


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

POLICY AND PROCEDURE MANUAL

SUBJECT: HIPAA - Reporting a Potential Privacy Breach to the HIPAA Privacy Officer or Designee	PROCEDURE: 01-168
SECTION: Administration	EFFECTIVE DATE: 9-20-21
REFERENCE:	PAGE: 1 of 3
	SUPERSEDES: 9-7-16
AUTHORITY: Behavioral Health Director as the Local Mental Health Director and Alcohol and Drug Administrator	APPROVED BY: 

PURPOSE: To provide guidelines for reporting a potential breach to the ICBHS Privacy Officer or designee.

NOTES: None

DEFINITIONS:

Discovery: A breach shall be treated as discovered as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or agent of ICBHS.

Workforce: In Section 160.103 of the HIPAA Privacy Rule, the "workforce" is defined as "employees, volunteers, trainees, and other persons, whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity". For the purposes of this policy, workforce members also includes those assigned to Imperial County Information Technology and Systems.

PROCEDURE OWNER: Privacy Officer

PROCEDURE:

PERSON RESPONSIBLE:

ACTION:

Workforce Member

1. Upon discovery of a potential breach, notifies supervisor/manager.

Behavioral Health Manager/
Program Supervisor

2. Upon notification of the potential breach, immediately calls the ICBHS Privacy Officer/designee and provides a brief statement describing the nature of the breach.

Note: If unable to reach the ICBHS Privacy Officer/designee directly by phone, sends an email providing notification of the potential breach.

ICBHS Privacy Officer/
Designee

3. Upon receipt of the notification, forwards the supervisor/manager the ICBHS Potential Breach Report.

Behavioral Health Manager/
Program Supervisor

4. Completes the ICBHS Potential Breach Report and returns it to the ICBHS Privacy Officer/designee within 48 hours.

ICBHS Privacy Officer/
Designee

5. Upon receipt of the ICBHS Potential Breach Report, reviews report for completeness.
6. Forwards supervisor/manager an Acknowledgment - Completion of Corrective Action Plan.

Behavioral Health Manager/
Program Supervisor

7. Completes the Acknowledgment - Completion of Corrective Action Plan and returns to the ICBHS Privacy Officer/ Designee.

Forms used in this procedure:

Acknowledgment - Completion of Corrective Action Plan
ICBHS Potential Breach Report