

# GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Privacy and Security  
Approved On: 03/27/2003  
Approved By: The Board of Directors  
Revised: 00/00/00  
Effective Date: 15 days from approval/ the last revision

**No: PS602.00**

**Title: Administrative Requirements for the Implementation of HIPAA**

## **I. PURPOSE:**

To outline the obligations relating to the implementation of the Health Insurance Portability and Accountability Act (HIPAA) and regulations promulgated thereunder, 45 CFR Parts 160, 162 and 164.

## **II. APPLICABILITY:**

This policy applies to members of GCBH's workforce as defined by the Health Insurance Portability and Accountability Act of 1996.

## **III. DEFINITIONS:**

- A. Protected Health Information (PHI)** means individually identifiable information relating to past, present or future physical or mental health or 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.
- B. Workforce Members** means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for GCBH, its offices, programs or facilities, is under the direct control of GCBH, office, program or facility, regardless of whether they are paid by GCBH.
- C. Business Associate (BA)** means a person or entity who, on behalf of GCBH, or an office, program or facility of GCBH, but not in the capacity of a workforce member, performs, or assists in the performance of, a function or activity involving the use or disclosure of PHI, or provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services involving disclosure of PHI.
- D. Privacy Notice** means the notice of privacy practices relating to GCBH's use and disclosure of PHI that is mandated under HIPAA regulations for distribution to all individuals whose information will be collected by or on behalf of GCBH.

#### IV. POLICY:

- A. Personnel Designations:** GCBH will designate and document designations of the following:
1. **Privacy Officer:** GCBH will designate an individual to be the Privacy Officer, responsible for the development and implementation of GCBH wide policies and procedures relating to the safeguarding of PHI.
  2. **Contact Person or Office:** GCBH will designate an individual, position title, or office that will be responsible for receiving complaints relating to PHI and for providing information about GCBH's privacy practices.
- B. Training Requirements:** GCBH must document the following training actions:
1. On or before the effective date of the HIPAA privacy regulations [4/14/03], all GCBH employees and other workforce members must receive training on applicable policies and procedures relating to PHI as necessary and appropriate for such persons to carry out their functions within GCBH.
  2. Each new workforce member shall receive the training as described above within a reasonable time after joining the workforce.
  3. Each workforce member whose functions are impacted by a material change in the policies and procedures relating to PHI, or by a change in position or job description, must receive the training as described above within a reasonable time after the change becomes effective.
- C. Safeguards:** GCBH will have in place appropriate administrative, technical, and physical safeguards to reasonably safeguard PHI from intentional or unintentional unauthorized use or disclosure.
- D. Complaint Process:** GCBH will have in place a process for individuals to make complaints about the GCBH's HIPAA policies and procedures and/or the entity's compliance with those policies and procedures, and must document all complaints received and the disposition of each complaint.
- E. Sanctions:** GCBH will have in place, must apply and must document application of appropriate sanctions against workforce members who fail to comply with HIPAA policies and procedures. [Note - there are exceptions for disclosures made by workforce members who qualify as whistleblowers or certain crime victims.]
- F. Mitigation Efforts Required:** GCBH will mitigate, to the extent practicable, any harmful effects of unauthorized uses or disclosures of PHI by GCBH or any of its business associates.
- G. Intimidating or Retaliatory Acts and Waiver of Rights Prohibited:**
1. **Prohibition on Intimidating or Retaliatory Acts:** No employee of GCBH shall intimidate, threaten, coerce, discriminate against, or take other

retaliatory action against any individual for the exercise of their rights or participation in any process relating to HIPAA compliance, or against any person for filing a complaint with the Secretary of the U.S. Department of Health and Human Services, 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 believes to be unlawful under HIPAA regulations as long as the action does not involve disclosure of PHI in violation of the regulations.

2. **Prohibition on Waiver of Rights:** No employee of GCBH shall require individuals to waive any of their rights under HIPAA as a condition of treatment, payment, enrollment in a health plan or eligibility for benefits.

**H. Policies and Procedures:** GCBH will document the following actions relating to its policies and procedures:

1. **Required Policies and Procedures:** GCBH will design and implement policies and procedures to assure appropriate safeguarding of PHI in its operations.
2. **Changes to Policies and Procedures:** GCBH will change its policies and procedures as necessary and appropriate to conform to changes in law or regulation. GCBH also may make changes to policies and procedures at other times as long as the policies and procedures are still in compliance with applicable law. Where necessary, GCBH will make correlative changes in its Privacy Notice. GCBH will not implement a change in policy or procedure prior to the effective date of the revised Privacy Notice.

**I. Documentation Requirements:** GCBH will maintain the required policies and procedures in written or electronic form, and will maintain written or electronic copies of all communications, actions, activities or designations as are required to be documented hereunder, or otherwise under the HIPAA regulations, for a period of six (6) years from the later of the date of creation or the last effective date.

**J. Initial Distribution of Privacy Notice:** GCBH will use reasonable efforts to distribute the initial GCBH Privacy Notice to those consumers served by the GCBH provider network on or before April 14, 2003. This distribution will be by mailing a notice to consumers who received a mental health service on or after January 1, 2003. Additionally, the Privacy Notice will be posted on the GCBH Website, GCBH contracted providers will be given a supply of GCBH Privacy Notices to have available for consumers at service locations, and posted at the GCBH Region Office.

**K. Subsequent Distribution of Privacy Notice:** GCBH will make available Privacy Notices to all contracted providers of GCBH for distribution to consumers new to service.

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

**V. SCHEDULED REVIEW OF THIS POLICY:**

The review of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and revision approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by April of odd years,
- B. by the Regional Advisory Board (RAB) by May of odd years,
- C. by the GCBH Board of Directors by June of odd years, and
- D. outside of the schedule if required.