


**COUNTY OF IMPERIAL
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL**

SUBJECT: HIPAA - Administrative Requirements for the Implementation of the Health Insurance Portability and Accountability Act (HIPAA)	POLICY NO: 01-85
	EFFECTIVE DATE: 6-22-16
SECTION: Administration	PAGE: 1 of 4
REFERENCE: 45 C.F.R. Part 164	SUPERSEDES: 4-14-03
AUTHORITY: Behavioral Health Director as the Local Mental Health Director and Alcohol and Drug Administrator	APPROVED BY: 

PURPOSE: To establish a policy regarding Imperial County Behavioral Health Services' obligations relating to the implementation of the Health Insurance Portability Act (HIPAA).

SCOPE: The information in this document applies to all members of the workforce which includes employees, contract employees, volunteers, trainees, etc., granted access to protected health information (PHI).

NOTES: None

DEFINITIONS: **Protected Health Information (PHI):** Individually identifiable information relating to past, present, or future physical or mental health condition of an individual, provision of health care to an individual, or the past, present, or future payment for health care provided to an individual transmitted or maintained in any form or medium including oral, written, or electronic communication.

Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for

department, whether or not they are paid by the department.

POLICY: Imperial County Behavioral Health Services (ICBHS) has the following administrative obligations relating to the implementation of the Health Insurance Portability Act and Accountability Act (HIPAA):

Personnel Designations

ICBHS must designate and document the designation of the following:

1. Privacy Officer:

The department must designate an individual to be the Privacy Officer who will be responsible for the development and implementation of and disclosures of his or her protected health information departmental policies and procedures relating to the safeguarding of PHI.

2. Contact Person:

ICBHS must designate an individual who will be responsible for receiving complaints relating to PHI and for providing information about the department's privacy practices. (See Policy 01-84, Contact Person - HIPAA Privacy Complaints)

Training Requirements

ICBHS must train all members of its workforce on the policies and procedures with respect to protected health information as necessary and appropriate for the members of the workforce to carry out their functions within the department. (See Policy 01-86, HIPAA - Security and Privacy Training)

Safeguards

ICBHS must have in place appropriate administrative, technical, and physical safeguards to reasonably safeguard PHI from intentional or unintentional unauthorized use or disclosure. (See Policy 01-82, Safeguards)

Complaint Process

ICBHS must have in place a process for individuals to make complaints about the department's HIPAA policies or procedures and/or the department compliance with the policies and procedures. The department must document all complaints received and the disposition of each complaint. (See Policy 1-70, Complaint Process - Violations of HIPAA).

Sanctions

ICBHS must have, must apply, and document appropriate sanctions against members of its workforce who fail to comply with HIPAA policies and procedures. Exceptions include whistleblowers and certain crime victims. (See Policy 01-60, Sanctions for Violations of the Privacy Rule)

Mitigation

ICBHS must mitigate any harmful effects of unauthorized uses and disclosures of PHI by the department or its business associates. (See Policy 01-87, Mitigation)

Intimidating or Retaliatory Acts

Neither the department nor any member of the workforce shall intimidate, threaten, coerce, discriminate against, or take retaliatory actions against an individual for the exercise of his or her rights or participation in any process relating to HIPAA compliance, or against any person for filing a complaint with the Secretary of Health and Human Service, participating in a HIPAA related investigation, compliance review, proceeding or hearing, or engaging, in reasonable opposition to any act or practice that the person in good faith to be unlawful under HIPAA regulations as long as the action does not involve the disclosure of PHI in violation of the regulations. (See Policy 01-61, Non-Retaliation)

Waiver of Rights

ICBHS may not require an individual to waive his or her rights under HIPAA as a condition of treatment, payment,

eligibility for benefits. (See Policy 01-76, No Waiver of Rights)

Policies and Procedures

ICBHS will establish and implement policies and procedures as necessary and appropriate to assure appropriate safeguarding of PHI to be followed by all members of its workforce.

ICBHS must change its policies and procedures as necessary to reflect changes in law or regulation. The department may change policies and procedures any other time as long as the policies and procedures are still in compliance with applicable law. The department must make correlative

changes, when necessary, in its Notice of Privacy Practices. The department may not implement any change in policy and procedure prior to the effective date of the Notice of Privacy Practices.

Documentation Requirements

The department must maintain the required policies and procedures in written or electronic form, and must maintain written or electronic copies of all communication, actions, activities, or designations that are required under the HIPAA regulations, for a period of six (6) years from the later of the date of creation or the last effective date or such longer period that may be required under federal or state law, (See Policy 01-75, Documentation Required by the HIPAA Privacy Rule)

Enforcement

Management and supervisors are responsible for enforcing this policy and associated procedure(s). Members of the workforce who violate this policy or associated policies or procedures are subject to disciplinary actions appropriate to the nature of the violation in accordance with the ICBHS sanction policy.