

# **CEDAR COUNTY**

## **Privacy Policies and Procedures**

### **Health Insurance Portability and Accountability Act of 1996 "HIPAA"**

**TABLE OF CONTENTS**

For the purposes of these Policies and Procedures, reference to County means "CEDAR COUNTY"

Introduction.....5  
     Statutory Background  
     Preemption of State Law  
 Administrative Requirements..... 6-7  
     Personnel Designation  
     Documentation of Designated Personnel  
     Training  
     Safeguards  
     Complaints to the County  
     Sanctions  
     Refraining From Retaliation  
     Waiver of Rights  
     Policies and Procedures  
     Documentation and Retention Period  
     Compliance Date  
 Individual Rights..... 8  
 Definitions **See HIPAA Privacy Regulation Glossary**  
 Uses and Disclosures of Personal Health Information (PHI): "What the County Can Disclose" .....9-10  
     Permitted Uses and Disclosures  
     Minimum Necessary Standard  
     De-Identified Information  
 Uses and Disclosures of Personal Health Information (PHI): "To Whom the County May Disclose" ..... 11-12  
     Disclosures to Business Associates  
     Deceased Individuals  
     Personal Representative's Access to PHI  
     Uses and Disclosures to Family Members  
     Minimum Necessary for Employees  
     Verification  
 Authorizations.....13-14  
     Authorization Required  
     Invalid Authorizations  
     Conditioning Authorizations  
     Revocation  
     Documentation  
     Valid Authorizations  
     **Authorization for Disclosure of Protected Health Information**..... 15-16  
 Authorizations Requiring an Opportunity to Object.....17  
     Individual's Right to Agree or Object  
     Form of Agreement or Objection  
 Authorizations That Do Not Require an Opportunity to Object..... 18-20  
     Required by Law  
     Public Health  
     Abuse or Neglect  
     Health Oversight  
     Legal Proceedings  
     Law Enforcement  
     Uses and Disclosures about Decedents  
     Cadaveric Organ, Eye or Tissue Donation  
     Averting Threat to Health or Safety  
     Specialized Government Functions

Workers' Compensation  
 Inmates  
 Required Uses and Disclosures  
 Minimum Necessary Standard..... 21-22  
 Routine and Recurring Disclosures  
 Other Disclosures  
 Request for PHI  
 Other Content Requirements  
 Verification..... 23  
 Requirements  
 Public Officials  
 Right to Notice of Privacy Rights..... 24-25  
 Individual's Right to Notice  
 Inmates  
 Notice Requirements  
 Optional Elements  
 Revisions to the Notice  
 Provisions for Health Plans  
 Provision for Providers  
 Methods for Providing Notice  
 Document Retention  
**Notice of Privacy Practices**..... 26-31  
**Acknowledgement of Receipt of Notice of Privacy Practices**..... 32  
 Right to Access..... 33-35  
 Unreviewable Grounds for Denial  
 Reviewable Grounds for Denial  
 Review of Denial of Access  
 Request for Access and Timely Action  
 Provisions of Access  
 Denial of Access  
 Review of Denial Requested  
 Documentation  
**Individual Request for Protected Health information**..... 36  
**Notice of Decision Regarding Individual Request for PHI**..... 37-38  
**Review Procedure**..... 39  
 Right to Request Amendments..... 40-42  
 Right to Amend  
 Denial of Amendment  
 Request for Amendment and Timely Action  
 Accepting the Amendment  
 Notifying Others  
 Denying the Amendment  
 Statement of Disagreement  
 Rebuttal Statement  
 Recordkeeping  
 Future Disclosures  
 Action on Notices of Amendment  
 Documentation  
**Individual's Request for Amendment of Protected Health Information**..... 43-44  
 Request for Privacy "Alternate Means and Location"..... 45-46  
 Requesting Restrictions  
 Terminating Restrictions  
 Confidential Communications  
 Conditions for Providing Confidential Communications  
**Request for Confidential Communications**..... 47

**Request for Restriction of Information**..... 48

Accounting for Disclosures..... 49-50

    Right to an Accounting of PHI

    Content of the Accounting

    Provision of the Accounting

    Documentation

**Request for Accounting of Disclosures**..... 51

**Accounting of Disclosures Form**..... 52

Business Associate Agreements..... 53-55

    Content

    Termination of an Agreement

    Other Arrangements

    Group Health Plans

**Business Associate Agreement**..... 56-58

Workforce Confidentiality..... 59-60

**Employee Confidentiality Agreement**..... 61

Compliance Violations..... 62

**Confidential Report of Concern**..... 63-64

**Compliance Report Investigation Form**..... 65

Designation as Hybrid Entity..... 66

Personnel Designation..... 67-73

    Blank..... 74

County Board Approval..... 75

## **INTRODUCTION**

### **STATUTORY BACKGROUND**

Congress recognized the importance of protecting the privacy and health information given the rapid evolution of health information systems in the Health and Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA's Administrative Simplification provisions of the statute were designed to improve the efficiency and effectiveness of the health care system by facilitating the electronic exchange of information with respect to certain financial and administrative transactions carried out by health plans, health care clearinghouses and health care providers who transmit information electronically in connection with such transactions. To implement these provisions the statute directed HHS to adopt uniform, national standards for transaction, unique health identifiers, code sets for the data elements of the transactions, security of health information and electronic signature.

At the same time, Congress recognized the challenges to the confidentiality of health information presented by the increasing complexity of the health care industry, and by advances in the health information systems technology and communications. Thus, the Administrative Simplification provisions of HIPAA authorized the Secretary to promulgate standards for the privacy of individually identifiable health information if Congress did not enact health care privacy legislation by August 21, 1999. HIPAA also required the Secretary of HHS to provide Congress with recommendations for legislating to protect the confidentiality of health care information. The Secretary submitted such recommendations to Congress on September 11, 1997, but Congress did not pass such legislation within its self-imposed deadline.

With respect to these regulations, HIPAA provided that the standards, implementation specifications, and requirements established by the Secretary not supersede any contrary State law that imposes more stringent privacy protections. Additionally, Congress required that HHS consult with the National Committee on Vital and Health Statistics, a Federal advisory committee established pursuant to section 306(k) of the Public Health Service Act (42 U.S.C. 242k(k)), and the Attorney General in the development of HIPAA privacy standards.

After a set of HIPAA Administrative Simplification standards were adopted by the Department, HIPAA provided HHS with authority to modify the standards as deemed appropriate, but not more frequently than once every 12 months. However, modifications are permitted during the first year after adoption of the standards if the changes are necessary to permit compliance with the standards. HIPAA also provides that compliance with modifications to standards or implementation specifications must be accomplished by a date designated by the Secretary, which may not be earlier than 180 days after the adoption of the modification.

The Privacy Rule establishes, for the first time, a foundation of Federal protections for the privacy of protected health information. The Rule does not replace Federal, State, or other law that grants individuals even greater privacy protections, and covered entities are free to retain or adopt more protective policies or practices.

### **PREEMPTION OF STATE LAW**

The HIPAA privacy provisions govern the use and disclosure of an individual's personal health information, also known as "protected health information" (PHI). In the event state law or County policy is more restrictive than the HIPAA privacy regulations, the more restrictive law or policy will apply.

**POLICIES AND PROCEDURES  
Administrative Requirements**

POLICY

PERSONNEL DESIGNATIONS §164.530

The County has designated a privacy official who is responsible for the development and implementation of the policies and procedures of the County. In addition, the County must designate a contact person or office who is responsible for receiving complaints and who is able to provide further information about matters covered under notice.

DOCUMENTATION OF DESIGNATED PERSONNEL §164.530(2)

The County must document the personnel designation.

TRAINING §164.530(b)(1)(2)

The County must train all members of its workforce on the policies and procedures with respect to PHI, as necessary and appropriate for the members of the workforce to carry out their function within the County.

The County must provide training to each member of the County's workforce by no later than April 14, 2003, and thereafter, to each new employee within 6 months after the person joins the County's workforce. In addition, the County must train each employee whose functions are affected by a material change in the policies and procedures, within a reasonable time after the material change becomes effective. The County must document the training.

SAFEGUARDS §164.530(c)(1)

The County must have in place appropriate administrative, technical and physical safeguards to protect the privacy of PHI. These safeguards must reasonably protect PHI from intentional and unintentional use and disclosure that is in violation of HIPAA. In addition, the County must reasonably safeguard PHI to limit incidental uses and disclosures.

COMPLAINTS TO THE COUNTY §164.530(d)

The County must provide a process for individuals to make complaints concerning the County's policies and procedures or other requirements under HIPAA. The County must document all complaints received and their disposition, if any.

SANCTIONS §164.530(e)

The County must have and apply appropriate sanctions against employees who fail to comply with the privacy policies and procedures of the County or the other requirements under HIPAA. The County must document all sanctions applied. The County must mitigate, to the extent practicable, any harmful effect known to the County of a use or disclosure of PHI in violation of its policies and procedures by the County or its business associates.

REFRAINING FROM RETALIATION §164.530(g)

The County cannot intimidate, threaten, coerce, discriminate against or take any other retaliatory action against:

- 1) Individuals who exercise any right under HIPAA including filing a complaint, or
- 2) Individuals who file a complaint with the Secretary or assist, testify or participate in an investigation, compliance review, proceeding or hearing.
- 3) Individuals who opposes any act or practice, in which the person has a good faith belief the act or practice is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of PHI.

WAIVER OF RIGHTS §164.530(h)

The County may not require individuals to waive their right, including the right to file a complaint, as a condition of treatment, payment, enrollment in a health plan or eligibility of benefits.

POLICIES AND PROCEDURES §164.530(I)

The County must implement policies and procedures with respect to PHI that are designed to comply with HIPAA privacy provisions. The policies and procedures must be reasonably designated, taking into account the size and type of activities that relate to PHI undertaken by the County to ensure such compliance.

The County must change its policies and procedures as necessary and appropriate to comply with changes in the law.

DOCUMENTATION AND RETENTION PERIOD §164.530(j)(1)&(2)

The County must document and retain the following information for a minimum of six years from the date of its creation or the date it was last in effect or as required by law:

- 1) Policies and procedures
- 2) All writings required by the HIPAA privacy provisions
- 3) Any action, activity or designation required by any HIPAA provision.

COMPLIANCE DATE §164.534

April 14, 2003

## **POLICY AND PROCEDURE Individual Privacy Rights**

### POLICY

The County acknowledges individual's right to privacy and to that end will ensure those rights pursuant to guidelines established by the Health Insurance Portability and Accountability Act of 1996. The County will provide the following rights to individuals with regard to their protected health information (PHI):

#### Right to Receive a County's Notice of Privacy Practices

Notice of privacy practices is a document that the County must provide that explains to individuals how the County routinely manages its confidential data. If the County uses or discloses information, other than for purposes of treatment, payment or operations, the notice of privacy practices must include how the information is being used or disclosed.

#### Right to Access and Copy Protected Health Information

Individuals can request access to and copy certain medical records containing PHI. The County and the individual may either come to an agreement on how this information is to be shared or a copy of the records can be mailed to the individual. There are certain circumstances under which access can be denied. The County will charge a fee of \$.30 per page for this service.

#### Right to Request Restriction of the Uses and Disclosures of Protected Health Information

An individual can request that the County not disclose PHI to others. The County can stipulate that this request be in writing. If, for example, Sara, who is an 18-year old dependent covered under her father's health coverage, seeks medical attention from a provider or facility, Sara has the right to request that any information related to that service not be disclosed to specific persons.

#### Right to Receive Confidential Communications

This gives an individual the right to receive communications of PHI by alternate means or at alternate locations. For instance, in the previous example, if Sara still lives with her parents and does not want communications sent to her home, she may request that a health care provider send the communications to an alternate location. The County must also accommodate a request for confidential communications, provided the individual clearly states that disclosure of all or part of the information could endanger the individual. The County may require that these requests be made in writing.

#### Right to Request Amendment and Correction of Protected Health Information

An individual has the right to request revisions or corrections to any part of the record that the individual believes to be incorrect. The County has a specific time limit to act upon this request, but is not always obligated to revise the records. There are several valid reasons allowed for denying such a request. One reason for denying the request is that the record was not created by the County.

#### Right to an Accounting of the Disclosures of Protected Health Information

If the County discloses PHI outside of what is considered treatment, payment and health care operations, an individual has the right to receive an accounting of those disclosures. The County is not required to provide this accounting if the disclosures were either made directly to the individual or were authorized by the individual, whose PHI was disclosed.

#### Right to File a Notice of Concern

A report of concern may be made by anyone having knowledge or information about a known or suspected violation of the County's privacy standards or the laws and regulations governing the County.

**POLICY AND PROCEDURE  
Use and Disclosure of Individual  
Protected Health Information**

“What the County Can Disclose”

POLICY

To preserve the confidentiality of protected health information (PHI), the County shall only disclose PHI for reasons identified and in the format developed in the Health Insurance Portability and Accountability Act of 1996. The County shall only disclose PHI for the following reasons.

