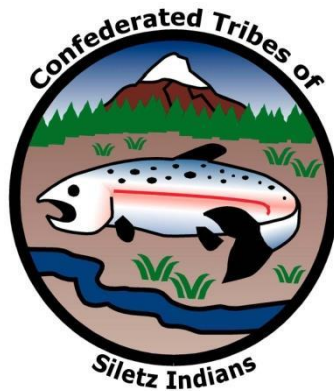


SILETZ COMMUNITY HEALTH CLINIC POLICY



Health Information

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Part 5A HIPAA Requirements

I. DEFINITIONS

- A. BA: Business Associate
- B. BAA: Business Associate Agreement
- C. DOB: Date of Birth
- D. E.H.R: Electronic Health Record
- E. HHS: Health and Human Services
- F. HI: Health Information
- G. HIPAA: Health Insurance Portability Accountability Act
- H. HR: Human Resources
- I. MRN: Medical Record Number
- J. NOPP/Notice: Notice of Privacy Practices
- K. OCR: Office of Civil Rights
- L. PCC: Patient Care Coordinator
- M. PHI: Protected Health Information
- N. ROI: Authorization for the Use or Disclosure of PHI
- O. Rule/the Rule: Privacy Rule
- P. SCHC: Siletz Community Health Clinic
- Q. TPO: Treatment, Payment and Health Care Operations

II. INTRODUCTION

The Siletz Community Health Clinic (SCHC) is a Health Care Provider and a Covered Entity that reflects commitment to compliance with the Privacy Rule (Rule) through this policy. The Rule establishes national protections for the privacy of Protected Health Information (PHI) and applies to three types of Health Insurance Portability and Accountability Act (HIPAA) covered entities: Health Plans, Health Care Clearinghouses, and Health Care Providers that conduct certain health care transactions electronically. The Rule requires that Covered Entities and

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Business Associates implement policies and procedures to protect and guard against the misuse of PHI. The Rule does not replace Federal, State, or other laws that give individuals greater privacy protections. SCHC policies and procedures are to maintain stringent protections that exist under such laws.

III. NOTICE OF PRIVACY PRACTICES

The Rule provides that patients have a right to notice of how SCHC may use and disclose a patient's PHI, the patient's rights, and SCHC's obligations regarding PHI. Notice of Privacy Practices (Notice) is available to patients as required by the Rule and as described in SCHC procedures. SCHC will abide by the terms of the Notice currently in effect.

IV. ASSIGNED HIPAA PRIVACY OFFICER AND HANDLING COMPLAINTS

The HIPAA Privacy Officer, whose job title is Health Information and Privacy Officer, ensures HIPAA compliance, processes HIPAA violation complaints, assures no retaliatory action to those making such complaints, and assures rights are not waived as a condition of receiving treatment.

V. HIPAA TRAINING AND AWARENESS

The Health Information and Privacy Officer will train staff regarding policy and procedures as is necessary and appropriate to carry out functions and duties.

VI. BUSINESS ASSOCIATES

SCHC shall verify business associates and obtain a Business Associate Agreement (BAA) with verified associates. Verification and BAA must be in place prior to sharing or accessing any PHI. The BAA will include rules and regulations in regards to protecting PHI.

VII. USES AND DISCLOSURES OF PHI

SCHC may use or disclose a patient's PHI for the purposes specified without obtaining the patient's authorization. Other uses and disclosures of PHI will be made only with the patient's written authorization.

VIII. USES AND DISCLOSURES OF PHI NOT REQUIRING PATIENT AUTHORIZATION

SCHC may use and disclose PHI without patient's authorization for Payment, Treatment, Healthcare Operations (TPO), and/or in situations as allowed under the Privacy Rule. SCHC will follow the Minimum Necessary principle.

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IX. USES AND DISCLOSURES OF PHI WHERE PATIENT HAS OPPORTUNITY TO AGREE OR OBJECT

SCHC may use and disclose PHI in certain situations where it is necessary or beneficial to involve others in the patient’s care or to notify others of the patient’s status or condition. In these situations, the patient has the opportunity to agree or object to the use or disclosure of all or part of the patient’s PHI for these purposes.

