

CHIPPEWA COUNTY

POLICY FOR THE

HEALTH INSURANCE PORTABILITY AND

ACCOUNTABILITY ACT (HIPAA)

APPOINTMENT AND DUTIES OF THE PRIVACY OFFICER

The Chippewa County Board of Commissioner's (County) appointed Jon Clauson, County Auditor/Treasurer as Privacy Officer for HIPAA purposes on October 15, 2002. This person is responsible for the development and implementation of the policies and procedures required by HIPAA Standards for Privacy of Protected Health Information (PHI), hereafter referred to as the "privacy regulation". The Privacy Officer also serves as the person to receive complaints and who should provide further information about matters covered by the privacy notice. Delegation of some of these duties may be given to departmental supervisors from time to time as needed.

DISCLOSURE POLICIES

The County will make reasonable efforts to limit the use and disclosure of PHI to a minimum. Releases of information will be made to minimally meet the intended purpose of the use or disclosure. Chippewa County is considered a "covered entity" for the application of these privacy policies. In general, the following uses and disclosures are permitted without authorization.

Use for the covered entity's own treatment purposes, payment purposes and health care operation;

Disclosure to a health care provider (whether a covered entity or not) for treatment purposes;

Disclosure to another covered entity or health care provider for the other covered entity's or health care provider's payment purposes;

Disclosure to another covered entity for the health care operations of the other covered entity when both covered entities have or have had a relationship with the individual whose information is disclosed.

A SIMPLE RULE OF THUMB IS THAT IF YOU ARE TRANSFERRING PHI FOR REASONS OTHER THAN THOSE LISTED ABOVE, YOU SHOULD OBTAIN A CONSENT TO RELEASE INFORMATION FROM THE SUBJECT OF THAT INFORMATION.

The County may rely on a reasonable request as the minimum necessary for the stated purpose(s) when:

- * Disclosure is to a public official as allowed in the social responsibility reporting found in section 45 CFP 164.512.
- * The information is requested by another covered entity.
- * The information is requested by an employee or business associated of the County
- * The disclosure is for research purposes and the HIPAA Privacy Board has documented a waiver approval as required by 45 CPR 164.512 (1).

DELEGATION OF AUTHORITY TO RECEIVE REQUESTS FOR PHI

The Privacy Officer hereby delegates the authority to receive and process requests for access to PHI to the departmental supervisor who possesses the PHI. Each department must maintain a Data Practices Request Log that indicates who has submitted a request for access to PHI, the date the request was received, and action taken.

ACCESS TO A DESIGNATED RECORD SET

For the purposes of this policy a “designated record set” is defined as:

- * A group of records maintained by the County that is: a.) medical records and billing records about individuals; b.) enrollment, payment, claims adjudication, and case management record systems maintained by the County; c.) used, in whole or in part, by or for the County to make decisions about individuals.
- * The term “record” means any item, collection, or grouping of information that includes PHI and is maintained, collected, used or disseminated by the County.

Individuals have a right to access any protected health information that is used to make decisions about the individual subject of the data, including information used to make health care decisions or information used to determine whether a claim will be paid. The individual has a right to access their “designated record set”. The right of access also applies to health care clearinghouses, health care providers that create or receive PHI other than as a business associate of the County.

The County will permit any individual to request access to inspect or copy the designated record set for as long as it is maintained by the County, with the following exceptions:

- * Psychotherapy notes.
- * Information compiled in reasonable anticipation of a civil, criminal or administrative action or proceeding.

- * Information held by clinical laboratories if access is prohibited by the Clinical Laboratory Improvements Amendment of 1988 (42 USC 263a).
- * Any data determined by Minnesota Statutes Chapter 13 to be determined to be “confidential”.

The County will require that any individual requesting access to put that request in writing.

PROVIDING AND DENYING ACCESS TO PHI

If the County provides access to PHI, it will act on the request within 30 calendar days. One 30-day extension will be allowed. The County may charge a reasonable, cost-based fee that will only include the cost of copying, postage and preparation of an agreed-upon summary or explanation of the PHI. Charges will be limited, where applicable, by M.S. 144.335, subd. 5 and 13.03 subd. 3. No fees can be charged to recipients of public assistance.