PERMITTED USES AND DISCLOSURES

The County is permitted to use and disclose (PHI):

- 1) To the individual §164.502(a);
- 2) For treatment, payment or health care operations §164.502(a);
- 3) Incident to a use or disclosure permitted or required by HIPAA privacy provisions §164.502(a);
- 4) Pursuant to and in compliance with a valid authorization §164.502(a)
- 5) When required by the Secretary to investigate and determine County compliance §164.502(a);
- 6) To a family member or individual identified by the individual §164.510(b);
- 7) For disaster relief purposes §164.510(b)(4);
- 8) For public health activities §164.512(b);
- 9) For disclosures about victims of abuse, neglect or domestic violence §164.512(c);
- 10) For disclosures for health oversight activities §164.512(d);
- 11) For disclosures for judicial and administrative proceedings §164.512(e);
- 12) For disclosures for law enforcement purposes §164.512(f);
- 13) About decedents §164.512(g);
- 14) For cadaveric organ, eye or tissue donation purposes §164.512(h);
- 15) For research purpose §164.512(i);
- 16) To avert a serious threat to health or safety §164.512(j);
- 17) For specialized government functions §164.512(k);
- 18) For workers compensation §164.512(l);
- 19) For a limited data set §164.514(e);
- 20) For fundraising §164.514(f); and
- 21) For underwriting and related purposes §164.514(g).

MINIMUM NECESSARY STANDARD §164.502(b) See Minimum Necessary Policy

When using or disclosing PHI or when requesting PHI from another covered entity, the County must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

The minimum necessary standard does not apply to the following:

- 1) Disclosures to or requests by a health care provider for treatment;
- 2) Uses and disclosures made to the individual;
- 3) Uses or disclosures made pursuant to an authorization;
- 4) Disclosures made to the Secretary to determine County compliance, or
- 5) Uses or disclosures that are required by law, including, compliance with HIPAA privacy provisions.

PHI SUBJECT TO AN AGREED UPON RESTRICTION §164.502(c) See Request for Privacy Policy

If the County agrees to a restriction pursuant to §164.522, the County may not use or disclose PHI in violation of that restriction.

DE-IDENTIFIED INFORMATION §§164.502(d) & 514

The County may use PHI to create information that is not identifiable health information or disclose PHI only to a business associate for such purpose. The County can disclose PHI in its "de-identified form," as long as it can only be re-identified by the County. PHI is considered "de-identified" when the following items are eliminated:

Names	Electronic Mail Addresses
Address, City, County, Precinct	Social Security Numbers
Zip code (other than first three digits)	Medical Records Numbers
Dates (other than year)	Health Plan Beneficiary Numbers
Telephone Numbers	Account Numbers
Fax Numbers	Certificate/License Numbers
Vehicle Identifiers	Device Identifiers and Serial Numbers
Web Universal Resource Locators (URLs)	Internet Protocol Address Numbers
Biometric Identifiers	Photographic images
Other identifying number, characteristic or code	

The County may assign a code or other means of record identification to allow de-identified information to be re-identified by the County, provided that the code is not easily translated so as to identify the individual. In addition, the County cannot disclose the code or mechanism for re-identification.

PROCEDURE

- 1) Determine if the County is permitted to disclose the PHI.
- 2) Determine if the use or disclosure of the PHI meets the minimum necessary standard.
- 3) Determine if there are any restrictions on the use or disclosure of the PHI.
- 4) Determine if the PHI can be de-identified.

**POLICY AND PROCEDURE  
Use and Disclosure of Individual  
Protected Health Information**

“To Whom the County May Use and Disclose”

POLICY

To ensure protected health information (PHI) is used and disclosed only to those individuals who are allowed access, the County will only disclose PHI in accordance to the Health Insurance Portability and Accountability Act of 1996. The County will disclose information only to those identified below.

REQUIRED TO DISCLOSURES §164.502(a)(2)

The County is required to disclose protected health information to:

- 1) The individual, when requested and
- 2) Secretary of Health and Human Services to determine County compliance.

DISCLOSURES TO BUSINESS ASSOCIATES §164.502(e) See Business Associate Policy

The County may disclose PHI to a Business Associate and may allow a Business Associate to create and receive PHI on its behalf, if the County obtains satisfactory assurance that the Business Associate will appropriately safeguard the information. These satisfactory assurances must be documented in the form of a Business Associate Agreement. This standard does not apply to disclosures:

- 1) By the County to a health care provider concerning treatment of the individual;
- 2) With respect to disclosures by a group health plan to a plan sponsor; or
- 3) With respect to uses and disclosures by a County (health plan), if the eligibility for, or enrollment in, the health plan is determined by an agency other than the County.

DECEASED INDIVIDUALS §164.502(f)&(g)

The County must comply with HIPAA privacy provisions with respect to PHI of deceased individuals.

PERSONAL REPRESENTATIVE'S ACCESS TO PHI §164.502(g)

The County must treat a personal representative as the individual for purposes of the HIPAA privacy provisions. A personal representative must have legal authority to act on behalf of an individual who is an adult or a minor child in making decisions related to health care. The County may elect not to treat a person as a personal representative of an individual if the County reasonably believes, in its professional judgment, that the individual has been or may be subjected to domestic violence, abuse or neglect by such person or if treating the person as a personal representative could endanger the individual.

In addition, the County must treat an executor or administrator of a deceased individual's estate as a personal representative with respect to relevant PHI.

USES AND DISCLOSURES TO FAMILY MEMBERS §164.510(b) See Opportunity to Object Policy

In the event of an emergency or an individual's incapacity, the County may disclose PHI to a family member, close friend or any other person identified by the individual if the PHI is relevant to such person's involvement with the individual's care or payment related to the individuals' health care. If the individual is present, the County must obtain the individual's agreement to release PHI to a family member or close friend.

MINIMUM NECESSARY FOR USES OF PHI §164.514(d)(2) See Workforce Designation

The County must identify those persons or classes of persons, as appropriate, in its workforce who need access to PHI to carry out their duties. For each person or class of persons the County must identify the category or categories of PHI to which access is needed and the conditions appropriate for such access. The County must make reasonable efforts to limit the access of each person or class of persons.

**VERIFICATION §164.514(h) See Verification Policy**

The County shall verify the identity of a person requesting PHI and the authority of such person to have access to PHI, if the identity or authority of the person is not known to the County. This can include oral or written verification.

**PROCEDURE**

- 1) Determine if the information to be used or disclosed is to an individual or entity that has a right to access the information.
- 2) Determine if there is any other policy that prohibits use or disclosure. (verify that an agreement is in place or no objection has been made to the use or disclosure)

## **POLICY AND PROCEDURE Authorizations**

### POLICY

To ensure the integrity of individual protected health information (PHI), the County will only disclose information pursuant to an authorization unless otherwise directed by the Health Insurance Portability and Accountability Act of 1996. The County will follow the requirements as outlined below.

#### AUTHORIZATION REQUIRED §164.508(a)(1) **See Authorization Form**

The county requires authorizations for any use and disclosure of:

- 1) psychotherapy notes, except for the County to defend itself in a legal action, and
- 2) marketing.

#### INVALID AUTHORIZATIONS §164.508(b)

An authorization will not be valid if it passes the expiration date; if it has not been filled out completely; if revoked or if any material information is known by the County to be false. In addition, the County will not combine authorization for psychotherapy notes with any other document to create a compound authorization.

#### CONDITIONING AUTHORIZATIONS §164.508(b)(4)

The County may condition enrollment or eligibility for benefits on provision of an authorization requested by the County prior to the individual's enrollment:

- 1) If the authorization is sought for the health plan's eligibility or enrollment determinations relating to the individual; or
- 2) For its underwriting or risk rating determinations, and
- 3) The authorization is not for a use or disclosure of psychotherapy notes.

#### REVOCACTION §164.508(b)(5)

An individual may revoke an authorization at any time, provided that the revocation is in writing, except, to the extent that:

- 1) The County has taken action in reliance on the authorization, or
- 2) The authorization was a condition of obtaining insurance coverage.

#### DOCUMENTATION §164.508(b)(6)

The County will document and retain any signed authorization for a period of at least six (6) years or longer if required by law.

#### VALID AUTHORIZATIONS §164.508(c)

A separate authorization must be completed for each person or group of persons or each entity to whom the County may make the requested use or disclosure.

- 1) Specific and meaningful description of the information to be used or disclosed;
- 2) Name or other specific identification of the person(s) or class of persons, authorized to make the requested use or disclosure;
- 3) Name or other specific identification of the person(s), or class of persons, to whom the County may make the requested use or disclosure;
- 4) A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose;
- 5) An expiration date or expiration event that relates to the individual for the purpose of the use or disclosure;

- 6) Signature of the individual and date. If the authorization is signed by the individual's personal representative, a description of the representative's authority to act for the individual must be provided.

In addition to the above core elements, the authorization must also contain the following statements that adequately put the individual on notice:

- 1) The individual's right to revoke the authorization in writing;
- 2) The exceptions to the right to revoke or a reference to the County's privacy notice if the exceptions to revocation are listed in it;
- 3) The ability of the County to condition treatment, payment, enrollment and/or eligibility for benefits on the authorization by stating the consequences to the individual of a refusal to sign the authorization; and
- 4) The potential for information disclosed to be subject to re-disclosure by the recipient.

Further, the authorization will be written in plain language and a copy of the signed authorization will be given to the individual.

#### PROCEDURE

- 1) Determine if an authorization is required to disclose the PHI.
- 2) Review the purpose of the authorization with the individual.
- 3) Ask the individual to read, complete, sign and date the authorization.
- 4) Explain to the individual that the authorization can be revoked, in writing, at any time, the exceptions to revocation and the consequence of the revocation.
- 5) Explain to the individual that they have the right to not sign the authorization and the consequences of not signing the authorization.
- 6) Give a signed copy of the authorization to the individual.
- 7) Give the individual a copy of the current County's Notice of Privacy Practices if the individual has not previously received the updated copy Notice of Privacy Practices.
- 8) Place the completed authorization in the individual's designated record set.

**AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

*Please complete this form in its entirety. This authorization is not valid and the County will not release your protected health information unless the form is completed in its entirety. A copy of the signed authorization will be provided to you.*

THE FOLLOWING PERSON(S) OR ENTITY:

Name of Person(s) or Entity: \_\_\_\_\_

Address of Person(s) or Entity: \_\_\_\_\_

SHALL DISCLOSE THE FOLLOWING INFORMATION FROM THE HEALTH RECORDS OF:

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/ State/Zip Code) \_\_\_\_\_

Birth Date: (Month/Day/Year) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

THIS INFORMATION SHALL BE DISCLOSED TO THE FOLLOWING PERSON(S) OR ENTITY:

Name of Person(s) or Entity: \_\_\_\_\_

Address of Person(s) or Entity: \_\_\_\_\_

INFORMATION SHALL BE DISCLOSED FOR THE FOLLOWING PURPOSE(S):

(Not required if the disclosure is requested by the individual)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE FOLLOWING INFORMATION SHALL BE RELEASED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AFFIRMATION OF AUTHORIZATION:

I give the person(s) or entity named above permission to disclose only the information I have identified on this authorization form to the person(s) or entity I have named and only for the purposes I have identified. I understand: *(Please initial after reading each statement)*

\_\_\_\_\_ This authorization is valid until \_\_\_\_\_ unless revoked in writing prior to that date.

\_\_\_\_\_ I may refuse to sign this authorization (A refusal to sign the authorization may effect payment for or eligibility for benefits).



**POLICY AND PROCEDURE  
Uses and Disclosures That Require  
An Opportunity to Object**

POLICY

To ensure the confidentiality of individual protected health information (PHI), the County will only disclose information in certain situations only after the individual has had an opportunity to agree or object to the disclosure pursuant to the Health Insurance Portability and Accountability Act of 1996. The County will follow the requirements as outlined below.

INDIVIDUAL'S RIGHT TO AGREE OR OBJECT §164.510

The County may use or disclose PHI, provided that the individual is informed in advance of the use or disclosure and has the opportunity to agree to or prohibit or restrict the following uses or disclosures:

- 1) The County may disclose to a member of the individual's family, a relative, a close friend or any other person identified by the individual, the individual's PHI that directly relates to that person's involvement in the individual's health care.
- 2) The County may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for the individual's care of the individual's location, general condition or death.
- 3) If the individual is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the County may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the individual, if so, disclose only the PHI that is directly relevant to the person's involvement in the individual's care.
- 4) The County may use or disclose PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in individual's health care.

FORM OF AGREEMENT OR OBJECTION

The County may orally inform the individual and receive oral agreement or objection to the use or disclosure.

PROCEDURE

- 1) Determine whether the use or disclosure requires an opportunity for the individual to agree or object.
- 2) Disclose only that PHI which is relevant to the person's role in the individual's healthcare.
- 3) Document the individual's oral agreement or objection in the individual's designated record set.

