

**COMMUNITY MENTAL HEALTH CENTER
OF EAST CENTRAL GEORGIA
POLICY**

SUBJECT: Access to Protected Health Information (PHI) By Staff,
Contractors, Students, and Volunteers
POLICY NUMBER: PIM 3.03
EFFECTIVE DATE: April 24, 2003
RESCISSION DATE:

SUPERSEDES: Policy # IM-5	REVIEWED DATE: LAST REVISION DATE: April 24, 2003
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POLICY:

It is the policy of the Community Mental Health Center of East Central Georgia (CMHC) to protect the privacy of individually identifiable health information in compliance with federal law (45 CFR Sections 160 and 164, et seq.). It is the practice of the CMHC to assure that its workforce recognize the importance of such confidentiality provisions and positively acknowledge those guidelines.

DEFINITIONS:

- I. Mitigation: The CMHC's response to the loss of PHI including investigation of the circumstances of the loss and corrective actions.
- II. Protected Health Information: Individually identifiable health information is any information, including demographic information, collected from an individual that:
 - A. Is created or received by a healthcare provider, health plan, employers, or healthcare clearinghouse: and
 - B. Related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual, and
 1. Identifies the individual, or
 2. With respect to which, there is reasonable basis to believe that the information can be used to identify the individual.
- III. Workforce: Includes employees, volunteers, trainees, contractors, and other persons whose conduct, in the performance of work for the CMHC, is under the direct control of the CMHC, whether or not they are paid by the CMHC. This shall include client workers employed by the CMHC.(45 CFR Section 160.103.)

PROCEDURES:

- I. Staff Access
 - A. The CMHC workforce members shall be granted access to protected health information (PHI), whether written, electronic or verbal in nature, in accordance with

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state and federal law (HIPAA, P.L. 104-191); (42 CFR Part 2 et seq.); and other relevant CMHC Policies and Procedures. Such access shall be limited to the minimum necessary amount of protected health information to accomplish the purpose of any requested use or disclosure of PHI, e.g. Limited to the amount of PHI the employee or workforce member needs to know in order to accomplish their job or task. In addition, communications between workforce members, which involve PHI, shall also be considered confidential and should not take place in public areas. If it is absolutely necessary to conduct such conversations in public areas, reasonable steps shall be taken to assure the confidentiality of the PHI.

- B. Client PHI should never be removed from a CMHC Service without specific authorizations from the Privacy Officer or designee, or the appropriate medical records personnel. Each CMHC service must comply with the CMHC's Policy PIM 3.02 (Security of Clinical Information).
 - 1. Each service shall establish procedures for minimizing staff access to records.
 - 2. Records rooms will be kept locked at all times.
 - 3. Only staff designated by the Service Manager are allowed entry to the Records Room.

- C. If PHI in any form is lost or stolen, the Privacy Officer or designee should be notified as soon as practical, but not later than two (2) business days after the loss is discovered, in order for the Privacy Officer or designee to initiate the mitigation process.

- D. The CMHC minimizes workforce disclosure of PHI by authorizing access to only those in the workforce with a need to know.
 - 1. The CMHC Medical Director/Social Services Coordinators/Administrative Managers designate staff who have access to clinical records and the Clinical Information System. They notify the Human Resource Manager and the MIS Manager (through submission of a NARF form) when there are changes in staff access.
 - 2. A list of personnel with access to clinical information is maintained by each program in the medical records office.
 - 3. The CMHC's MIS Manager or his designee will establish access codes for staff who are authorized access to Unicare.
 - 4. There will be some circumstances when access to clinical records will need to be restricted. When a staff member has a personal relationship with a former or current consumer to the degree that access to the clinical record would be detrimental to the consumer, the active/closed record will be sequestered in a locked file in the Program Manager's office. Restricted access to clinical records may also be enacted due to occurrences, which may lead to legal action taken against the CMHC. Such occurrences include but are not limited to (a) suicide; (b) homicide; (c) and breach of consumer rights complaints.

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- II. CMHC workforce members shall be informed of their obligations with respect to PHI in Accordance with CMHC mandatory participation in HIPAA Privacy Training as set forth in [Policy # HR 3.01 Annex A](#) (Staff Development).
- III. The CMHC workforce members that receive or maintain PHI shall be required to agree to the protection of such PHI in accordance with the state and federal laws as set forth above. These workforce members shall sign a confidentiality statement (See Attachment I, CMHC #727). A copy of the signed confidentiality statement shall be maintained in the personnel file of CMHC staff.
- IV. Visitors to CMHC Programs are not required to sign the confidentiality agreement. However, a copy of the confidentiality agreement shall be located next to the Visitor sign-in materials at all CMHC services to be available for review by each visitor.
- IV. The CMHC's Privacy Officer will audit personnel and contractor files annually to assure the presence of confidentiality agreements for employees, students and contractors.
- V. Failure of workforce members to comply or assure compliance with this policy may result in sanctions (disciplinary action), up to and including dismissal.

ATTACHMENTS:

- I. [Confidentiality Agreement \(CMHC Form #727\)](#)

REFERENCES:

- I. Public Law 104-191: 104th Congress.

Acting Executive Director

Date

CSB Chair

Date

:PLN