If the County denies access to PHI, the County will provide a timely, written denial that states the basis for the denial and the procedures for making a complaint to the Privacy Officer. The individual has a right to a review of the denial of access by a designated licensed health professional who did not participate in the original decision to deny access. Reviewable reasons for denial include but are not limited to the following:

- * A licensed health care professional has determined, in the exercise of professional judgement, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
- * The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgement, that the access requested is reasonably likely to cause substantial harm to such other person.
- * The request for access is made by the individual’s personal representative and a licensed health care professional has determined, in the exercise of professional judgement, that the provision of access to such personal representative is reasonable likely to cause substantial harm to the individual or another person.

Some information maintained by the County is not used to make health care decisions such as management information systems that are used for quality control or peer review analysis. In accordance with privacy regulations, the County is not required to grant an individual access to PHI maintained in these types of information systems.

ACCOUNTING OF DISCLOSURES

The County will provide, upon request, a 6-year accounting of disclosures made of the individual's PHI, except for disclosures:

- * To carry out treatment, payment or health-care operations.
- * To the individual data subject.
- * To facility directories or to person's involved in the individual's care or other notification purposes (45 CFR 164.510 (b)).
- * For national security or intelligence purposes.
- * To corrections officials or law enforcement personnel when the individual is in custody (45 DFR 164.512 (k) (5)).
- * Which were made before the compliance date.

In certain circumstances involving health oversight agencies or law enforcement agencies, the County may temporarily suspend the individual's right to receive an accounting of disclosures.

AMENDMENT REQUESTS

The County will permit an individual to request that the County amend PHI. The County will require that the request be in writing and that a reason be stated for the amendment. The County will so inform any individual of this expectation. All requests to amend PHI data should be sent to the departmental supervisor of the department maintaining the PHI. The County will have up to 60 calendar days to act on the request. One 30-day extension is allowed. The subject of the data's written request will become a part of any case file maintained on the subject. The document will be retained in accordance with the County's General Record Retention Schedule.

If the County decides to **accept** an amendment, the County will:

- * Make the appropriate amendment to the PHI or record that is the subject of the request for amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
- * Timely informing the individual that the amendment is accepted. The County will obtain agreement from the individual to allow the County to share the amendment with individuals or entities identified by the individual and the County.
- * Make reasonable efforts to inform and provide the amendment within a reasonable time to: a.) persons identified by the individual as having received PHI about the individual and needing the amendment; and b.) persons, including business associates, that the County now have the PHI that is the subject of the amendment and that may have relied or could foreseeable rely, on such information to the detriment of the individual.

If the County **denies** all or a part of the requested amendment, the County will:

- * Provide the individual with a timely, written denial. The denial will use plain language and contain: a.) the basis for the denial; b.) the individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement; c. a statement that, if the individual does not submit a statement of disagreement, the individual may request that the County provide the individual's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and d.) a description of how the individual may complain to the County or to the Department of Human Services or the Office of Civil Rights.
- * Permit the individual to submit a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such agreement.
- * Prepare a written rebuttal to the individual's statement of disagreement.
- * Identify the record or PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link the individual's request for an amendment, the County's denial of the request, the individual's statement of disagreement, if any, and the County's rebuttal, if any, to the designated record set.
- * If the individual has submitted a statement of disagreement, the County must include the material appended, or an accurate summary of any such information, with any subsequent disclosure of the PHI to which the disagreement relates.

If the County is informed by another covered entity of an amendment to an individual's PHI, the County will amend the PHI in the designated record sets. Amendments will be made in a reasonable time period, as expeditiously as possible.

All requests to amend PHI should be sent to the departmental supervisor who is in control of the PHI. All requests to amend documentation will be retained in accordance with the County's approved Records Retention Schedule.

