General Operating Policy** and procedures, which establishes my obligations as an employee of the Health District. By my signature below, I hereby acknowledge that I understand this policy, and agree to support and comply with its terms and conditions. I understand that if I use HIPAA or employer data for any purpose other than as required to complete assigned work tasks, discuss such HIPAA information or data with anyone other than for work purposes, or remove such information or data from the Employer's premises without authorization, I shall be terminated from employment.

I agree to report misuse of HIPAA information to my supervisor immediately. If the supervisor is the subject of the report or is not available, I shall notify the Health Commissioner. I further understand that failure to notify the supervisor shall result in termination of employment.

Name of Employee (printed):

Mya Ousley

Employee Signature:

Mya Ousley

DATE:

1-29-25