

## PLUMAS COUNTY, CALIFORNIA



### HIPAA RELATED POLICIES AND PROCEDURES

EFFECTIVE APRIL 14, 2003

### **SAFEGUARDING PROTECTED HEALTH INFORMATION**

#### **Policy:**

Plumas County will apply reasonable administrative, technical and physical safeguards to protect the privacy of protected health information.

#### **Purpose:**

The potential exists for an individual's health information to be disclosed incidentally during customary and essential communication practices. It is essential that staff use precautions with communications yet be able to provide quick, affective and high quality health care.

#### **Responsibilities:**

Plumas County identifies the necessary safeguards and applies them to reasonably protect health information from intentional or unintentional use or disclosure that is in violation of the Privacy Rule.

#### **Process:**

##### Administrative safeguards:

1. Have existing Policies and Procedures to address the following: complaint process; designation of Privacy official and contact person; documentation of uses and disclosures; safeguards; mitigation; training for staff; and individual rights.
2. Update Policies and procedures to reflect changes in law.
3. Employees in affected departments will sign a confidentiality oath at time of employment or transfer.
4. Post signs to remind employees to protect patient and individual confidentiality.
5. Plumas County must, to the extent practicable, mitigate any harmful effect that is known to be a result of use or disclosure of protected health information in violation of its policies and procedures.

##### Technical Safeguards:

1. Add security, such as passwords, on computers maintaining personal information. Require employees not to share ID's and passwords and to periodically change passwords.
2. Electronic record systems are to allow access to only certain fields.

Physical Safeguards: The following are examples, not an exhaustive list.

1. Whenever possible, speak with clients or their families in private.
2. Close the door when speaking on the telephone.
3. Documents containing protected health information will be stored in lockable file cabinets. Keys for these cabinets will not be kept office desks.
4. Documents, records or files containing PHI will be concealed in an appropriate manner and labeled confidential before delivery to other departments.
5. Protected health information will be shredded prior to disposal.

Date issued: April 14, 2003  
Last revision date:

Reference: 45 CFR 164.502(a)(1)(iii), 45 CFR 164.510(b)(3), 45 CFR 164.528(a)(1), and 45 CFR 164.530(c)&(f).