BUSINESS ASSOCIATE RELATIONSHIPS AND AMENDING BUSINESS ASSOCIATE CONTRACTS OR AGREEMENTS

A "business associate" is a person or entity who is not a member of the County workforce and who performs a function for the County which requires it to use, disclose, create or receive PHI. The County may disclose PHI to another entity if it receives satisfactory assurances, provided in a written contract, that the business associate will appropriately safeguard the PHI. If the County and business associate are both governmental entities, a memorandum of agreement will provide satisfactory assurances.

The requirement for business associates does not apply to:

- * Disclosures made to a provider for treatment.
- * Disclosures made to a health plan sponsor.

- * Use or disclosures by a health plan that is a government program providing public benefits, if eligibility for, or enrollment in, the health plan is determined by an agency other than the agency administering the health plan, or if the protected PHI used to determine enrollment or eligibility in the health plan is collected by an agency other than the agency administering the health plan, and such activity is authorized by law, with respect to the collection and sharing of PHI for the performance of such functions by the health plan and the agency other than the agency administering the health plan.

The contract or other written arrangement will provide satisfactory assurances to the County that the business associate will comply with HIPAA requirements necessary to protect the PHI shared by the County. The contract or other written arrangement will establish permitted and required uses and disclosures and will also require the business associate:

- * Appropriately safeguard the PHI.
- * Report any misuse of PHI.
- * Secure satisfactory assurances from any subcontractor.
- * Grant individuals access and ability to amend their PHI.
- * Make available an accounting of disclosures.
- * Release applicable records to the County or Department of Human Services if requested.
- * Upon termination, return or destroy all PHI.

The contract or other written arrangement will authorize termination if the business associate violates its terms. If the County knows of a pattern of non-compliance with HIPAA by the business associates, the County realizes it will be found to be non-compliant unless the County took reasonable steps to cure the breach or end the violation, as applicable, and, if such steps were unsuccessful:

- * Terminated the contract or arrangement, if feasible; or
- * If termination is not feasible, reported the problem to the Department of Human Services.

Before disclosing PHI, the County will verify the identity of the person requesting the PHI and the authority of that person to have access. The County may rely on written statements, if such reliance is reasonable. For public officials, the County may rely on an identification badge or a letter written on government letterhead. The County will treat a personal representative as the individual for purposes of the privacy regulations.

- * A personal representative is someone who has, under applicable law, the authority to act on behalf of an individual in making decisions related to health care.
- * The County will abide by special provisions for un-emancipated minors, deceased individuals, and abuse/neglect and endangerment situations.

ALTERNATIVE MEANS OF COMMUNICATION REQUESTS

The County will accommodate all reasonable requests from individuals to receive communication of PHI by alternative means or at an alternative location, provided the individual clearly states that disclosure of all or part of that information could endanger the individual.

MISCELLANEOUS

The County will allow an individual to request that the County restrict its use and disclosure of PHI for treatment, payment or health care operations. The County is not required to agree to the restriction. However, if the County agrees to the restriction, it will not violate that agreement, except for emergency treatment.

PHI will be provided to the individual and to the Office of Civil Rights. Disclosure of PHI will be allowed under the following circumstances: 1.) if the client has authorized a use or disclosure; 2.) if the disclosure is for health care operations, payment or treatment and the client has signed a consent form for the provider, or a consent form is not required; 3.) if the client has agreed to the disclosure for a facility directory or to an individual necessary for the care of the individual; or 4.) if the disclosure is one of the social responsibility disclosures and all conditions for such disclosure are met. Social responsibility disclosures include: a.) uses and disclosures required by law; b.) use and disclosures for public health activities; c.) disclosures about victims of abuse, neglect or domestic violence; d.) uses and disclosures for health oversight activities; e.) disclosures for judicial and administrative hearings; f.) disclosures for law enforcement purposes; g.) uses and disclosures about decedents; h.) uses and disclosures for cadaveric organ, eye or tissue donation purposes; i.) uses and disclosures for research purposes; j.) uses and disclosures to avert a serious threat to health or safety; k.) uses and disclosures for specialized government functions; and l.) disclosures for workers' compensation.

