

**RESOLUTION
NO 11-03**

WHEREAS, Congress adopted the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which authorized the Secretary of the U.S. Department of Health and Human Services to promulgate rules regarding the privacy of certain health information; and

WHEREAS, the Secretary has adopted such privacy rules (located at 45 Code of Federal Regulations, Parts 160 and 164) that apply to health plans, health care clearinghouses, and health care providers who engage in electronic transactions for which the Secretary has adopted standards under HIPAA; and

WHEREAS, upon review of the County's activities, the HIPAA privacy rules apply to certain county programs and functions, making the county a "covered entity;" and

WHEREAS, the privacy rules allow a covered entity with both covered and non-covered programs and functions to designate itself a "hybrid entity," resulting in the application of the privacy rules' requirements to only "covered components" of the hybrid entity; and

WHEREAS, the County desires to designate itself a hybrid entity pursuant to the privacy rules and name the following departments as "health care components" of the County:

- Human Resources Department
- Indigent Care
- Health Department
- WIC
- Juvenile Probation

WHEREAS, the County's employee group health plan(s) are "covered entities" in their own right, separate and distinct from the County as plan sponsor; and

WHEREAS, the privacy rules require all covered entities to adopt certain policies and procedures regarding the privacy of protected health information; and

WHEREAS, a set of policies and procedures has been prepared for that purpose; and

WHEREAS, the privacy rules require a covered entity to designate a Privacy Official responsible for the development and implementation of the HIPAA privacy policies and procedures of the entity; and

WHEREAS, the privacy rules require a covered entity to designate a Contact Person responsible for receiving complaints about the entity's violation of the rules, and responsible for providing further information regarding any Notice of Privacy Practices required to be disseminated by the entity.

NOW THEREFORE, BE IT RESOLVED that the Hardin County Commissioners Court does hereby designate the County as a "hybrid entity" pursuant to 45 CFR §164.504.

BE IT FURTHER RESOLVED that the following programs and departments are designated "health care components" of the County pursuant to 45 CFR §164.504:

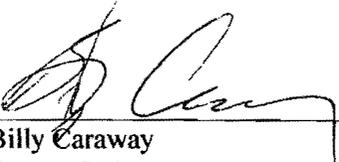
- Human Resources Department
- Indigent Care
- Health Department
- WIC
- Juvenile Probation

BE IT FURTHER RESOLVED that the Commissioners Court does hereby adopt the attached policies and procedures pursuant to 45 CFR §164.530, to be applicable to all health care components of the County that are performing covered functions and to the County's employee group health plan, effective April 14, 2003.

BE IT FURTHER RESOLVED that the Commissioners Court does hereby designate the following to serve as the Privacy Officer/Contact Person responsible for receiving complaints

Hardin County Health Plan	Rose Stewart
Indigent Care	Lynda Davis
Health Department	Margaret Gore Toy Akridge
WIC	Mary Adams Toy Akridge
Juvenile Probation	Monica Kelley

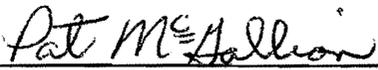
Signed this 14th day of April, 2003



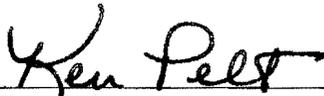
Billy Caraway
County Judge



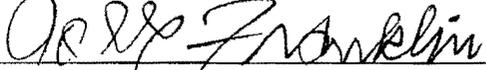
Bob Burgess
Comm Pct #1



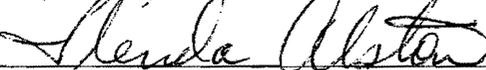
Pat McGallion
Comm Pct #2



Kent Pelt
Comm Pct #3



Bobby Franklin
Comm. Pct #)



Attest
Glenda Alston
County Clerk

HARDIN COUNTY - HUMAN RESOURCE DEPARTMENT HIPAA POLICIES

WORKFORCE PRIVACY TRAINING

Effective Date: April 14, 2003

POLICY

The Hardin County Human Resource Department provides privacy training for all employees who perform health plan functions and have contact with participants' Protected Health Information ("PHI").