**POLICY AND PROCEDURE  
Uses and Disclosures That Do Not Require  
Authorization or Opportunity to Object**

POLICY

To ensure the confidentiality of individual protected health information (PHI), the County will only disclose information as required by the Health Insurance Portability and Accountability Act of 1996. The County will follow the requirements as outlined below. PHI pursuant to these provisions can be disclosed without an authorization or an opportunity to agree or object.

REQUIRED BY LAW §164.512(a)

The County may use or disclose PHI to the extent that the use or disclosure is required by law. The County will notify an individual, as required by law, of any such uses or disclosures.

PUBLIC HEALTH §164.512(b)

The County may disclose PHI for public health activities and purposes that may include:

- 1) Collecting and receiving information, by a public health authority, for the purpose of preventing or controlling disease, injury or disability;
- 2) Disclosures to a public health authority authorized to receive child abuse or neglect reports;
- 3) Activities related to the quality, safety or effectiveness of FDA-related products;
- 4) Contacting individuals, if authorized by law, who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease; or
- 5) Disclosing information to an employer, if the County provides healthcare to the individual at the request of the employer to conduct drug testing or to evaluate whether the individual has a work-related illness or injury.

ABUSE OR NEGLECT §164.512(c)

The County may disclose PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, the County may disclose PHI, to the governmental entity or agency authorized to receive such information, if it believes an individual has been a victim of abuse, neglect or domestic violence. The disclosure will be made consistent with the requirements of federal and state laws. The County will notify the individual of the disclosure unless, in the exercise of professional judgment, the County believes informing the individual would place them at risk of serious harm.

HEALTH OVERSIGHT §164.512(d)

The County may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections.

LEGAL PROCEEDINGS §164.512(e)

The County may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

LAW ENFORCEMENT §164.512(f)

The County may disclose PHI for law enforcement purposes, in the following situations:

- 1) If required by law (ex. reporting wounds or pursuant to a subpoena);
- 2) Limited information requests for identification and location purposes;
- 3) Pertaining to victims of a crime;
- 4) Suspicion that death has occurred as a result of criminal conduct;
- 5) In the event that a crime occurs on county premises, and
- 6) Medical emergency if it is likely that a crime has occurred.

USES AND DISCLOSURES ABOUT DECEDENTS §164.512(g)

1) *Coroners and Medical Examiners*

The County may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

2) *Funeral Directors*

The County may disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. The County may disclose PHI in reasonable anticipation of death.

CADAVERIC ORGAN, EYE OR TISSUE DONATION §164.512(h)

The County may disclose PHI to organ procurement, banking or transplantation organizations for cadaveric organ, eye or tissue donation purposes.

RESEARCH §164.512(i)

The County may disclose PHI to researchers when their research has been approved by an Institutional Review Board or a Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of the PHI.

AVERTING SERIOUS THREAT TO HEALTH OR SAFETY §164.512(j)

Consistent with applicable federal and state laws, the County may disclose PHI, if in good faith, it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The County may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

SPECIALIZED GOVERNMENT FUNCTIONS §164.512(k)

1) *Military and Veterans Activities*

The County may disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. The County, as a component of the Department of Veterans Affairs, may disclose PHI for the purpose of determining eligibility for benefits. The County may disclose PHI of an individual who is foreign military personnel to foreign military authority.

2) *National Security and Intelligence Activities*

The County may disclose PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

3) *Correctional Institutions and Other Law Enforcement Custodial Situations*

The County may disclose to a correctional institution or law enforcement official PHI for the purposes of providing health care; for the purpose of health and safety of an individual, other inmates or correctional employees; for the purpose of law enforcement on the premises of the correctional institution or for the administration and maintenance of safety, security and other good order of the correctional institution.

4) *Government Entities Providing Public Benefits*

A County that is a health plan may disclose PHI relating to eligibility for enrollment in the health plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such agencies or the maintenance of such information in a single combined data system accessible to all such agencies is required. In addition, a County that is a health plan may disclose PHI relating to the program to another covered entity that is a government program providing public benefits if the programs serve the same or similar populations and the disclosure of PHI is necessary to coordinate functions of the programs or improve administration and management.

WORKERS' COMPENSATION §164.512(l)

PHI may be disclosed by the County as authorized to comply with workers' compensation laws and other similar legally-established programs.

INMATES

The County may use or disclose PHI about an inmate of a correctional facility if the County created or received the PHI in the course of providing care to the inmate.

REQUIRED USES AND DISCLOSURES

The County must make disclosures to the individual to whom the PHI pertains when requested by the individual and when required by the Secretary of the Department of Health and Human Services to investigate or determine County compliance with the HIPAA privacy provisions.

PROCEDURE

- 1) Determine if the use or disclosure falls into one of the categories that do not require an authorization or an opportunity to agree or object.
- 2) Notify the individual of the use or disclosure and document the notification in the designated record set.

**POLICY AND PROCEDURE**  
**Minimum Necessary Uses and Disclosures**  
**Of Protected Health Information**

POLICY

To ensure the confidentiality of individual protected health information (PHI), the County will only disclose the minimum necessary to meet the purpose of the requested use or disclosure pursuant to the Health Insurance Portability and Accountability Act of 1996. The County will follow the requirements as outlined below.

MINIMUM NECESSARY STANDARD §164.502(b)

When using or disclosing PHI or when requesting PHI from another covered entity, the County must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

The minimum necessary standard does not apply to the following:

- 1) Disclosures to or requests by a health care provider for treatment;
- 2) Uses and disclosures made to the individual;
- 3) Uses or disclosures made pursuant to an authorization;
- 4) Disclosures made to the Secretary to determine County compliance, or
- 5) Uses or disclosures that are required by law, including, compliance with HIPAA privacy provisions.

ROUTINE AND RECURRING DISCLOSURES §164.514(d)

For any type of disclosure that the County makes on a routine and recurring basis, the County must implement procedures to limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.

OTHER DISCLOSURES

For all other disclosures, the County has developed criteria designated to limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure and review requests for disclosure on an individual basis. The County may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when:

- 1) Making disclosures to public officials pursuant to §164.512, if the public official represents that the requested information is the minimum necessary;
- 2) The information is requested by another covered entity;
- 3) The information is requested by a professional who is a member of the workforce or is a business associate of the County for purposes of providing professional services to the County, if the professional represents that the information requested is the minimum necessary for the stated purpose.
- 4) Documentation or representations comply with §164.512(I) for purposes of research.

REQUEST FOR PHI

The County must limit any request for PHI to that which is reasonably necessary to accomplish the purpose for which the request is made, when requesting such information from other covered entities. For information requested on a routine or recurring basis the County must limit the amount reasonably necessary to achieve the purpose for which the request was made. For all other requests, the County must develop criteria designated to limit the PHI requested to the amount reasonably necessary to achieve the purpose of the request and review requests for disclosure on an individual basis.

OTHER CONTENT REQUIREMENTS

For all uses, disclosures and requests, the County may not use, disclose or request an entire medical record unless the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure or request.

PROCEDURE

1) Disclosures of entire medical records

**Cedar County does not disclose an individual's entire medical record in fulfillment of any request not related to treatment for any reason unless a justification for such a disclosure is documented.**

2) Routine and recurring disclosures of health information

- Identify disclosures of health information it makes on a routine and recurring basis that are not related to treatment.
- Determine the minimum amount of health information that is needed to achieve the purpose of these requests.

3) Non-routine disclosures of health information

- Review non-routine requests for disclosures of health information that are not related to treatment on a case-by-case basis unless the patient has authorized the request.
- Forward the request for disclosure to the Privacy Officer (or designee) to determine if the amount of health information is the minimum necessary to achieve the purpose of the disclosure according to established criteria.
- Cedar County relies on representations that the information requested is the minimum amount necessary if the request is from a public official, a health care provider, a health plan, professional providing services to Cedar County as a business associate, or a researcher (who provides appropriate documentation).
- When necessary or appropriate, the Privacy Officer will speak with a representative from the entity making the request for clarification and/or modifications.

## **POLICY AND PROCEDURE Verification**

### POLICY

To ensure the confidentiality of individual protected health information (PHI), the County will only disclose PHI after verifying the individual or the entity the PHI is disclosed to pursuant to the Health Insurance Portability and Accountability Act of 1996. The County will follow the requirements as outlined below.

#### REQUIREMENTS §164.514(h)

The County shall verify the identity of a person requesting PHI and the authority of such person to have access to PHI, if the identity or authority of the person is not known to the County. This can include oral or written verification. **The County will not accept verification by fax or email.**

If the County conditions disclosure on particular documentation for verification, the County may rely, if such reliance is reasonable under the circumstances, on documentation that, on its face, meet the requirements. Verification may be satisfied by, for example, an administrative subpoena or a written statement that demonstrates that the requirement has been satisfied. Documentation must be signed and dated.

#### PUBLIC OFFICIALS

The County may rely on any of the following to verify identity when the disclosure for PHI is requested by a public official:

- 1) If the request is made in person, presentation of an agency identification badge or other official credentials;
- 2) If the request is in writing, the request is on appropriate government letterhead or a written statement of legal authority if a written statement is impracticable. A written statement of legal authority can include a subpoena or warrant.
- 3) If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority.

### PROCEDURE

- 1) Obtain written documentation of the verification.
- 2) If written documentation is not available, document the oral communication verifying the identity of the individual requesting the disclosure.
- 3) Documentation that the County knows the individual requesting the disclosure if no other verification is required.

**POLICY AND PROCEDURE  
Right to Notice Of County  
Privacy Practices**

POLICY

The County acknowledges the individual's right to notice of the County's privacy practices regarding PHI and will inform individual's of the County's privacy practices pursuant to the Health Insurance Portability and Accountability Act of 1996. The County will follow the requirements as outlined below.

INDIVIDUAL'S RIGHT TO NOTICE §164.520 **See Right to Notice of Privacy Practices Form**

The County shall provide individuals with a notice of the uses and disclosures of PHI that may be made by the County and of the individual's rights and the County's legal duties with respect to PHI.

INMATES

An inmate does not have a right to notice.

NOTICE REQUIREMENTS

- 1) Written in plain language.
- 2) Header: "This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. Please Review It Carefully."
- 3) A description, including at least one example, of the types of uses and disclosures that the County is permitted to make for treatment, payment and health care operations.
- 4) A description of each of the other purposes for which the County is permitted to use or disclose PHI without the individual's written authorization.
- 5) A statement that the other uses or disclosures will only be made with the individual's written authorization and that the individual may revoke such authorization.
- 6) If a use or disclosure is prohibited or materially limited by other applicable law, the description of the use or disclosure must reflect the more stringent law.
- 7) If the County contacts individuals to remind them of appointments or to provide them with other information, the County must describe that on the notice.
- 8) A statement of the individual's rights with respect to PHI and a brief description of how the individual may exercise these rights.
  - a) the right to request restrictions on certain uses and disclosures and that the County is not required to agree to a requested restriction.
  - b) the right to receive confidential communications of PHI.
  - c) the right to inspect and copy PHI.
  - d) the right to amend PHI.
  - e) the right to receive an accounting of PHI disclosures.
  - f) the right to obtain a paper copy of the notice from the County.
- 9) A statement that the County is required to maintain the privacy of PHI and to provide the individual with notice of its legal duties and privacy practices with respect to PHI.
- 10) A statement that the County is required to abide by terms of the notice currently in effect.
- 11) A statement that the County reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. The statement must also describe how it will provide individuals with the revised notice.
- 12) A statement that the individual may complain to the County and to the Secretary if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint and a statement that the individual will not be retaliated against for filing a complaint.
- 13) The name or title and telephone number of the person or office to contact for further information.
- 14) A date on which the notice is first in effect.

OPTIONAL ELEMENTS

If the County elects to limit the uses or disclosures that it is permitted to make, the County may describe its more limited uses or disclosures in its notice. The County, however, cannot limit the individual's rights under this notice.

REVISIONS TO THE NOTICE §164.520(b)(3)

The County must promptly revise and distribute its notice whenever there is a material change to the uses and disclosures, the individual's rights, the County's legal duties or other privacy practices.

PROVISIONS FOR HEALTH PLANS §164.520(c)

A health plan must provide notice no later than the compliance date for the health plan, to the individuals then covered by the plan, thereafter at the time of enrollment, to the individuals who are new enrollees and within 60 days of a material revision to the notice. In addition, the health plan must notify individuals covered at least every three years on the availability of the notice and how to obtain the notice.

PROVISIONS FOR PROVIDERS §164.520(c)

A health provider that has a direct treatment relationship with individual must provide notice no later than the first date of service. The provider shall make a good faith effort to obtain a written acknowledgment of receipt of the notice. If the acknowledgment is not obtained the provider must describe the good faith effort to obtain it and the reason why it was not obtained. If the provider maintains a physical service location the notice shall be available at the service delivery site and posted in a prominent location. In an emergency treatment situation, the provider must make available the notice as soon as reasonably practicable after the emergency.