X. ACCESS OF INDIVIDUALS TO PHI

SCHC will in a timely manner, provide patients the right to inspect and obtain a copy of the patient’s PHI for as long as SCHC maintains the information. The following options are available: mail, paper, facsimile, and encrypted e-mail. Health Information staff will provide PHI as soon as possible not to exceed 30-days.

XI. AMENDMENT OF PHI

Patients may request an amendment to their PHI. Upon receipt of a Request for Correction/Amendment of PHI, Health Information confirms receipt, processes, and responds within sixty-days from the date received. Health Information may extend one-time not to exceed thirty-days.

XII. ACCOUNTING OF DISCLOSURES

SCHC will provide patients with an accounting of disclosures of their PHI as required under federal and state law and regulations.

XIII. MINIMUM NECESSARY

Except as otherwise stated in this policy, whenever SCHC uses, discloses, or requests PHI, SCHC will make reasonable efforts to limit the information, to the extent practicable, to the limited data set or, if needed by SCHC, to the minimum necessary to accomplish the intended purpose for which the request or disclosure is sought, respectively. At such time as the Secretary of HHS issues guidance on what constitutes “minimum necessary,” SCHC will follow that guidance when applying this policy.

XIV. DE-IDENTIFYING PRIVATE HEALTH INFORMATION AND LIMITED DATA SETS

A covered entity may be, but is not required, to de-identify PHI. PHI is de-identified if a use or disclosure of it normally requires an authorization and it has not been obtained. SCHC may determine that health information is not individually identifiable health information only if the identifiers of a member or relatives, employers, or household occupants of the member, are removed.

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XV. SANCTION AND EXCEPTIONS FOR HIPAA PRIVACY VIOLATIONS

SCHC will apply appropriate sanctions against any staff who fails to comply with policies and procedures or the requirements of the Rule.

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**PART 5B
Health Information Responsibilities**

I. PURPOSE

Health information ensures new and existing staff are aware of the requirement to maintain strict confidentiality regarding patient information and centralizes requests and issues, regarding HIPAA and patient records, within its department.

II. HEALTH INFORMATION RESPONSIBILITIES

Health Information is responsible for HIPAA compliance, patient records, and the health information system. Scanning patient records into NextGen is the sole responsibility of Health Information staff.

III. DISCLOSURE OF PHI

Staff will safeguard patient information against unauthorized disclosure or use. Staff has limited access to PHI to perform their job duties and are prohibited from accessing their own or an immediate family member’s PHI.

IV. PROTECTIONS OF PATIENT RECORDS

SCHC will have in place appropriate safeguards to protect patient’s PHI. Health Information assures these safeguards are in place.

V. RETENTION OF ACTIVE RECORDS

Appropriate departments are designated to create, maintain, and retain PHI. Designated departments follow requirements and laws regarding record retention and are responsible to assure PHI is secure.

VI. RETIREMENT OF INACTIVE RECORDS

The designated departments shall retire PHI records as required by law. Retired records are treated as active for 50-years from date of death and remain accessible.

VII. ELECTRONIC HEALTH RECORD (E.H.R.) SYSTEMS

An E.H.R. system is in operation at SCHC. The NextGen Specialist and/or Information Systems staff are responsible for authorizing, changing, removing, and deterring access as appropriate, and protecting patient records from damage or loss by routinely backing-up and securing PHI.

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**PART 5C
Patient Care Coordinator Responsibilities**

I. INTRODUCTION

Patient Care Coordinator (PCC) is responsible for the medical reception area.

II. PATIENT REGISTRATION

Patients are required to register with necessary information to become an SCHC patient. Eligibility is determined under PART 1 Administration Department, Section III. Service Eligibility.

III. PATIENT UPDATE

All new or established patients who have not been active for two years or longer will be required to complete patient information forms at a minimum of twenty-four hours before scheduling a new patient office visit, unless an emergency is determined by medical personnel.