PROCEDURE

1. All current employees who perform health care functions received training regarding the requirements of the HIPAA Privacy Rule by April 14, 2003.
 2. All new employees who perform health care functions receive privacy training as part of their initial training.
 3. All employees who perform health care functions and who change positions will receive new privacy training as appropriate at the time of the change.
 4. Documentation of privacy training is maintained by the Privacy Officer according to the requirements of the Privacy Rule.
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**COUNTY OF HARDIN – HUMAN RESOURCE DEPARTMENT
PRIVACY POLICIES AND PROCEDURES**

I. GENERAL PRINCIPLES

The Human Resource Dept. is committed to protecting the privacy of member protected health information in accordance with federal and state regulations consistent with the delivery of a quality health plan. These policies and procedures of the County of Hardin Health Plan implement privacy protections in accordance with the Health Insurance Portability and Accountability Act of 1996, Privacy Regulations, (Privacy Regulations) promulgated by the Secretary of the U. S. Department of Health and Human Services at 45 C.F.R. Subtitle A, Subchapter C.

II. PURPOSE AND SCOPE

The purpose and scope of these policies and procedures is to delineate the privacy policies of the health plan and the procedures for implementing these policies to attain compliance with the Privacy Regulations.

III. PROTECTED HEALTH INFORMATION DEFINITION:

Protected health information (“PHI”) is any individually identifiable health information that is transmitted or maintained in any form, including demographic information collected from an individual, and

1. That identifies the individual; or
2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

IV. DESIGNATION OF PRIVACY OFFICER

A. The Privacy Officer for the health plan is:

Rose Stewart, Privacy Officer
P O Box 817
Kountze, TX 77625
(409) 246-5164

B. The Privacy Officer has overall responsibility for administering the policies and procedures to assure compliance with the Privacy Regulations. Additionally, the Privacy Officer is the designated authority to receive and process: (1) complaints, (2) requests for communications by alternative means or alternative locations (confidential communications), (3) subpoenas and other requests from judicial authorities, and (4) other correspondence and matters related to the privacy of PHI.

C. Complaint Filing Procedures

The Privacy Officer is designated to receive complaints filed with the health plan regarding the health plan's policies and procedures and its compliance with those policies and procedures. Complaints must be filed in writing and directed to the Privacy Officer. The writing must contain a description of the complaint and an explanation of the circumstances surrounding the complaint. The health plan is not required to respond to complaints, but the Privacy Officer shall be responsible for documenting receipt of a complaint and any resolution.

Complaints may also be filed with the Secretary of the U.S. Department of Health and Human Services (referred to herein as the Secretary). **No retribution or negative action will be taken or tolerated because a member files a complaint with the health plan or the Secretary.**

V. NOTICE OF PRIVACY PRACTICES - SYNOPSIS

- A. Each subscriber will receive a Notice of Privacy Practices ("the Notice") from the health plan thru the Human Resource Department.
- B. The health plan requires each business associate to adopt the health plan's Privacy Policies and Procedures or a similar set of policies and procedures that meet the same objectives required by the Privacy Regulations.
- C. The plan sponsor will only receive limited PHI and only for the purpose of plan administration functions, including funding benefits and determining the health and viability of the health plan. The plan sponsor has certified that, among other actions, it has limited the access to PHI to relevant personnel and that PHI will not be used in any employment action or in connection with any other plan sponsor benefit.

VI. RETENTION OF DOCUMENTATION

Documentation required by the Privacy Regulations, shall be maintained for six (6) years from the date a document is created or the date when it was last in effect, whichever is later, beginning with the required compliance date of the Privacy Regulations.

