

GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Privacy and Security
Approved On: 01/25/07
Approved By:
Revised: 00/00/00
Effective Date: 15 days from approval/ last revision

No: PS626.00

Title: Removal of PHI from Office

In general, all PHI (Protected Health Information) must remain at the office. In certain circumstances, with the approval of the Director or Privacy/Security Officer, PHI may be taken out of the office. This may take the form of traveling employees or employees working from home. This policy does not cover the remote access of PHI. Remote access of PHI is covered in PS 609.00, Remote Access Procedure.

I. PURPOSE:

To optimize the security of the removal of PHI from office.

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.

IV. Procedures:

- Permission must be secured from the Director or Privacy/Security Officer to remove PHI from the office.

- Originals must not be taken off site. Copies should be made for transport. Paper copies should be shredded when no longer needed. Electronic copies should be deleted.
- A log should be kept of PHI taken off site.
- All PHI taken off site must be locked in a suitable container such as a locking file box or briefcase.
- When not in use, PHI removed from the office must be protected from access by unauthorized persons. For example, it should be locked in the trunk of the car or placed where family members cannot access it.
- The above items apply to PHI in paper files, notebooks and electronic removable storage media such as computer disks, PDAs (personal data accessories) and jump drives.
- All PHI on electronic removable storage media and notebooks must be encrypted and password protected.

V. Enforcement:

Penalties for violation of the Removal of PHI from Office Policy will vary depending on the nature and severity of the specific violation. Any employee who violates the Removal of PHI from Office Policy will be subject to discipline up to and including termination from employment in accordance with GCBH's Sanction Policy.

VI. 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 procedure 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.

Approved:

Date:

/S/ William Wilson
 William Wilson, DrPH
 Interim Director

01/25/07