METHODS FOR PROVIDING NOTICE §164.520(c)(3)

A County that maintains a website about its customer services or benefits must prominently post its notice on the website. The County can provide the notice via email if the individual agrees to electronic transmission. An individual who is a recipient of an electronic notice maintains the right to request and obtain a paper copy from the County

DOCUMENT RETENTION §164.520(c)(e) See Acknowledgement of Receipt and Good Faith Effort

The County must document compliance with the notice requirements by retaining copies of the notices issued by the County and any written acknowledgments of receipt or the good faith efforts to obtain the acknowledgment of receipt.

PROCEDURE

- 1) Persons receiving healthcare related services or funding for healthcare services through Cedar County will receive a copy of the **Notice of Privacy Practices**. (Exceptions include those Public Health functions listed under §164.512 (b) of HIPAA 1996.)
- 2) **Notice of Privacy Practices** and **Acknowledgement of Receipt of Privacy Practices** will be supplied to all enrollees in Cedar County health related services. Request that the individual sign and return the **Acknowledgement of Receipt of Privacy Practices**, and retain the **Acknowledgement** on file in the Department where the individual is enrolled.
- 3) New Notices and Acknowledgements must be supplied whenever there is a material change in the Notice of Privacy Practices.
- 4) Persons held in the Cedar County Correctional Facility shall receive a **Notice of Privacy Practices** and **Acknowledgement of Receipt of Privacy Practices** when they are released from the correctional facility, and are no longer legally a prisoner of Cedar County or any other Correctional Facility.
- 5) A copy of all past, current and future versions and revisions of the County's HIPAA Policy will be filed with the County Auditor; time and date stamped with the date of Board of Supervisors Approval.

## NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.***

If you have any questions about this Notice of Privacy Practices contact the County's Privacy Officer

**This Notice of Privacy Practices describes how the County may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.**

The County is required to abide by the terms of this Notice of Privacy Practices. The County may change the terms of this notice, at any time. The new notice will be effective for all protected health information that the County maintains at that time. The County will provide you with a revised Notice of Privacy Practices whenever there is a material change to the uses and disclosures, the individual's rights, the County's legal duties or other privacy practices.

Upon request the county will provide you with the most current revision of the Notice of Privacy Practices.

### PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by the County for the purpose of providing or accessing health care services for you. Your protected health information may also be used and disclosed to pay your health care bills and to support the business operation of the County.

**The following categories describe ways that the County is permitted to use and disclose health care information. Examples of types of uses and disclosures are listed in each category. Not every use or disclosure for each category is listed; however, all of the ways the County is permitted to use and disclose information falls into one of these categories:**

**1) Treatment:**

**The County may use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, the County would disclose your protected health information, as necessary, to a home health agency that provides care to you. Another example is that protected health information may be provided to a facility to which you have been referred to ensure that the facility has the necessary information to treat you.**

**2) Payment**

**The County may use and disclose health care information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance**

**company or a third party. The County may also discuss your protected health information about a service you are going to receive to determine whether you are eligible for the service, and for undertaking utilization review activities. For example, authorizing a service may require that your relevant protected health information be discussed with a provider to determine your need and eligibility for the service.**

**3) Healthcare Operations**

**The County may use or disclose, as-needed, your protected health information in order to support its business activities. These activities include, but are not limited to, quality assessment activities, compliance reviews, employee review activities, licensing and conducting or arranging for other business activities. For example, the County may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment or to provide information about alternate services or other health-related benefits.**

The County may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the County. Whenever an arrangement between the County and a business associate involves the use or disclosure of your protected health information, the County will have a written contract that contains terms that will protect the privacy of your protected health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the County has taken an action in reliance on the use or disclosure indicated in the authorization.

The County may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then the County may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

1) Others Involved in Your Healthcare

Unless you object, the County may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, the County may disclose such information as necessary if the County, based on its professional judgment, determines that it is in your best interest. The County may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, the County may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

2) Emergencies

The County may use or disclose your protected health information in an emergency treatment situation. If this happens, The County shall try to obtain your acknowledgment of receipt of the Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

The County may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

- 1) Required By Law  
The County may use or disclose your protected health information to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosures.
- 2) Public Health  
The County may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. The County may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- 3) Communicable Diseases  
The County may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.
- 4) Health Oversight  
The County may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- 5) Abuse or Neglect  
The County may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, the County may disclose your protected health information if it believes that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- 6) Food and Drug Administration  
The County may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- 7) Legal Proceedings  
The County may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- 8) Law Enforcement  
The County may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on county premises, and (6) medical emergency (not on the county's premises) and it is likely that a crime has occurred.

9) Coroners, Funeral Directors, and Organ Donation

The County may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

10) Research

The County may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

11) Criminal Activity

Consistent with applicable federal and state laws, the County may disclose your protected health information, if it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The County may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

12) Military Activity and National Security

When the appropriate conditions apply, the County may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. The County may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

13) Workers' Compensation

Your protected health information may be disclosed by the County as authorized to comply with workers' compensation laws and other similar legally-established programs.

14) Inmates

The County may use or disclose your protected health information if you are an inmate of a correctional facility and the County created or received your protected health information in the course of providing care to you.

15) Required Uses and Disclosures

Under the law, the County must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine County compliance with the requirements of 45 C.F.R. section 164.500 et. seq.

**YOUR RIGHTS**

The following are a list of your rights with respect to your protected health information and a brief description of how you may exercise these rights:

**RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as the County maintains the protected health information. A "designated record set" contains medical and billing records and any other records that the County uses in making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health

information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact the County Privacy Officer if you have questions about access to your medical record. Requests must be in writing and a fee will be charged for any copies or summaries of your Protected Health Information. The fee for photo copies of the requested information is \$.30 per page. A fee of \$20.00 will be charged for a summary of the information you request. Any medical records you request to be mailed to you will also be charged postage.

#### RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION

This means you may ask the County not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The County is not required to agree to a restriction that you may request. If the County believes that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the County does agree to the requested restriction, it may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the County. You may request a restriction in writing to the County Privacy Officer.

#### RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS FROM THE COUNTY BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION

The County will accommodate reasonable requests. The County may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. The County (Except for the County Health Plan) will not request an explanation from you as to the basis for the request. Please make this request in writing to the County Privacy Officer.

#### RIGHT TO REQUEST AN AMENDMENT TO YOUR PROTECTED HEALTH INFORMATION

This means you may request in writing an amendment of protected health information about you in a designated record set for as long as the County maintains this information. In certain cases, the County may deny your request for an amendment. If the County denies your request for amendment, you have the right to file a statement of disagreement with the County and the County may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

#### RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures the County may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. A **Request for Accounting of Disclosures** form must be completed to request and Accounting of Disclosures.

#### RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE

You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically.

**COMPLAINTS**

You may file a complaint to the County or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the County. You may file a complaint against the County by notifying the County Privacy Officer. The County will not retaliate against you for filing a complaint.

You may contact the County Privacy Officer at (563) 886-2170 or [privacyofficer@cedarcounty.org](mailto:privacyofficer@cedarcounty.org) for further information about the complaint process.

This notice becomes effective on **April 14, 2003**.

*First Revision on **October 2, 2003***

**ACKNOWLEDGMENT OF  
RECEIPT OF  
NOTICE OF PRIVACY PRACTICE**

I, \_\_\_\_\_, do hereby  
acknowledge receipt of a copy of the Notice of Privacy Practice, Policy and Procedure.

---

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

---

Signature of personal representative

Date

---

Legal authority of personal representative

## **POLICY AND PROCEDURE** **Accessing Protected Health Information**

### POLICY

The County acknowledges the individual's right to access confidential information about themselves. To this end the County will disclose PHI, to the individual, pursuant to the Health Insurance Portability and Accountability Act of 1996. The County will follow the requirements as outlined below.

#### RIGHT TO ACCESS §164.524(a) **See Individual Request for Disclosure**

Individuals have a right of access to inspect and obtain protected health information (PHI) about the individual in a designated record set, for as long as the information is maintained by the County, except for:

- 1) Psychotherapy notes;
- 2) Information compiled in reasonable anticipation of a legal proceeding; or
- 3) PHI maintained by the County that is subject to or exempted from the Clinical Laboratory Improvements Amendments of 1988 (CLIA).

#### UNREVIEWABLE GROUNDS FOR DENIAL §164.524(a)(2)

The County may deny an individual access to PHI, without providing the individual an opportunity for review, for the following reasons:

1. The information requested is psychotherapy notes;
2. The County that is a correctional institution or a covered health care provider acting under the direction of a correctional institution has determined that the requested information would jeopardize the health, safety, security, custody or rehabilitation of the individual or other inmates, or the safety of a correctional employee or other person responsible for transporting the individual;
3. The information requested was obtained under a promise of confidentiality from someone other than the County and the inspection or copying will likely reveal the source of the information;
4. The requested information was compiled in reasonable anticipation of, or for use in, a legal proceeding;
5. If the PHI is obtained by the County in the course of research that includes treatment of the research participants, while such research is in progress. For this exception to apply, the individual must have agreed to the denial of access in conjunction with the individual's consent to participate in the research and the covered provider must have informed the individual that the right of access will be reinstated upon completion of the research;
6. The PHI requested is also subject to the Privacy Act.

#### REVIEWABLE GROUNDS FOR DENIAL

The County must provide the individual with a right to review the following reasons for denial.

- 1) If a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
- 2) The PHI requested makes reference to someone other than the individual (and other than a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause serious harm to that other person; or
- 3) The request is made by an individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

#### REVIEW OF DENIAL OF ACCESS

If access is denied and the individual has grounds for review, the individual has the right to have a denial reviewed by a licensed health care professional who is designated by the County to act as a reviewing official and who did not participate in the original decision to deny.

**REQUEST OF ACCESS AND TIMELY ACTION §164.524(b) See Notice of Decision**

The County will permit an individual to request access to inspect or to obtain a copy of the PHI about the individual that is maintained in a designated record set, by the County. The request for access must be in writing.

The County must act on a request for access within 30 days of receiving the request if the information is maintained or accessible on-site. The County must act on a request for access within 60 days of receiving the request if the information is not maintained or accessible on-site. If the County is unable to act on a request within the applicable deadline, it may extend the deadline by no more than 30 days by providing the individual with a written statement of the reasons for the delay and the date by which the County will complete its action on the request. This written statement describing the extension must be provided within the standard deadline. The County may only extend the deadline once per request for access. The requirements for the County to comply with or deny a request for access, in whole or in part, are described below:

**PROVISION OF ACCESS §164.524 (c)**

The County, upon accepting a request for access, will notify the individual of the decision and of any steps necessary to fulfill the request; to provide the information requested in the form or format requested, if readily producible in such form or format; and to facilitate the process of inspection and copying. If the same PHI is maintained in more than one designated record set or at more than one location, the County is required to produce the information only once per request for access.

The County must provide the information requested in the form or format requested if it is readily producible in such form or format. Additionally, if the information is not available in the form or format requested the County must provide the information in a readable hard copy or another form or format to which the individual and the County can agree. If the Individual agrees, including agreeing to any associated fees, the County may provide access to a summary of information rather than all PHI in a designated record set.

The County must provide the access requested in a timely manner, including arranging for a mutually convenient time and place for the individual to inspect the PHI or obtain a copy. If the individual requests that the County mail a copy of the information, the County must do so, and will charge a fee of 30 cents per copy, plus postage for mailing if applicable.

If the individual requests a copy of PHI, the County will charge 30 cents per page for the labor and supply costs of copying. The County may not charge any fees for retrieving or handling the information or for processing the request. If the individual requests the information to be mailed, the fee will include the cost of postage. If the individual requests an explanation or summary of the information provided, and agrees in advance to any associated fees, the County will charge \$20.00 for preparing the explanation or summary plus postage if the summary is to be mailed to the requestor.

**DENIAL OF ACCESS §164.524(d) See Notice of Decision**

If the County denies access, in whole or in part, the County must, to the extent possible, give the individual access to any other PHI requested after excluding the PHI to which the County has a ground to deny access. The County, upon denying a request for access in whole or in part, will provide the individual with a written statement in plain language of the basis for the denial; how the individual may exercise the right of review and how the individual could make a complaint to the County or the Secretary of Health and Human Services.

If the County denies the request because it does not maintain the requested information, and the County knows where the requested information is maintained, the County must inform the individual where to direct the request for access.

**REVIEW OF DENIAL REQUESTED**

If the individual requests a review of a denial made, the County must designate a licensed health care professional to act as the reviewing official. This reviewing official must not have been involved in the original decision to deny access. The County must promptly refer a request for review to the designated reviewing official. The reviewing official must determine, within a reasonable period of time, whether or not to deny the

access requested. The County must promptly provide the individual with written notice of the reviewing official's decision and otherwise carry out the decision in accordance with the requirements of this section.

#### DOCUMENTATION

The County must retain documentation of the designated record sets that are subject to access by the individual and the titles of the person(s) or offices responsible for receiving and processing requests for access by individuals.

