


**COUNTY OF IMPERIAL  
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES**

**POLICY AND PROCEDURE MANUAL**

<b>SUBJECT:</b> HIPAA - Privacy and Security Roles	<b>POLICY NO:</b> 01-77
<b>SECTION:</b> Administration	<b>EFFECTIVE DATE:</b> 4-20-22
<b>REFERENCE:</b> 45 C.F.R. Section 164.530 (a) (1), 164.308 (a) (2)	<b>PAGE:</b> 1 of 4
	<b>SUPERSEDES:</b> 10-14-15
<b>AUTHORITY:</b> 45 C.F.R. Part 164	<b>APPROVED BY:</b> 

**PURPOSE:** To define the roles and responsibilities of the HIPAA Privacy Officer and HIPAA Security Offices in compliance with the Health Insurance Portability and Accountability Act. (HIPAA).

**NOTES:** HIPAA regulations require all covered entities to designate a Privacy Officer and a Security Officer. These can be the same person. The remaining roles defined in this policy may be designated as necessary to apportion responsibility for various tasks. A single person may be assigned to more than one role.

Included as Attachment I are the memo(s) identifying the person(s) designated as the Privacy Officer and/or Security Officer for Imperial County Behavioral Health Services.

**DEFINITIONS:**

**Workforce:** Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the department, is under the direct control of the

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

**POLICY:** Imperial County Behavioral Health Services (ICBHS) shall designate an individual(s) to serve as the HIPAA Privacy Officer and the HIPAA Security Officer.

The Privacy Officer is responsible for oversight of the HIPAA Privacy Rule. Responsibilities are:

1. To ensure development and implementation of policies and procedures and key documents necessary for compliance with the HIPAA Privacy Rule and other application federal and state laws and regulations.
2. To receive and investigate complains concerning the department's HIPAA related policies and procedures.
3. To oversee HIPAA Privacy Awareness training and orientation programs regarding privacy laws and regulations, including sanctions for any violations, for workforce and appropriate third parties.
4. To report privacy breaches and respond to official and public request for information pursuant to the HIPPA Privacy Rule.

The Security Officer is responsible for the oversight of the HIPAA Security Rule implementation. Responsibilities are:

1. To ensure that the necessary and appropriate HIPAA Security policies are developed and implemented to safeguard the integrity, confidentiality, and availability of electronic protected health information (EPHI).
2. To ensure the access control, disaster recovery, business continuity, incident response and risk management needs are properly addressed.
3. To oversee initial and ongoing workforce HIPAA Security Awareness training.

4. To perform information risk assessment and audits to ensure information systems are adequately protected.
5. To lead and incident response team to contain, investigate, and prevent future security breaches.

To assist where security or privacy implementation falls across functional areas, the following tasks are defined and are assigned to other as necessary:

**Workforce Security** has overall responsibility for workforce security and training. Tasks include:

1. Background checks performed by the County Human Resources and Risk Management.
2. Security and access roles assignment are managed by the ICBHS Information Systems manager.
3. Security training by the ICBHS Information Systems Unit.
4. Sanctions process by the County Human and Risk Management.

**Information Technology (IT) Security** has overall responsibility for implementing and operating technical IT Security. Tasks included:

1. Acquiring and maintaining security technology as organized by the ICBHS Information Systems manager.
  2. Creating and inventory of all IT equipment and applications as organized by the ICBHS Information Systems manager.
  3. Creating and inventory of PHI and other sensitive data as organized by the ICBHS Information Systems manager.
  4. Application and infrastructure change/configuration control as organized by the ICBHS Information Systems manager.
  5. Managing the security of IT access accounts by County
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Information Systems.

6. Backup and recovery by County Information Systems.

**Incident/Breach** Management has the overall responsibility for creating and implementing security incident/privacy breach response plan. This area fall under the shared responsibility of the HIPAA Security Officer and the Privacy Officer and includes:

1. Preparing for incidents and breaches by creating an incident response plan.
2. Working the containment, eradication and recovery phases of security incidents.
3. Coordinating with legal counsel to meet privacy breach reporting requirements and execute breach communications.

**Physical Security** is responsible for ensuring that the facility is secured from unauthorized access to restricted areas, devices, files and sensitive information 24/7/365. This area falls under the shared responsibility of the Information Systems manager and the Purchasing Unit manager.

It includes:

1. Preparing the physical security plan and contingency plan is managed by the Information Systems manager.
  2. Responsibility for the physical placement of devices to prevent unauthorized viewing, tampering or theft while in operation and securing networking infrastructure unauthorized access.
  3. Maintaining records maintenance on all physical security infrastructure including locks and any surveillance equipment by the Purchasing Unit manager.
  4. Maintaining documentation of all keys and the person to who they are been entrusted by the Purchasing Unit manager.
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**Date:** Wednesday, April 20, 2022

**To:** Sarah Moore, Behavioral Health Manager

**CC:** Nancy Del Real, Deputy Director

**From:** Leticia Plancarte-Garcia,  Director

**Re:** Appointment to ICBHS Privacy Officer

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You are hereby appointed as the ICBHS Privacy Officer as per 45 CFR 164.530(a)(1)(i). It is your responsibility to follow the requirements of the Privacy Officer as delineated in 45 CFR Part 164 as well as those outlined in ICBHS Policy 01-77, HIPAA-Privacy and Security Roles.

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**Date:** Wednesday, April 20, 2022

**To:** Sarah Moore, Behavioral Health Manager

**CC:** Nancy Del Real, Deputy Director

**From:** Leticia Plancarte-Garcia,  Director

**Re:** Appointment to ICBHS Security Officer

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You are hereby appointed as the ICBHS Security Officer as per 45 CFR 164.308(a)(2). It is your responsibility to follow the requirements of the Security Officer as delineated in 45 CFR Part 164 as well as those outlined in ICBHS Policy 01-77, HIPAA-Privacy and Security Roles.

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