COMPLAINTS POLICY

The County will provide a process for individuals to make complaints to the County concerning its HIPAA privacy regulations policy regulations policies and procedures, its compliance with those policies or procedures or its compliance with the privacy regulations itself. The notice provided to individuals will include a brief description of how individuals may file a complaint, including the title, phone number and address to contact for further information on the policies for filing a complaint. For purposes of satisfying this component, the County will use a Complaint Intake Log. The County will document all complaints received and their disposition. At Least annually, the Chippewa County Board of Commissioner will be informed of all complaints and their disposition.

Chippewa County will not retaliate against any person for exercising a right under the HIPAA privacy regulations, or for filing a complaint, participating in an investigation, or opposing any lawful act relation to the privacy regulations.

SAFEGUARDS

The County will reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of the HIPAA privacy standards. Records stored in the County will be kept secure at all times. Employees who are handling PHI during the course of the day will protect the privacy of the material. This will be done by putting working documents away at the end of the day, the fax machine will be in a secure area and information about clients will not be left in the fax machine, staff will not e-mail PHI data unless it is over a secure, encrypted line. On an annual basis, all County employees will receive training on proper data practices procedures.

TRAINING

The County will train all members of its workforce in the policies and procedures adopted by the County necessary to comply with the HIPAA privacy regulations. County staff will receive initial training at the time of implementation of the privacy regulations. Additional training will be provided to each new member of the County's workforce at the time of hire, and each member of the workforce whose functions are affected by a material change in the required policies or procedures. The County will apply appropriate disciplinary sanctions to employees who fail to comply with the County's privacy policies or procedures or who fail to comply with the HIPAA privacy regulations. Such disciplinary actions shall be consistent with the progressive discipline policy of the County's personnel policy.

Copies of this policy will be available from any department supervisor and also from the County's web site.

EXAMPLES OF CONSENT FORMS

The following pages contain examples of consent to release information forms used by various departments.

CHIPPEWA COUNTY SHERIFF'S DEPARTMENT

Authorization and consent for release of information

Name _____ Birthdate _____

NOTICE OF DATA COLLECTION (TENNESSEN WARNING)

- A. I understand that the information to be exchanged will be treated as private as governed by Minnesota Statute 13.01 to 13.87. The purpose and intended use of such information and records is to enable the professional nursing staff to effectively prepare and execute a plan of health care and/or counseling plan of care using pertinent medical and psychosocial information.
- B. You are not legally required to provide the information requested but refusal to supply the requested data will result in limited jail health services being made available to you. All records containing identifying medical, psychosocial, and service information are held in strictest confidence in the Chippewa County law Enforcement medical files. The inmate or responsible person's written consent is required for release of information not otherwise authorized by law.

CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION

- A. Countryside Public Health and the Chippewa County Sheriff's Department are hereby authorized to release and exchange to the following named agency(s) or individual(s) such information and records in its possession as may be requested.
 - Department of Corrections**
 - Chippewa County Montevideo**
 - Hospital**
 - Montevideo Hospital Ambulance**
 - Montevideo Clinic**
 - Department of Health**
 - Arneson Snyder Drug Pharmacy**
 - Kandiyohi Law Enforcement Center**
 - Montevideo Family Dentistry**
- B. I understand Countryside Public Health and the Chippewa County Sheriff's Department cannot release information disclosed by this consent to anyone other than the agency(s) and/or individual(s) referred to above unless written permission is provided by me.
- C. I understand that this authorization will permit two-way telephone communication between the agency(s) or individual(s) listed above.
- D. I further understand that this consent terminates one year from the date signed unless I should choose to revoke it earlier.
I read the Tennessee Warning and understand it's implications.
- E.