#### PROCEDURE

- 1) Provide the individual with a Request to Access Protected Health Information Form. Review form with the individual. Explain fees for copying, postage and production of summaries. **See Individual Request for Protected Health Information.**
- 2) Inform the individual that the County will notify the individual of its decision.
- 3) Inform the individual of the grounds on which the County can deny access, including Unreviewable and Reviewable Grounds for Denial and give them a copy of the Grounds for Denial form. **See Grounds for Denial form.**
- 4) Upon receipt of a completed Individual Request for Protected Health Information, the Request will be forwarded to the County Privacy Officer for review. The County Privacy Officer will then submit the request to the Counties designated licensed health care professional to determine if the release of the information requested would be in any way harmful to the requestor or to another person.
- 5) The licensed health care professional will then complete a **Notice of Decision** and forward it back to the County Privacy Officer. The Privacy Officer will then contact the Department(s) where the individual has requested PHI and inform them of the decision and ask them to compile the information as applicable if the request has been accepted. The **Notice of Decision** will also be mailed to the Requestor at this time and will show the fees the requestor will need to pay prior to receipt of the requested information.
- 6) If the request is denied, the Privacy Officer will mail the **Notice of Decision** identifying the reason for denial with the **Review Procedures** to the requestor. The requestor must send written notice requesting a review with ten (10) working days of receipt of the **Notice of Decision**.
- 7) Within five (5) working days of the receipt of the written request for review, The County Privacy Officer shall send a written notice informing the requestor of the date, time and place where the review will be conducted.
- 8) The review proceedings shall be held privately and conducted by a licensed healthcare professional from the Board of Health. At any review, the requestor has a right to be present and have an attorney or other advocate accompany and represent them at their own expense.
- 9) A written decision will be issued by the Privacy Officer no later than ten (10) working days after the review proceedings.
- 10) Place copies of all denials or acceptances in the individual's designated record set.

**INDIVIDUAL REQUEST FOR PROTECTED HEALTH INFORMATION**

*This form constitutes an individual's request for protected health information (PHI) held by Cedar County. To obtain your PHI this form must be filled out in its entirety.*

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip Code) \_\_\_\_\_

Date of Birth: (Month/Day/Year) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I REQUEST THE COUNTY TO PROVIDE ME ACCESS TO THE FOLLOWING PHI ABOUT ME:

- Mental Health Records
- Medical Records
- Billing Records
- Other \_\_\_\_\_

I REQUEST ACCESS TO MY PHI FOR THE DATES COVERING THE FOLLOWING TIME PERIOD(S):

From: (Month/Day/Year) \_\_\_\_\_ To: (Month/Day/Year) \_\_\_\_\_

I WOULD LIKE TO OBTAIN THE REQUESTED PHI IN THE FOLLOWING FORMAT:

- Electronic sent to the following address: \_\_\_\_\_
- Hardcopy sent to the following address: \_\_\_\_\_
- Summary of requested PHI: \_\_\_\_\_
- On-site inspection

I UNDERSTAND CEDAR COUNTY CHARGES 30 CENTS PER PAGE FOR THE COSTS OF COPYING, OR 20 DOLLARS FOR PRODUCING A SUMMARY OF PHI PLUS APPLICABLE POSTAGE FOR MAILING MY REQUEST.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Authority of the Personal Representative

**NOTICE OF DECISION  
REGARDING INDIVIDUAL REQUEST FOR  
PROTECTED HEALTH INFORMATION**

YOUR REQUEST TO ACCESS THE FOLLOWING PROTECTED HEALTH INFORMATION (PHI),

- Medical Records
- Billing Records
- Other \_\_\_\_\_

FOR PHI COVERING THE DATES OF: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_

IN THE FOLLOWING FORMAT:

- Copies of requested information (Cost \$\_\_\_\_\_.\_\_\_\_)
- Summary of PHI (Cost \$\_\_\_\_\_.\_\_\_\_)
- Inspection of my health information at the Cedar County Courthouse.

HAS BEEN:

- Accepted [*List procedure for receiving copies or a date to inspect the PHI at the facility here*]

\_\_\_\_\_

\_\_\_\_\_

- Denied

Reason for Denial:

- You do not have a right to access the information nor to request a review of this decision as it falls under the following category:
  - o Psychotherapy notes;
  - o PHI requested is related to civil, criminal, or administrative action;
  - o PHI requested is subject to or exempt from the Clinical Laboratory Improvements Amendments of 1988 (CLIA);
  - o You are an inmate and the PHI requested could jeopardize the health, safety, security, custody or rehabilitation of yourself or others;
  - o You have agreed to participate in research and have been notified that this information is restricted while in the course of the research. You may access the information upon completion of the research;
  - o The PHI requested is subject to the Privacy Act;
  - o The PHI requested was obtained from a third party (non-health care provider) under condition of confidentiality.

- Your request has been denied for the following reason: (Note: you may request a review of this decision by following the appeal procedure outlined on the back of this decision)
  - o A licensed Health Care Professional has determined that the access requested is likely to endanger the life or physical safety of yourself or others;
  - o The PHI requested makes reference to someone else and is likely to cause that person serious harm;
  - o As a personal representative it is believed that access to the requested PHI may subject the individual you represent to domestic violence, abuse or neglect or may endanger their life or is not in the best interest of the individual represented.
- Other: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

**REQUEST FOR REVIEWS**

You may have this decision reviewed by sending a written request to: HIPAA Privacy Officer, 400 Cedar St. Tipton, IA 52772. The request must be received within 10 working days from the above date. The review process is described on the reverse.

## **REVIEW PROCEDURE**

The purpose of this section is to describe how County decisions can be reviewed.

- If you disagree with this notice of decision you may seek a review of the decision. Only reviews initiated by you or your personal representative will be evaluated.
- To request a review, you must send a written notice requesting a review within ten (10) working days of receipt of your Notice of Decision. Send your request to HIPAA Privacy Officer, Cedar County, 400 Cedar St. Tipton, IA 52772.
- Within five (5) working days of the receipt of the written request for a review, Cedar County shall send you a written notice informing you of the date, time and place that the review will be conducted.
- A written decision will be issued no later than ten (10) working days after the review proceeding. A copy of that decision will be sent to you and your representative (if applicable). A notice explaining the effect of the decision regarding access to your private health information and your rights regarding any subsequent review will accompany the decision.
- The review proceeding shall be held privately. At any review, you have the right to be present and have an attorney or other advocate accompany and represent you at your own expense. If you cannot afford an attorney, you may contact Legal Services Corporation of Iowa, the Iowa Volunteer Lawyer Project, or Iowa Protection and Advocacy Services, Inc., for assistance.

## **POLICY AND PROCEDURES** **Amending Protected Health Information**

### POLICY

To ensure the accuracy and integrity of individual protected health information (PHI), the County will amend PHI pursuant to the Health Insurance Portability and Accountability Act of 1996. The County will follow the requirements as outlined below.

#### RIGHT TO AMEND §164.526(a) **See Request to Amend Form**

An individual has the right to have the County amend PHI or a record about the individual in a designated record set for as long as the PHI is maintained in the designated record set.

#### DENIAL OF AMENDMENT

The County may deny an individual's request for amendment, if it determines that the PHI or record that is subject to the request:

- 1) Was not created by the County, unless the individual can provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;
- 2) Is not available for inspection under §164.524, or
- 3) Is accurate and complete.

#### REQUEST FOR AMENDMENT AND TIMELY ACTION §164.526(b)

The County must permit an individual to request that the County amend the PHI maintained in the designated record set. The County must require the individual to make the request in writing and to provide a reason to support a requested amendment, provided that it informs the individual in advance of this requirement. The County must act on the individual's request for amendment within 60 days of receiving the request.

If the County is unable to act on the amendment within 60 days, the County may extend the time for such action by no more than 30 days provided the County notifies the individual in writing within the 60 day period and provides the reason for the delay and the date by which the County will complete the action. The County can only have one such extension.

#### ACCEPTING THE AMENDMENT

If the County grants the amendment, in part or whole, it must make the appropriate amendment to the PHI or record or provide a link to the location of the amendment. The County must also inform the individual that the amendment was accepted and have the individual identify and agree to have the County notify the relevant persons with which the amendment needs to be shared.

#### NOTIFYING OTHERS

The County must make reasonable efforts to inform and provide the amendment within a reasonable time to:

- 1) Persons identified by the individual as having received PHI about the individual and needing the amendment; and
- 2) Person(s) including business associated, that the County knows have the PHI that is subject to the amendment and that may have relied, or could foreseeably rely, on such information to the detriment to the individual.

#### DENYING THE AMENDMENT

If the County denies the requested amendment in part or whole, the County must provide the individual within 60 days, a written statement of:

- 1) The basis for the denial;
- 2) The individual's right to submit a written statement disagreeing with the denial and how the individual can file the denial;
- 3) If the individual does not file a written statement of disagreement, the individual has the right to request the County provide the individual's request for amendment and the denial with any future disclosures of PHI that is subject to the amendment; and

- 4) The description of how the individual may file a complaint to the County or to the Secretary. The description must include the name, or title, and telephone number of the County's HIPAA Contact.

#### STATEMENT OF DISAGREEMENT

The County must permit the individual to submit a written statement disagreeing with the denial of all or part of the requested amendment. The statement of disagreement may be no more than two (2) typed or three (3) handwritten pages on 8 1/2 x 11 paper.

#### REBUTTAL STATEMENT

The County may prepare a written rebuttal to the statement of disagreement. If the County rebuts the statement of disagreement a copy must be provided to the individual.

#### RECORDKEEPING

The County must, as appropriate, identify the record or PHI that is subject to the disputed amendment and append or otherwise link the individual's request, the individual's statement of disagreement, the County's denial and the County's rebuttal, if any, to the designated record set.

#### FUTURE DISCLOSURES §164.526(d)(5)

If a statement of disagreement has been submitted by the individual, the County must include material appended or at the election of the County, an accurate summary of any such information, with any subsequent disclosure of the PHI to which the disagreement relates.

If the individual has not submitted a written statement of disagreement, the County must include the individual's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the PHI, if the individual follows the appropriate procedures.

#### ACTIONS ON NOTICES OF AMENDMENT §164.526(e)

If the County is informed by another covered entity of an amendment to an individual's PHI, the County must amend the PHI in designated record sets.

#### DOCUMENTATION §164.526(f)

The County must document titles of the persons or offices responsible for receiving and processing requests for amendments.

#### PROCEDURE

- 1) Have the individual complete the ***Request for Amendment Form***.
- 2) Explain to the individual that the information will be reviewed and a decision will be made on whether the correction is accepted or denied.
- 3) If the amendment is accepted the PHI or designated record set must be amended or appended with the requested amendment.
- 4) County must notify others affected by the amendment, including business partners.
- 5) Explain the individual's right to write a statement of disagreement for any denials and the County's right to rebut the statement of disagreement.
- 6) Place the completed form in the individual's designated record set and give a copy to the individual.
- 7) The County will retain the correction/amendment form for a period of 6 years or longer when required by law.

- 8) Explain to the individual that this information will accompany the designated record set anytime a request is made to release information.
- 9) If a statement of disagreement is filed pursuant to a County denial, attach to the individual's designated record set.
- 10) If a rebuttal statement is provided by the County, attach to the individual's designated record set.

**INDIVIDUAL'S REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION**

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip Code) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date of entry to be amended: \_\_\_\_\_

Type of entry to be amended: \_\_\_\_\_

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Cedar County reserves the right to amend the protected health information based on my request, and the original entry (ies) in the record will not be altered. This request to amend will be made a part of my permanent health care record. I further understand Cedar County may deny my request and I will be informed in writing of any denial.

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Authority of Personal Representative

For County Use Only:

Date Received \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_

If denied, check reason(s) for denial:

\_\_\_\_\_ PHI is accurate and complete

\_\_\_\_\_ PHI was not created at this organization

\_\_\_\_\_ PHI is not part of individual's designated record set

\_\_\_\_\_ Pursuant to federal law PHI is not available to individual for inspection (e.g. psychotherapy notes)

\_\_\_\_\_ If denied, individual was informed of denial in writing

\_\_\_\_\_ If accepted, individual was informed of acceptance

Name/title of Individual processing this request: \_\_\_\_\_

**POLICY AND PROCEDURE**  
**Rights to Request for Privacy Protection of PHI**

POLICY

To ensure the confidentiality of individual protected health information (PHI), the County may disclose PHI to an alternate location or through an alternate means, and/or restrict disclosures of PHI pursuant to the Health Insurance Portability and Accountability Act of 1996. The County will follow the requirements as outlined below.

REQUESTING RESTRICTION §164.522 ***See Request for Restrictions Form***

The County must permit an individual to request that the County restrict: §164.522

- 1) Uses and disclosures of PHI about the individual to carry out treatment, payment or health care operations; and
- 2) Disclosures made to family members pursuant to §164.510.

