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| Title: Creation of Information Privacy and Security Policies | No.: IM 4.20 |
| | Effective: 4/2003 |
| | Revised: 5/2007 |
| Approved By: Tanya Kuehnast, Director HIM/Privacy Officer | Page 1 of 2 |

Entity: Health First

I. OBJECTIVE

To communicate that the Health First workforce is required to comply with information privacy and security policies.

II. DEFINITIONS

Protected health information (PHI), also individually identifiable information, as used in the Health First Information Privacy policies, is defined as a subset (record or transmission) of health information, including demographic information, collected from an individual. It is created or received by a health care provider (including Health First), health plan, employer, or health care clearinghouse. It relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. In addition, the information identifies the individual; or can be used to identify the individual.

Workforce (for use in this policy) is defined as associates, contract employees, physicians, volunteers, students, board members and any other temporary worker who have access to PHI generated by any Health First entity.

III. POLICY

- A. Health First has implemented policies and procedures, with respect to PHI, designed to comply with the Health Information Portability and Accountability Act of 1996 Administrative Simplification (HIPAA-AS) provisions for the protection of individually identifiable health information.
- B. Health First reserves the right to revise its policies and procedures. When changes are made, Health First will promptly notify and educate Health First associates and other workforce members on these changes. Workforce members are responsible for understanding and complying with these policies and procedures.
- C. Violations of these policies and procedures will not be tolerated. Depending on the role of the workforce member, appropriate actions will be taken according to Information Management policy & procedure, IM 5.01 “Inappropriate Access Investigations.” Associates who violate privacy policies will be subject to disciplinary action based upon Human Resources policy & procedure, HR 4.01 “Positive Discipline/Corrective Action Guide.” Contractors who violate privacy policies will be in violation of contract specifications and will be acted on in accordance to specific contract language. Medical Staff members who violate privacy policies will be subject to disciplinary action according to the Medical Staff By-Laws of the Health First facilities and Information Management policy & procedure, IM 5.18 “Practitioner System Access Policy.”

IV. PROCEDURE

- A. Maintain information privacy and security policies & procedures in electronic form to be viewable by the entire organization via the Health First Intranet.
- B. Retain all policies & procedures according to Information Management policy & procedure, IM 2.09 “Records Management” (see IM 2.09 attachment, “Record Retention Schedule”).
- C. Adhere to Administration policy & procedure, AD 1.02 “Health First Policy and Procedure Life Cycle” when creating Information privacy and security policies & procedures.
- D. Review applicable information privacy and security policies & procedures on an annual basis.

V. REFERENCES

Health Insurance Portability and Accountability Act of 1996

Joint Commission on Accreditation of Healthcare Organizations, Comprehensive Accreditation Manual for Hospitals: The Official Handbook, Management of Information, Confidentiality and Security Standards IM.2.10, IM.2.20, and IM.2.30, 2007.

45 C.F.R. Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule; August 14, 2002.

45 C.F.R. Parts 160, 162, and 164 Health Insurance Reform: Security Standards; Final Rule; February 20, 2003.

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Owner: Health First Health Information Management