Dated: _____

Inmate _____

Witness _____

CONSENT FOR RELEASE OF INFORMATION

CLIENT NAME (PLEASE PRINT)	
MAIDEN OR OTHER NAMES	DATE OF BIRTH
STREET ADDRESS	CITY, STATE, ZIP CODE

- I understand that my records are protected by data practices laws and cannot be released without my consent unless otherwise allowed by law.
- I understand that alcohol and drug treatment records may be further protected by federal regulations (see 42 C.F.R. part 2).
- I understand that only the information and records indicated below will be released or obtained.
- I understand that the information will only be released to or obtained from the persons or entities indicated below.
- I understand that this consent does not authorize the recipient of the information or records to redisclose the information or records to anyone else unless authorized by law.
- I understand that the information will only be used for the purposes indicated below.
- I understand that I may withdraw or modify this consent at any time, but that the revocation or modification will not affect any release of obtaining of information that occurred before the revocation or modification.
- I understand that this consent will expire and no longer be valid one year from the date I sign it.

I AUTHORIZE:

Name of Agency:
Name of Program Area:
Name of Worker:

to obtain records from or release records to:

NAME	TITLE
AGENCY	
ADDRESS	
CITY	STATE

THE TYPE OF RECORDS THAT I AUTHORIZE TO BE OBTAINED (O) AND/OR RELEASED (R) ARE THE FOLLOWING:

O R

- Discharge or Closing Summary
- Medical History/Physical Exam
- Progress Reports, Treatment Records, ER Reports
- Psychiatric Evaluation
- Psychological Testing or Evaluation
- Birth Records
- Immunization Records
- Medication Records
- Chemical Dependency Evaluation *

O R

- Laboratory Reports - List: _____
- Social Service Records: _____
- Admission/Intake Summary/Diagnostic AS _____
- Social History
- Treatment Plan or Community Support Pla _____
- School Records, IEP, Assessments, Transc _____
- Vocational Reports
- Court Records
- Other: _____

THE TIME PERIOD FOR WHICH I AUTHORIZE RECORDS TO BE RELEASED IS THE FOLLOWING: _____

I WISH TO WITHHOLD INFORMATION REGARDING: _____

THE USE OF THE REQUESTED RECORDS WILL BE:

- To continue evaluation or treatment
- To determine eligibility for case management service
- To coordinate services
- Other: _____

THE REQUESTED INFORMATION MAY BE RELEASED:

- Orally - conversation with contact person
- Both
- In writing - copies of original records may be sent

SIGNATURE*	DATE
PARENT OR GUARDIAN OR AUTHORIZED REPRESENTATIVE SIGNATURE (IF NECESSARY)	RELATIONSHIP
WITNESS	DATE

* If the client is a minor, consent must be given by the parent, guardian or authorized representative. However, if chemical dependency information is to be released or obtained, the minor client signature is required as well. This information is available in other forms to people with disabilities by calling 651-282-5329 (voice), or contact us through the Minnesota Relay Service at 1-800-627-3529 (TTY) or 1-877-627-3848 (speech-to-speech relay service).

CONSENT FOR RELEASE OF INFORMATION

INSTRUCTIONS TO AGENCY STAFF

Complete boxes 1-4. Complete Box 5 only if this release is to expire in less than one year. Complete the address and other name boxes only if necessary to identify the data subject. Parents may sign for their minor children, but minor data subjects may also sign for themselves. Signatures of minor data subjects should be witnessed by non-agency staff. A guardian or witness signature should be obtained if it is questionable that the data subject understands the purpose and consequences of this release of information.

- 1. Name of agency or person maintaining the data: _____

- 2. Description of data to be released: _____

- 3. Name of agency or person to whom the data will be released: _____

- 4. Purpose the data will be used for: _____

- 5. Date or event on which this release expires: _____

INSTRUCTIONS TO DATA SUBJECTS:

I have been instructed as to what information will be released, the purposes any intended uses of the information, who will receive the information, and any known consequences of this release. I have been informed of my right to refuse to release this information and the consequences of my refusal. I understand that I may revoke this consent upon written notice (not retroactive) and that this consent will automatically expire one year from the date of my signature if an earlier date is not specified in Box 5 above.

Signature of Data Subject	Signature of Parent or Guardian or Witness
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Address	Date
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Subscribed and sworn to before me this _____ day of _____ 20 ____.

Notary Public