

Privacy and Security Do's and Don'ts

For Behavioral Health Workforce Members

What is PHI?

Protected Health Information (PHI) is any Health information that can identify an individual or where there is reasonable basis to believe information can be used to identify an individual

Cannot Disclose PHI as follows: (Except as detailed in right column)	Permitted and Required uses and Disclosures of PHI
<ol style="list-style-type: none"> 1. Name 2. Postal Address 3. Dates 4. Telephone Numbers 5. Fax Numbers 6. Electronic mail address 7. Social Security number 8. Medical Record number 9. Account number 10. Health Plan beneficiary number 11. Certification/License number 12. Vehicle identifiers & serial numbers, including license plates 13. Web universal resource locator (URL) 14. Internet protocol (IP) address number 15. Biometric identifiers, including fingers and voice prints 16. Full face photographic images and any comparable images 17. Any other unique identification number, characteristic or code 	<ol style="list-style-type: none"> 1. To the individual or the individual's conservator or legal guardian with proper documentation 2. To DHS to investigate compliance (REQUIRED) 3. To Privacy and Compliance Officer and County Counsel to investigate a HIPAA complaint 4. For treatment – to qualified professionals who have medical or psychological responsibility for the care of the patient 5. For payment – to third party payors or other persons or organizations in connection with processing a claim for aid, insurance, or medical assistance to which the patient may be entitled 6. To the Courts in the administration of justice (Judge) 7. As Authorized by the individual pursuant to HIPAA compliant authorization. Most such disclosures require approval by the licensed professional responsible for the patient 8. Disclosure to law enforcement – in limited situations and <i>pursuant to warrant or court order. Consult with Compliance and Privacy Officer or County Counsel before releasing information to law enforcement officials.</i> 9. County Social Workers, Probation Officers, or persons legally authorized to have custody or care of a minor for purpose of coordinating mental health care services and medical treatment 10. State Youth and adult correctional institutions.

Who in our institution must comply with California Welfare and Institution Code, Section 5328, et. Seq. and the federal Healthcare Insurance Portability and Accountability Act, 45.C.F.R. parts 160 and 14 privacy and security regulations?

All workforce members must comply with these regulations. Keep in mind that "workforce" under HIPAA is much broader than the traditional definition of "employees". In addition to "employees", workforce members include physicians, nurses, technicians, administration, volunteers, medical students, house staff, faculty, temporary employees, and other individuals under the direct control of our institution.

What PHI can employee's access?

Employees may only access PHI for purposes necessary to perform their own job duties under the "minimum necessary standard". *The minimum standard: Use or disclose the minimum PHI that you need to do your job. Limit access, use or disclosure of PHI to others to the minimum amount necessary to accomplish the intended purpose. Is it reasonable and necessary?*

What does HIPAA say we must have/do when individuals no longer need electronic access to PHI?

We must have a process in place for terminating a person's access to information systems containing PHI when employment ends or an individual no longer needs access to the system. Remember to notify the appropriate individual(s) or IS department, when an individual should no longer have access to PHI.

What will happen if I do violate SCVHHS HIPAA policy?

All workforce members must comply with all applicable State and Federal privacy policies. If an investigation determines you violated SCVHHS' and BHS' privacy policies, you will be subject to disciplinary action as per County merit system rules. Disciplinary action can include:

- Verbal counseling
- Written reprimand
- Retraining
- Suspension
- Termination/Discharge

Tips:

- Going to lunch or to a meeting? Be sure to log off or lock your computer when you will be away from your workstation
- Do not discuss protected health information (PHI) in cafeterias, elevators, or other places where others can over hear your conversation. Use private areas to discuss PHI or lower your voice when having conversations about patients in non-private areas.
- If someone doesn't have a dedicated fax, call the person you want to fax to have them stand by the fax.
- If discussing PHI on phone – lower your voice, don't say patient's name, keep PHI to a minimum or go to a private area to discuss.
- The Compliance Office serves as a resource to staff, faculty, and patients by providing information, tools, and support on HIPAA Privacy and Compliance matters. If you have questions or concerns about HIPAA, please give me a call at 885-5784 or email me at Mary.Harnish@hhs.sccgov.org