The County is not required to agree to the restriction. If the County does agree to restrict PHI it must not use or disclose PHI in violation of such restriction, except if the restricted information is needed in an emergency situation. If restricted information is disclosed during an emergency situation the County must request that the health care provider not further use or disclose the restricted information. The County may not agree to a restriction on disclosure of PHI if the HIPAA privacy provisions require the disclosure.

TERMINATING A RESTRICTION §164.522(a)(2)

The County may terminate its agreement to a restriction, if:

- 1) the individual agrees to or requests the termination in writing;
- 2) The individual orally agrees to the termination and the oral agreement is documented; or
- 3) The County informs the individual that it is terminating its agreement to a restriction, except that such termination is only effective with respect to PHI created or received after it has so informed the individual.

CONFIDENTIAL COMMUNICATIONS §164.522(b) ***See Request for Confidential Communications Form***

A County Department which is considered a health plan must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of PHI by alternate means and at alternate locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual.

However,

A County Department which is considered a health care provider must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of PHI from the County by alternate means or at alternate locations. These Departments cannot require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.

CONDITIONS ON PROVIDING CONFIDENTIAL COMMUNICATIONS

The County may require an individual to make a request for a confidential communication in writing. The County may condition the provision of a reasonable accommodation on:

- 1) When appropriate, information on how payment, if any, will be handled; and
- 2) Specification of an alternate address or other method of contact.

PROCEDURE

- 1) Explain that requests for Restrictions or Confidential Communications must be in writing and provide the individual with appropriate forms. ***See Request for Restriction or Request for Confidential Communications.***
- 2) When reasonable change communications to alternate means or location.
- 3) Retain documentation by placing copies of the ***Request for Restrictions*** and/or ***Request for Confidential Communications*** in the individual's designated record set (File).
- 4) When a request is accommodated, all employees who provide services to the individual will receive information regarding the restriction and/or confidential communication requirements and will be expected to adhere to them.

REQUEST FOR CONFIDENTIAL COMMUNICATIONS  
ALTERNATIVE MEANS OR LOCATION

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip Code) \_\_\_\_\_

Date of Birth: (month/day/year) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

I REQUEST THE COUNTY TO COMMUNICATE CONFIDENTIAL INFORMATION TO ME IN THE FOLLOWING MANNER:

Telephone communication at the following telephone number: \_\_\_\_\_

- \_\_\_\_\_ Leave a message on an answering machine at this number
- \_\_\_\_\_ Do not leave a message on an answering machine at this number

Written communication to be mailed to the following address:  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

I further understand that the County may condition its acceptance of these conditions upon how payment for services will be made or upon my providing an alternative address or other method of contact.

\_\_\_\_\_  
Signature of Individual Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

\_\_\_\_\_  
Signature of Personal Representative Date

\_\_\_\_\_  
Legal authority of Personal Representative

For County Use:

- \_\_\_\_\_ Accept request for alternative communication
- \_\_\_\_\_ Reject request for alternative communication. Reason rejected: \_\_\_\_\_

Name/Title of individual processing this request: \_\_\_\_\_

Date request processed: \_\_\_\_\_

INDIVIDUAL REQUEST FOR RESTRICTION OF INFORMATION

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip code) \_\_\_\_\_

Date of Birth: (Month/Day/Year) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

I REQUEST THAT THE FOLLOWING INFORMATION BE RESTRICTED:

- Mental Health Records
- Medical Records
- Billing Records
- Other \_\_\_\_\_

I REQUEST THE ABOVE INFORMATION BE RESTRICTED FROM THE FOLLOWING PERSON OR ENTITY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Individual Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

\_\_\_\_\_  
 Signature of Personal Representative Date

\_\_\_\_\_  
 Legal Authority of the Personal Representative

## **POLICY AND PROCEDURE Accounting Of Disclosures**

### POLICY

The County acknowledges an individual's right to an accounting of disclosures made by the County. The County will provide this accounting pursuant to the Health Insurance Portability and Accountability Act of 1996. The County will follow the requirements as outlined below.

#### RIGHT TO AN ACCOUNTING OF PHI §164.528(a)(1)

An individual has the right to receive an accounting of disclosures of protected health information (PHI) made by the County in the 6 years prior to the date on which the accounting was requested, except for disclosures:

- 1) To carry out treatment, payment and health care operations;
- 2) To individuals of PHI about them;
- 3) Incident to a use or disclosure otherwise permitted;
- 4) Pursuant to an authorization;
- 5) For national security;
- 6) To correctional institutions or law enforcement officials;
- 7) As part of a limited data set; or
- 8) If it occurred prior to the compliance date for the County.

The County must temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency or law enforcement official, at the request of a health oversight agency or law enforcement official, if they provide a written statement that such accounting would be reasonably likely to impede the agency's action. In addition, they must also state a time for which the suspension is required. If the statement is given orally the County must document the statement including the agency's or official's identity and the suspension cannot be longer than 30 days.

#### CONTENT OF THE ACCOUNTING §164.528(b)

The County must provide the individual with a written accounting that includes the disclosures of PHI that occurred during the past 6 years (or shorter period if requested by the individual) prior to the date of the request for accounting, including disclosures to or by business associates of the County. The accounting must include the following for each disclosure:

- 1) Date of the disclosure;
- 2) Name of the entity or person who received the PHI and, if known, the address of such entity or person;
- 3) Brief description of the PHI disclosed; and
- 4) Brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of a written request for the disclosure.

If, during the period covered by the accounting, the County has made multiple disclosures of PHI to the same person or entity for a single purpose, the accounting may, with respect to such multiple disclosures, provide the information listed above for the first disclosure. In addition, the County shall provide the frequency, periodicity or number of disclosures made during the accounting period and the date of the last such disclosure during the accounting period.

#### PROVISION OF THE ACCOUNTING §164.528(c)

The County must act on the individual's request for an accounting, no later than 60 days after the request is made, as follows:

- 1) Provide the individual with an accounting;

- 2) If the County is unable to provide the accounting within the time required, the County can extend the time to provide the accounting by no more than 30 days if the County provides the individual with a written statement with the reason for the delay and the date by which the County shall provide the accounting. The County may only have one extension.

The County must provide the first accounting to an individual for any 12 month period without charge. The County will impose a fee of \$.30 per page for subsequent requests for an accounting by the same individual within the 12 month period, provided that the County informs the individual in advance of the fee and provides the individual with an opportunity to withdraw or modify the request.

DOCUMENTATION §164.528(d)

The County must document and retain the documentation which includes the written accounting provided to the individual and the titles of the person or offices responsible for receiving and processing requests for an accounting.

PROCEDURE

- 1) Provide the individual with a ***Request for Accounting Form***.
- 2) Provide the necessary disclosures to the individual.
- 3) Retain documentation to be included in the individual's designated record set.

REQUEST FOR ACCOUNTING OF DISCLOSURES

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip Code) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

I REQUEST AN ACCOUNTING OF ALL DISCLOSURES FOR THE FOLLOWING TIME PERIOD: (note: the maximum time period that can be requested is six years prior to the date of your request but not for time periods prior to April 14, 2003):

From: (Month/Day/Year)\_\_\_\_\_ To: (Month/Day/Year) \_\_\_\_\_

I REQUEST THE ACCOUNTING BE SENT TO THE FOLLOWING ADDRESS:

I understand that there is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, the charge is \$.30 per copied page.

I UNDERSTAND THE FOLLOWING: (check one)

\_\_\_\_\_ There is no fee for this request

\_\_\_\_\_ There is a fee for this request

**I UNDERSTAND THE ACCOUNTING I HAVE REQUESTED WILL BE PROVIDED TO ME WITHIN 60 DAYS OF THIS REQUEST UNLESS I AM NOTIFIED IN WRITING THAT AN EXTENSION OF UP TO 30 DAYS IS NEEDED.**

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE:

Signature of Personal Representative

Date

Legal Authority of the Personal Representative

*For County Use:*

Date request received: \_\_\_\_\_ Date accounting sent: \_\_\_\_\_

Extension requested: \_\_\_\_\_ No \_\_\_\_\_ Yes - If yes, give reason: \_\_\_\_\_

\_\_\_\_\_ Individual notified in writing of extension

Name of individual processing request: \_\_\_\_\_



**POLICY AN PROCEDURES**  
**Business Associate Agreements**

POLICY

In order to conduct business and perform health care operations while at the same time ensuring confidentiality of protected health information (PHI), the County will enter into agreements or memorandums of understanding with all Business Associates as defined under the Health Insurance Portability and Accountability Act of 1996. The County will follow the standards and requirements outlined below.

The County will obtain assurances that the Business Associate will safeguard PHI that the County discloses to it or it receives or creates on behalf of the County. An agreement between the County and a Business Associate will establish the permitted uses and disclosures of PHI. However, the agreement will not allow the Business Associate to use or further disclose PHI in violation of the HIPAA privacy provisions, except that the Business Associate may use and disclose PHI for the following purposes: §164.504(e)

- 1) Management and administration of the business associate,
- 2) Legal responsibilities, or
- 3) Data aggregation services relating to the health care component of the County.

*\*If the Business Associate, pursuant to the law or the agreement, uses or discloses PHI it receives, the Business Associate must obtain reasonable assurances from the person(s) to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law.*

The agreement between the County and the Business Associate will also provide that the Business Associate will:

- 1) Agree not to use or further disclose PHI other than as permitted or required by law;
- 2) Agree to use appropriate safeguards to prevent use or disclosure of the PHI;
- 3) Agree to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of an unlawful use or disclosure of PHI by Business Associate;
- 4) Agree to report to the County any use or disclosure of the PHI not provided for by the agreement;
- 5) Agree to ensure that any agents, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of the County agrees to the same restrictions and conditions that apply to the Business Associate with respect to such information;
- 6) Agree to provide the County with access to PHI in a designated record set, in the time and manner designated by the County or, as directed by the County, to an individual; §164.524
- 7) Agree to make any amendment(s) to PHI in a designated record set at the request of the County or an individual, and in the time and manner designated by the County;
- 8) Agree to make internal practices, books and records relating to the use and disclosure of PHI received from the County available to the County or to the Secretary, in a time and manner designated by the County or the Secretary, for purposes of determining County compliance;
- 9) Agree to document such disclosures of PHI as would be required for County to respond to a request by an individual for an accounting of disclosures of PHI; §164.528
- 10) Agree to provide to the County or an individual, in time and manner designated by the County, information required for an accounting of disclosures of PHI. §164.528

TERMINATION OF AN AGREEMENT

In addition, the Business Associate shall agree to the following:

- 1) At termination of the agreement, if feasible, return or destroy all PHI received from, or created or received by the Business Associate on behalf of the County that the Business Associate still maintains in any form and retain no copies of such information. If return or destruction is not feasible, the protections of the agreement shall be extended and further uses and disclosures limited.
- 2) Authorize termination of the agreement by the County, if the County determines that the Business Associate has violated a material term of the agreement.

OTHER ARRANGEMENTS

The County can enter into a Memorandum of Understanding, containing the preceding conditions, with the Business Associate, if both entities are governmental entities.

GROUP HEALTH PLANS

The County may disclose summary health information to a plan sponsor.

PROCEDURE

OUTGOING AGREEMENTS

- 1) In consultation with the County Privacy Officer, Department Heads or their designee will review existing and new relationships with agencies and individuals who are not members of The County workforce to determine if the relationship will require the use and/or disclosure of protected health information and therefore be classified as a Business Associate under HIPAA.
- 2) The Privacy Officer will keep a master list of all Business Associates, and a file of Business Associate Agreements. Once an agency has been determined to need a Business Associate Agreement, an add/delete form will be filled out stating which County Department is involved in the Business Associate Agreement, the name, address and contact person for the Business Associate, and the type of business engaged in between The County Department and the Business Associate. The form will be signed by the Department Head or their designee.
- 3) Because all Agreements are between The County and the Business Associate, the Privacy Officer will generate and send Agreements to Business Associates, and will track all Agreements.
- 4) When a County Department no longer has a contract with a Business Associate, the County Department must fill out an add/delete form as stated in Section (2) above, marking that the Business Associate is no longer under contract with that Department. The County Privacy Officer will then remove that office from the list of offices involved in contract with the Business Associate.
- 5) At such time as there are no County Departments involved in contracts with the Business Associate, the Privacy Officer will generate a letter to the Business Associate outlining the termination of the Agreement and requesting either the return, destruction or other means of securing the PHI as outlined in the Agreement.
- 6) The Privacy Officer will monitor the return or destruction of PHI used, created or obtained by the Business Associate on behalf of The County upon termination of the Agreement.
- 7) The Privacy Officer will ensure that any complaints regarding privacy violations on the part of the Business Associate are reviewed and in consultation with the Department Head(s), who have contracts with the Business Associate, will make recommendations to the Oversight Committee regarding termination of Agreements.
- 8) The Privacy Officer will follow the Decision of the Oversight Committee and in the event that termination of an Agreement is recommended will ensure that the procedures in Sections (5-6) are completed.

