

ADAMHS BOARD OF ERIE COUNTY

TITLE:	5-2 Mission and Program: HIPAA Designation of Privacy and Security Officer	EFFECTIVE DATE:
NUMBER:		SUPERSEDES DATE:

PURPOSE:

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) 45 CFR Part 164, the ADAMHS Board will ensure that it complies with the law and to establish appropriate and reasonable administrative procedures to safeguard client's protected health information.

POLICY:

It is the policy of the ADAMHS Board to comply with HIPAA rules and regulations.

ACCOUNTABILITY:

Administrative Committee, Executive Director, and Deputy Director

PROCEDURE:

1. All Board employees and agents of the Board shall preserve the integrity and the confidentiality of individually identifiable health information (IIHI) pertaining to each client. This IIHI is protected health information (PHI) and shall be safeguarded to the highest degree possible in compliance with the requirements of the privacy and security rules established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
2. The Board that maintains a personal information system shall appoint one individual to be directly responsible for the system as both the Security and Privacy officer. The ADAMHS Board designated the Deputy Director as both the privacy and security officer. This shall be noted on the employee's Position Description.
3. The Security and Privacy Officer will establish and maintain reasonable administrative safeguards to protect the integrity, security and confidentiality of all client protected health information against any reasonably anticipated threats and hazards and unauthorized uses and disclosures of the information. Such safeguards shall apply to any medium (i.e. electronic, paper, verbal) used to create, transfer or store protected health information.
4. All Board employees and agents of the Board will not use or disclose an individual's protected health information without the properly documented authorization of the client or his/her authorized representative for uses other than treatment, payment or healthcare operations (TPO); for uses required by federal and or state law or regulation; or, for uses in which the information has been sufficiently de-identified that the recipient would be unable to link the information to the client.
5. All Board employees and agents of the Board shall comply with the standards set forth in this policy. Violation of this policy and unauthorized uses and/or disclosures of protected health information are very serious offenses. Not only is violation of this policy grounds for disciplinary action, up to and including termination of employment, but violations related to unauthorized use and disclosure of protected health information may be subject to civil and criminal penalties including significant monetary costs and incarceration.

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6. **Definitions**

1.1 Individually Identifiable Health Information (IIHI). A subset of health information, including demographic information collected from an individual and that is created or received by a health care provider and relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, and which identifies the individual, or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual.

1.2 Protected Health Information (PHI). The final rule defines PHI as individually identifiable health information that is transmitted by electronic media; maintained in any electronic medium such as magnetic tape, disc, optical file; or transmitted or maintained in any other form or medium (i.e. paper, voice, Internet, fax etc.).

1.3 Information Integrity. Information integrity refers to the accuracy, relevance, timeliness and completeness of personal information held in a personal information system by any Ohio state or local agency that is necessary to assure fairness in any determination made with respect to a person on the basis of the information.

7. Responsibility for Security of Protected Health Information. Everyone at the Board, as well as associated covered entities and business associates, share a responsibility to ensure the integrity and confidentiality of clients' protected health information and to protect against any unauthorized use or disclosure of such information.

1.1 **Security Officer**. The Executive Director shall designate a security officer. The ADAMHS Board designated the Deputy Director as both the privacy and security officer. This individual will oversee all ongoing activities related to the development, implementation, maintenance and adherence to the Board's policies and procedures related to the security of PHI in all forms of the personal information system. The security officer will work to assure compliance with all federal and state laws and regulations related to information security. *The duties of the security officer may be combined with those of the privacy officer.*

APPROVED:

Board Chairperson

Date

Executive Director

Date