

FAMILY HEALTH CENTERS, INC.

SUBJECT: EMPLOYEE RESPONSIBILITIES – HIPAA PRIVACY

MANUAL: COMPLIANCE

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POLICY

It is the policy of Family Health Centers, Inc. (FHC) to provide employees with guidelines and to delineate employee responsibilities to assure compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. Violation of any provision of this policy will result in disciplinary action up to and including termination of employment.

CROSS REFERENCES

Compliance Manual - Confidentiality Policy
Compliance Manual – Information Ethics Policy
Compliance Manual – Minimum Necessary Policy
Compliance Manual – Sanctions Policy
Human Resources Manual – Employee Conduct Policy

DEFINITIONS

1. Individually Identifiable Health Information (IIHI) is defined as information that is a subset of health information, including demographic information, collected from an individual that:
 - 1.1 Is created or received by a healthcare provider, health plan, employer or healthcare clearinghouse.
 - 1.2 Relates to the past, present or future physical or mental health or condition of an individual.
 - 1.3 Relates to the provision of healthcare to an individual.
 - 1.4 Relates to the past, present or future payment for provision of healthcare to an individual.
 - 1.5 Identifies the individual.
 - 1.6 There is a reasonable basis to believe the information can be used to identify the individual.

2. Protected Health Information (PHI) is defined as IIHI that is:
 - 2.1 Transmitted by electronic media.
 - 2.2 Maintained in any medium described in the definition of electronic media in Section 162.103 of the Privacy Rule.
 - 2.3 Transmitted or maintained in any other form or medium.

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3. Minimum necessary is defined as that Protected Health Information which is necessary to satisfy a particular purpose or carry out a particular function. The minimum necessary standard requires FHC to limit unnecessary or inappropriate access to and disclosure of Protected Health Information.

EMPLOYEE RESPONSIBILITIES

1. In accordance with the HIPAA Privacy Rule, employees of FHC are required to adhere to the following rules and regulations in the performance of job duties and responsibilities:
 - 1.1 Employees shall wear an FHC identification badge at all times while on duty.
 - 1.2 Employees shall not engage in any conversation regarding any patient, IIHI or PHI except in the performance of job duties and responsibilities in accordance with the “minimum necessary” standards. See Minimum Necessary policy.
 - 1.3 Employees shall not engage in any unauthorized browsing of patient, personnel, financial or other FHC records for the purpose of personal curiosity or with the intent of improperly disclosing the information contained in those records.
 - 1.4 Employees shall not discuss any patient, PHI or IIHI in any public area.
 - 1.5 Employees shall conscientiously perform job duties in such a manner as to assure that FHC is in compliance with all federal and state laws and regulations.
 - 1.6 Employees shall not share or disclose computer passwords.
 - 1.7 No employee shall leave an active computer monitor unattended.
 - 1.8 Employees shall assure that computer monitors are turned away from public view in order to preserve confidentiality of information contained on the screen.
 - 1.9 Employees shall assure that screen savers on computers for which they are responsible are password protected and set to activate in accordance with role based security determinations.
 - 1.10 The respective Unit Coordinator shall assure that the Notice of Privacy Practices is posted on the unit and/or site at all times.
 - 1.11 The Customer Service Representative and/or Medical Office Assistant shall assure that the Notice of Privacy Practices is given to each new patient and to all current patients on the first visit to FHC following April 14, 2003.
 - 1.12 Employees shall use appropriate measures to safeguard and secure encounter forms, medical records or any other document containing PHI so that the information is not readily available to casual observers or any unauthorized individuals.
 - 1.13 Employees shall place medical record charts or other medical information outside examination rooms so that the information faces the door or wall.

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- 1.14 No employee shall permit patients or other unauthorized individuals to walk through examination areas.

- 1.15 Employees shall not place any document, encounter form or patient record containing PHI or other confidential information in the trash. All documents, forms or records containing PHI or confidential information must be shredded before being discarded.

- 1.16 Do not leave confidential information, test results or medical information on answering machines or with individuals answering the telephone, unless previously authorized by the patient. Do not leave confidential information or PHI with family members unless previously authorized by the patient. Leave only the minimum necessary information to accomplish the intended purpose.

- 1.17 In the event confidential information must be faxed, see Information Ethics policy, Article 5.

- 1.18 If traveling in a motor vehicle with FHC documents, do not leave files or any other document containing PHI where it may be viewed. Secure all information in the trunk of the vehicle or, in the absence of a trunk, in a briefcase, box, document container, etc.

- 1.19 It is the responsibility of every employee of FHC to report all suspected or known breaches of confidentiality or computer security to the Compliance Officer or a member of Executive Management. Failure to report known or suspected breaches of confidentiality shall subject the individual to disciplinary action, up to and including termination of employment.

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Effective Date: April 14, 2003
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Reviewed: August 2018

Approved By:



Compliance Officer

8/28/18
Date



Chief Executive Officer

8/28/18
Date



Chairman, Board of Directors

8/28/18
Date