INCOMING AGREEMENTS

- 1) All incoming Business Associate Agreements sent to The County will be reviewed by the Privacy Officer and the Department Head, or their designee. If the Privacy Officer and the Department Head, or their designee, agree that The County is a Business Associate of the sending agency the Agreement will be forwarded by the Privacy Officer to the County Attorney's office for review. Upon review and approval of the Business Associate Agreement by the County Attorney's office the Privacy Officer will sign and return the Agreement to the sending

agency. The Privacy Officer will file a copy of the Agreement and forward a copy to the County Department to which the agreement was sent.

2) If the County Attorney's office does not approve the signing of the Business Associate Agreement, they will inform the Department Head and the Privacy Officer of why they feel the Agreement should not be signed. The Department Head, or their designee, will then contact the sending agency to explain why The County is not able to sign the agreement. It will be the Department Head's, or their designee's, responsibility to mediate an agreement which will satisfy the needs of The County and the sending agency as per the counsel of the County Attorney's Office.

**Business Associate Agreement**  
Cedar County, Iowa

This Agreement is effective on \_\_\_\_\_, and is made by and between Cedar County, Iowa, (referred to as "The County"), and \_\_\_\_\_, ("Business Associate").

The County and Business Associate hereby make this Agreement, in order to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), and of the applicable parts of the Code of Federal Regulations ("CFR") as promulgated or to be promulgated by the Secretary of Health and Human Services (the "Secretary").

1. Definitions: Capitalized terms not otherwise defined in the Agreement shall have the meanings given to them in HIPAA and the applicable parts of the CFR and are incorporated herein by reference.

2. Use and Disclosure of Protected Health Information: Business Associate shall use and/or disclose Protected Health Information ("PHI") only to the extent necessary to satisfy Business Associate's obligations under its service contract with The County.

3. Prohibition on Unauthorized Use or Disclosure of PHI: Business Associate shall not use or disclose any PHI received from or on behalf of The County except as permitted or required by its service contract with The County, as required by law or as otherwise authorized in writing by The County. Business Associate shall comply with: (a) HIPAA and the applicable parts of the CFR; (b) State laws, rules and regulations applicable to PHI not preempted by HIPAA and the CFR; and (c) The County's health information privacy and security policies and procedures.

4. Business Associate's Operations: Business Associate may use PHI it creates or receives for or from The County only to the extent necessary for Business Associate's proper management and administration or to carry out Business Associate's legal responsibilities. Business Associate may disclose such PHI as necessary for Business Associate's proper management and administration, or to carry out Business Associate's legal responsibilities only if:

(a) The disclosure is required by law; or

(b) Business Associate obtains reasonable assurance, evidenced by written contract, from any person or organization to which Business Associate shall disclose such PHI that such person or organization shall:

(i) Hold such PHI in confidence and use or further disclose it only for the purpose for which Business Associate disclosed it to the person or organization or as required by law; and

(ii) Notify Business Associate (who shall in turn promptly notify The County) of any instance of which the person or organization becomes aware in which the confidentiality of such PHI was breached.

5. PHI Safeguards: Business Associate shall develop, implement, maintain and use appropriate administrative, technical and physical safeguards to prevent the improper use or disclosure of any PHI received from or on behalf of The County. Such safeguards shall include those necessary to preserve the integrity and confidentiality of all electronically maintained or transmitted Health Information received from or on behalf of The County pertaining to an individual. Business Associate shall document and keep these safeguards current.

6. Subcontractors and Agents: Business Associates shall require each of its subcontractors or agents to whom Business Associate may provide PHI received from, created or received by Business Associate on behalf of The County to agree to written contractual provisions which impose at least the same obligations to protect such PHI as are imposed on Business Associate by this Agreement and which will insure compliance with HIPAA and the applicable parts of the CFR.

7. Access to PHI: Business Associate shall provide access, at the request of The County, to PHI in a Designated Record Set, to The County or, as directed by The County, to an Individual in order to meet the requirements of HIPAA and the applicable parts of the CFR and applicable State law. Business Associate shall act on a request for access within 30 days of receiving the request if the information is maintained or accessible on-site. The Business Associate must act on a request for access within 60 days of receiving the request if the information is not maintained or accessible on-site. The county may extend the deadline by no more than 30 days.

8. Amending PHI: Business Associate shall make any amendment(s) to PHI in a Designated Record Set that The County directs or agrees to pursuant to HIPAA and the applicable parts of the CFR at the request of The County or an Individual. The Business Associate must act on the request for amending PHI within 60 days of receiving the request. The County may extend the time to amend PHI by 30 days, provided they are informed by the Business Associate within 60 days of the inability to amend PHI in the 60 day time period.

9. Accounting of Disclosures of PHI:

(a) Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for The County to respond to a request by an individual for an accounting of disclosures of PHI in accordance with HIPAA and the applicable parts of the CFR.

(b) Business Associate agrees to provide The County or an Individual, within 60 days of a request, information collected in accordance with section 9(a) above, to permit The County to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with HIPAA and the applicable parts of the CFR. The County may extend the time to comply by 30 days.

10. Access to Books and Records: Business Associate shall make available all records, books, agreements, policies and procedures relating to the use and/or disclosure of PHI received from, created by, or received by Business Associate on behalf of The County, to The County and the Secretary for purposes of determining County's compliance with HIPAA Privacy Provisions.

11. Reporting: Business Associate shall report to The County any use or disclosure of PHI not authorized by this Agreement or in writing by The County. Business Associate shall submit, in writing, the report to The County's Privacy Officer post marked not less than 24 hours after Business Associate learns of such unauthorized use or disclosure. Business Associate's report shall at least: (a) identify the nature of the unauthorized use or disclosure; (b) identify the PHI used or disclosed; (c) identify who made the unauthorized use or received the unauthorized disclosure; (d) identify what Business Associate has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure; (e) identify what corrective action Business Associate has taken or shall take to prevent future similar unauthorized use or disclosure; and (f) provide such other information, in a written report, as reasonably requested by The County Privacy Official. Report should be mailed to: Cedar County Privacy Officer, Courthouse, 400 Cedar Street, Tipton, Iowa 52772-1750, or Faxed to (563) 886-3339.

12. Mitigation: Business Associate agrees to mitigate, to the extent practicable, any harmful effect which is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

13. Termination for Cause: At such time as The County becomes aware of a material breach by Business Associate, The County shall:

(a) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate if Business Associate does not cure the breach or end the violation within the time specified by The County.

(b) Immediately terminate the Agreement if Business Associate has breached a material term of the Agreement and cure is not possible.

(c) If neither termination nor cure is feasible, The County shall report the violation to the Secretary.

14. Return or Destruction of Health Information:

(a) Except as provided in Section 14(b) below, upon termination, cancellation, expiration or other conclusion of its service contract with The County, Business Associate shall return to The County or destroy all PHI received from The County, or created or received by Business Associate on behalf of The County. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

(b) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to The County notification of the conditions that make return or destruction infeasible. Upon verification by The County that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further use and disclosure of PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

15. Automatic Amendment: Upon the effective date of any amendment to HIPAA and/or the regulations promulgated by HHS with respect to PHI, this Agreement shall automatically be amended to remain in compliance with HIPAA and/or such regulations.

16. Failure to Sign: Failure by Business Associate to sign and return Business Associate Agreement within 30 days, unless extended by up to 30 days by The County, may result in the disruption or termination of service contract.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf effective as of \_\_\_\_\_, 20\_\_\_\_.

THE COUNTY

BUSINESS ASSOCIATE

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## **POLICY AND PROCEDURES**

### **Workforce Confidentiality**

#### POLICY

To ensure that personal health information (PHI) is protected, the County will educate and train all employees on the privacy provisions of the Health Insurance Portability and Accountability Act of 1996. The County will support and require the following items.

#### COUNTY PRINCIPLES

- 1) All County employees and persons associated with the County are responsible for protecting the confidentiality of all PHI that is obtained, handled, learned, heard or viewed in the course of their work or association with the County.
- 2) PHI shall be protected during its collection, use, storage and destruction within the County.
- 3) Use or disclosure of personal health information is acceptable only in the discharge of one's responsibilities and duties and based on the need to know. Discussion regarding PHI should not take place in the presence of persons not entitled to such information or in public places.
- 4) The execution of an employee confidentiality agreement (**see Employee Confidentiality Agreement**) is required as a condition of employment/contract/association/ appointment with the County. All County employees and persons associated with the County are to sign the confidentiality agreement at the commencement of their relationship with the County. County employees are to sign a confidentiality agreement on an annual basis.
- 5) Unauthorized use or disclosure of confidential information will result in disciplinary action based on procedures as outlined in the Cedar County Employee Handbook section IV-5.
- 6) All individuals who become aware of a use or disclosure of PHI that violates the HIPAA privacy provisions are to follow the County's reporting procedures.

#### PROCEDURE

- 1) An allegation of a breach of confidentiality of PHI may be made to the Cedar County HIPAA Privacy Officer. Any individual receiving an allegation of a breach of confidentiality or having knowledge or a reasonable belief that a breach of confidentiality of PHI may have occurred should immediately notify the County privacy officer.
- 2) The County privacy officer will decide whether to proceed with an investigation. It may be decided that a complaint does not require investigation if:
  - a) The length of time that has elapsed since the date of complaint makes an investigation no longer practicable or desirable.
  - b) The subject matter of the complaint is trivial or not made in good faith or is frivolous.
  - c) The circumstances of the complaint do not require investigation.
- 3) If the decision is made to proceed with an investigation, it is the responsibility of the County's privacy officer to investigate the allegation and consult appropriate resources to make a determination if a breach of confidentiality of PHI has been made.
- 4) If a breach of confidentiality of PHI has occurred, the appropriate disciplinary action will be taken.

- 5) All incidents of a breach of confidentiality of PHI will be documented and filed with the County's privacy officer.

Training

- 1) All new employees will receive privacy training as a component of their orientation to Cedar County.
- 2) All members of Cedar County's workforce will receive retraining if policies and procedures change and as necessary.
- 3) All privacy training provided to members of the workforce will be documented and maintained in personnel records.
- 4) Documentation of privacy training is maintained by the Privacy Officer according to the requirements of the Privacy Rule and file in the personnel files as appropriate.
- 5) Annual Training
- 6) Annual confidentiality agreement will be distributed on April 1 of each year.
- 7) New Hire HIPAA training will be the responsibility of the Department Head.

EMPLOYEE CONFIDENTIALITY AGREEMENT

I, the undersigned, have read and understand County policy on "Workforce Confidentiality Policy." In consideration of my employment or association with County and as an integral part of the terms and conditions of my employment or association, I hereby agree that I will not at any time, during my employment or after my employment or association ends, access or use protected health information, or reveal or disclose to any persons within or outside County, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable local, state or federal laws governing proper release of information.

I also understand that unauthorized use or disclosure of protected health information will result in disciplinary procedures as outlined in the Cedar County Employee Handbook Section IV-5 and the possible imposition of fines pursuant to applicable state and federal laws.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department

I have discussed the Workforce Confidentiality Policy and the consequences of a breach with the above named.

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

## **POLICY AND PROCEDURE Compliance Violations**

### POLICY

The County believes that an effective system of communication is important in identifying compliance violations of the privacy standards adopted by the County to protect the health information (PHI). To encourage communication of compliance concerns by members of the workforce and other agents doing business with the County, the County has implemented a reporting system that permits the workforce and other agents to report concerns openly or anonymously, verbally or in writing, in accordance with established procedures.

The County will make every reasonable effort to protect the identity of a reporting employee, unless the employee permits the County to reveal their identity. No disciplinary action or retaliation will be taken against an employee who makes a good faith report of a compliance concern. Any individual who retaliates against an employee for reporting a compliance concern will be subject to disciplinary action.

### PROCEDURE

#### REPORT OF CONCERN

A report of concern may be made by anyone having knowledge or information about a known or suspected violation of the County's privacy standards or the laws and regulations governing the County. Reports may be made verbally or in writing to the County privacy officer. All reports, whether verbal or written, will be documented on the *Confidential Report of Concern*.

#### REPORTING SYSTEM

Reports of compliance concerns can be made in any one of the following ways:

- 1) Verbal report by a named individual, in person or by telephone, made to the County privacy officer.
- 2) Written report by a named individual, by use of the ***Confidential Report of Concern***, submitted to the County privacy officer.
- 3) Anonymous telephone report by an unidentified individual made to the County Privacy Officer.
- 4) Anonymous written report by an unidentified individual submitted by mailing a completed ***Confidential Report of Concern*** to the County privacy officer at the County's address.

#### INVESTIGATION OF REPORTS

The County privacy officer will investigate each report of concern. The findings of an investigation prompted by a report of concern will be recorded on the *Compliance Report Investigation Form* within five working days of the report.



Name(s) of other person(s) having knowledge of the incident: \_\_\_\_\_

\_\_\_\_\_

Department where the incident occurred: \_\_\_\_\_

\_\_\_\_\_

Date(s) of the incident: \_\_\_\_\_

\_\_\_\_\_

Explanation of how you became aware of the suspected violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach or describe any documents that support your concern (include a description of the documents, the identity of the persons who wrote the documents, the dates of the documents, and the location of the documents).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RETURN COMPLETED FORM TO:**

Cedar County Courthouse

Privacy Officer

400 Cedar Street

Tipton, Iowa 52772

(563) 886-2170



**HYBRID ENTITY DESIGNATION**

The County has been designated as a Hybrid Entity. The following county departments and offices have been designated as healthcare components of the County and thus are subject to the HIPAA privacy provisions:

Board of Supervisors	Case Management Office
Central Point of Coordination Office	County Attorney's Office
Veterans Affairs	Sheriff's Office
General Relief Office	Engineer's Office
Public Health Office	Information System's Office
Auditor's Office	New Horizon Residential

The following county departments and offices have not been designated as healthcare components of the County and thus are not subject to the HIPAA privacy provisions:

Recorder's Office	Environmental/Zoning Office
Treasurer's Office	Assessor's Office
Conservation Office	Solid Waste Dept.
Emergency Management Office	

The County must ensure that if a member of its workforce performs duties for both a healthcare component and another office or department, that person may not use or disclose PHI created or received in the course of or incident to the member's work for the healthcare component.

**WORKFORCE DESIGNATION**

The County must identify: §164.514(d):

- 1) Those persons or classes of persons, as appropriate, in its workforce who need access to protected health information (PHI) to carry out their duties; and
- 2) For each such person or class of persons, the category or categories of protected health information to which access is needed and any conditions appropriate to such access.

The following designations have been made:

<b>Position/Job Title</b>	<b>PHI Access Required for Job Functions?</b>  <b>Yes/No</b>	<b>Category or Categories of PHI to be accessed</b>	<b>Conditions of access to PHI</b>
<b>Auditor Office</b>			
County Auditor	Yes	Name; DOB; Address; Phone Numbers; Health insurance claims information including: Claim Number; Social Security Number; Provider; Diagnosis; Prognosis; Claim amount; Dr. Notes	Workmen’s Compensation; FMLA; Other Leaves of Absence; Health Insurance Issues; Personnel Issues; Mental Health claims; Veterans Affairs claims; General Assistance medical claims; Employee Physicals
Deputy Auditor	Yes	Name; DOB; Address; Phone Numbers; Health insurance claims information including: Claim Number; Social Security Number; Provider; Diagnosis; Prognosis; Claim amount; Dr. Notes	Workmen’s Compensation; FMLA; Other Leaves of Absence; Health Insurance Issues; Personnel Issues; Mental Health claims; Veterans Affairs claims; General Assistance medical claims; Employee Physicals
Auditor’s Office Clerk	No	None	None
<b>Community Services</b>			
CPC Administrator	Yes	Disability documentation; Financial information; Past service history; Progress reports from service providers; Identifying information such as Name; Social Security Numbers; Address; Age; Sex; and other information in medical and service records; Verbal updates at meetings; Case Management Reports	Determining initial and continuing eligibility for service funding; Authorizing funding; Referral of services; Payment of services; Monitoring of services; Promotion

Administrative Assistant	Yes	Name; Age; Address; Sex; Social Security Numbers; Other information in medical and service records; Disability documentation; Financial information; Progress Reports	Sending out 6 month review forms; Enter consumer data into State Comis System; Authorize service in absence of CPC Administrator
<b>Case Management</b>			
Director	Yes	Treatment records; Demographic Information; Payment Information; Healthcare Operations Information; Reports and Updates	Maintaining a Record that is compliant with Chap. 24 code; Coordinating and Monitoring services to consumers; Service eligibility determination; Reviewing records for compliance of codes; Policies & Procedures development; Employee review activities
Case Managers	Yes	Treatment records; Demographic Information; Payment Information; Healthcare Operations Information; Reports and Updates	Maintaining a Record that is compliant with Chap. 24 code; Coordinating and Monitoring services to consumer; Service eligibility determination
Office Manager	Yes	Demographic Information; Records containing medical information; Payment Information; Treatment Information	Billing; Filing of reports into the Record; Printing progress summaries for records; Handling mailed reports from other agencies; Mailing reports to TEAM members and agencies; Receiving and Directing phone calls into the office
ISAC County Case Management Services – Technical Assistance	Yes	Treatment Information; Demographic Information; Payment Information; Healthcare Operation Information	Quality assessment activities; Compliance reviews for Chap. 24;
Quality Assurance Specialist – State of Iowa Accreditation of Program	Yes	Treatment records; Demographic Information; Payment Information; Health Care Operation Information	Quality assessment activities; Compliance reviews for Chap. 24; Licensing of Program
Board of Supervisors	Yes	Demographic Information; Payment Information; Treatment Information	Authorization of funding for services; Discussion of employee activities in regards to consumers and services providers

<b>Engineers Office (secondary Roads)</b>			
County Engineer	Yes	Employee Demographic Information; Pre-Employment physical results; Hearing test results; Sick Leave records; Workmen's Compensation records; Drug screening results	Determination for hiring applicants; Determine corrective measures for employee hearing loss; Drug and Alcohol testing for CDL & safety; FMLA determination; Determine work restrictions
Assistant County Engineer	Yes	Employee Demographic Information; Pre-Employment physical results; Hearing test results; Sick Leave records; Workmen's Compensation records; Drug screening results	Determination for hiring applicants; Determine corrective measures for employee hearing loss; Drug and Alcohol testing for CDL & safety; FMLA determination; Determine work restrictions
Administrative Manager	Yes	Employee Demographic Information; Pre-Employment physical results; Hearing test results; Sick Leave records; Workmen's Compensation records; Drug screening results	Determine if applicant can perform job duties; Drug & Alcohol testing for CDL & safety; Determine corrective measures for employee hearing loss; FMLA determination; Determine work restrictions; Submit workmen's comp to Insurance Carrier and OSHA log
Road Foreman	Yes	Hearing tests; Sick Leave records; Doctor's slips; Demographic Information	Determine safety precautions for employees; Determine ability of employee to work on various crews; Determine work restriction or work release
Superintendent	Yes	Hearing tests; Sick Leave records; Doctor's slips; Demographic Information	Determine safety precautions for employees; Determine ability of employee to work on various crews; Determine work restriction or work release

<b>General Relief</b>			
Director	Yes	Demographic Information including: Name; Age; Address; Social Security Number; Phone Numbers; Names of family members; Education; Employment history; Income; Other assistance received such as: Food Stamps, Medicare (including numbers); Medicaid (including numbers); Medical records including: Account numbers; Diagnosis; Billing statements; Treatments; Mental Health Records including: Account numbers; Diagnosis; Medications; Treatments	Determining eligibility for Medical Relief; Determining eligibility for State Papers; Determining eligibility for County Clinical Papers; Authorizing payment for medical services, medication and medical equipment under General Relief or County Clinic payment agreements; Determining eligibility for State Psychiatric Papers; Authorizing payment for funeral expenses
<b>Commission on Veterans Affairs</b>			
Director/Secretary & Veterans Commissioners	Yes	Demographic Information including: Name; Age; Address; Social Security Number; Military Service Number; Phone Numbers; Names of family members; Education; Employment history; Income; Other assistance received such as: Food Stamps, Medicare (including numbers); Medicaid (including numbers); Medical records including: Account numbers; Diagnosis; Billing statements; Treatments; Mental Health Records including: Account numbers; Diagnosis; Medications; Treatments; Military service records	Determining eligibility for Medical Relief; Authorizing payment for medical services, medication and medical equipment under General Relief; Reviewing applications to the Veterans Administration Home in Marshalltown; Reviewing applications for Veterans Hospitals and Medical benefits; Reviewing applications for VA Compensation & Pension Claims; Authorizing payment for funeral expenses; Reviewing applications for other VA benefits which may require disclosure by the Veteran of medical information

<b>Sheriff's Department</b>			
Sheriff	Yes	Demographic; Social Security Numbers; Operator License Number; Physical description; All medical needs; Medication taken; Psychological needs; Photos; Finger prints; Occupation; Income; Religion; Schools attended; Scars & Tattoos; Piercing; Medical records	Book in process of the Jail; Classification of Inmates; Determining inmate care needs; Reports to FBI & DCI; Assist in locating individuals; Court proceedings; Determining need for Court Appointed Attorney; Dietary needs
Chief Deputy	Yes	As above	As above
Correctional Officers	Yes	As above	As above
Communication Specialists	Yes	Driver's licenses; DOB; Name; Criminal history; Location (911); Medical needs; Social Security Numbers; Height & Weight; Hair and Eye color; Address;	Warrants & Cases; Fire Calls; 911 Calls; Missing Persons; Protective Orders; Jail Sheets; Data Entry to NCIC system
Office Manger	Yes	Driver's licenses; DOB; Name; Criminal history; Location (911); Medical needs; Social Security Numbers; Height & Weight; Hair and Eye color; Address; Medical bills	As above
Chief records clerk	Yes	As above; Demographic Information	As above; Finger print records
Deputies	Yes	Demographic; Social Security Numbers; Operator License Number; Physical description; All medical needs; Medication taken; Psychological needs; Photos; Finger prints; Occupation; Income; Religion; Schools attended; Scars & Tattoos; Piercing; Medical records; Driver's licenses; DOB; Name; Criminal history; Location (911); Medical needs; Social Security Numbers; Height & Weight; Hair and Eye color; Address;	Criminal Investigation; Accident Investigation; Case Work;

<b>Public Health</b>			
Administrator	Yes	Clinical Records; Financial Information; Billing Files	Agency operations; Quality assurance; Determining charges on a sliding fee Scale; Oversight
Nurses	Yes	As above	Patient care; Recording & Maintaining records; Quality assurance; Billing
Home Care Supervisor	Yes	As above	Patient care; Scheduling; Oversight; Billing
Home Care Aides	Yes	Home Care Aide Documentation	Complete record of Patient Care
Office/Clerical Staff	Yes	Clinical Record; Financial Information; Billing Files	Billing; Data Entry and Transmission; Intra Agency Communication;
<b>New Horizons Residential</b>			
Administrator	Yes	Medical Files; Personnel Files; Financial Records; Demographic Information	Treatment of Residents; Billing of Services; Healthcare Operations
Assistant Administrator	Yes	Medical Files; Personnel Files; Financial Records; Demographic Information	Treatment of Residents; Billing of Services; Healthcare Operations
Nursing Department	Yes	Medical Chart; Demographic Information	Treatment of Residents; Healthcare Operations
Dietary Department	Yes	Dietary Needs; Medical Chart	Assuring dietary needs are met; Communication between facility and outside entities such as physicians
Transportation Department	Yes	Medical Chart; Demographic Information	Communication between Facility and outside entities such as physicians
Housekeeping Department	Yes	Medical Chart; Demographic Information	Communication between facility and outside entities such as physicians
<b>Information Systems</b>			
Data Processing Systems Coordinator	Yes	Names; Addresses; Dates; Telephone Numbers; Fax Numbers; Vehicle Identifiers; Biometrics; Web URLs; Social Security Numbers; Other identifying codes or characters; Medical Records; Health Plan beneficiary information; Account Numbers; Certificate/License Numbers; Device identifiers and serial numbers; IP Addresses; Photographic Information	Computer system maintenance

<b>County Attorney's Office</b>			
County Attorney	Yes	Names; Addresses; Dates; Telephone Numbers; Fax Numbers; Vehicle Identifiers; Biometrics; Web URLs; Social Security Numbers; Other identifying codes or characters; Medical Records; Health Plan beneficiary information; Account Numbers; Certificate/License Numbers; Device identifiers and serial numbers; IP Addresses; Photographic Information	Persecution of crimes; Mental health and Substance abuse Commitments; Legal advise to elected officials and Department heads; Human resource matters
Assistant County Attorney	Yes	As above	As above
Secretary	Yes	As above	As above
Paralegal	Yes	As above	As above
<b>Board of Supervisors</b>			
Cedar County Board of Supervisors	Yes	Names; Addresses; Dates; Telephone Numbers; Fax Numbers; Vehicle Identifiers; Biometrics; Web URLs; Social Security Numbers; Other identifying codes or characters; Medical Records; Health Plan beneficiary information; Account Numbers; Certificate/License Numbers; Device identifiers and serial numbers; IP Addresses; Photographic Information	Board proceedings; Board Minutes; Discussions of Healthcare needs for employees; Discussions of funding and healthcare needs of consumers; Discussion on insurance billing and payment
Board Secretary	Yes	As above	As above

*The County must make reasonable efforts to limit the access of such persons or class of persons identified in this designation.*

THIS PAGE BLANK

ORIGINALLY APPROVED AND ADOPTED THE 10<sup>TH</sup> DAY OF APRIL, 2003.

FIRST REVISION APPROVED THIS 2<sup>ND</sup> DAY OF OCTOBER, 2003.

\_\_\_\_\_  
LeRoy Moeller, Chairman of the Board of Supervisors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attest: \_\_\_\_\_  
Betty Ellerhoff, Auditor