VII. DISCLOSURES OF PROTECTED HEALTH INFORMATION

When the Human Resource Department receives an authorization for disclosures of PHI from another entity or person, the Privacy Officer will review the authorization to determine: (1) that it is a valid authorization pursuant to Section 164.508 of the Privacy Regulations, and (2) the minimum amount of information that is necessary to disclose to comply with the authorization.

1.

VII. PROCEDURE FOR SENDING PHI VIA FAX:

1. FAX machine used for PHI is located in the Human Resource Department.
2. Included at the bottom of the fax coversheet is a warning: "IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify us immediately and destroy the related message."
3. In addition to the warnings described in (2), the fax coversheet contains standard information including:
 - a. Date and time of the fax,
 - b. Sender's name, address, telephone number and fax number,
 - c. The authorized recipient's name, telephone number and fax number, and
 - d. Number of pages transmitted
4. Staff shall make certain the fax transmittal has received the proper authorization as required by law.
5. Faxing of sensitive health information, such as that dealing with mental health, chemical dependency, sexually transmitted diseases, HIV or other highly personal information, is prohibited without supervisor approval.
6. When expecting the arrival of a fax containing PHI, coordinate with the sender whenever possible so the faxed document can be promptly retrieved upon arrival.
7. As with other PHI that arrives in the mail or by other means, make sure faxes that contain PHI are placed in the designated secure/confidential location when they are delivered, and not left in an in-box that is in full view of passers-by.

8. Confirm the accuracy of fax numbers. It should be presumed the fax numbers provided by business associates are correct and secure. The numbers provided by recipients generally may be relied upon as valid. If there is reason to believe a number is not valid or security is suspect, the number, or security of recipient machines, should be checked by calling the intended recipients to double-check the numbers.
9. In instances where faxes are regularly sent to the same recipients, program these fax numbers into your machine's memory, using the speed-dial numbers. Programmed numbers should be tested at regular intervals (but at least monthly).
10. Make sure fax machine prints a confirmation of each outgoing transmission and require machine operators to: (a) make sure the intended destination matches the number on the confirmation, and (b) staple the confirmation to the document that was faxed.
11. In the event of a misdirected fax, be sure that improperly faxed documents are either immediately returned or destroyed by the recipient. Document that the fax was misrouted and take (and document) steps to prevent a reoccurrence of the error.
12. As with all other paper documents that contain PHI, faxes that contain PHI are handled and stored in the regular secure manner and shredded when they have outlived their usefulness.
13. Train new employees, and provide periodic retraining for existing employees, on the policies and procedures for using the fax machine to transmit and receive PHI

VIII. PROCEDURE FOR SENDING AND RECEIVING EMAIL CONTAINING PHI.

- a. Before sending PHI via email the email address and recipient should be verified.
- b. E-mails containing PHI should be deleted from the system after they are no longer required.
- c. Where possible verification the recipient received the email should be obtained.
- d. The email shall contain a notice that the email contains PHI.

IX. CONVERSATIONS CONCERNING PHI.

- A. Employees should conduct conversations concerning PHI in a manner that limits the risk of inadvertent disclosure of PHI through casual overhearing. Some conversations because of sensitive nature of the PHI or concerns by the member of inadvertent disclosure may only be possible in a private office or other private location.
- B. Personnel initiating conversations or phone calls concerning PHI should be aware of their surroundings. For example a call concerning PHI made by a HR specialist to a business associate to discuss whether a diagnosis supports a certain medical procedure should not make the call from the reception area with the waiting area full of employees with questions.
- C. Personnel initiating a call concerning PHI should be aware of the surroundings of the call recipient. Inquiry may need to be made as to whether the recipient can converse without significant danger of PHI being inadvertently disclosed to individuals in the immediate area of the call recipient.
- D. When plan members initiate discussion of PHI with plan personnel, the plan personnel shall be cognizant of the potential for inadvertent disclosure of PHI when discussion takes place in reception or common areas of offices. Plan personnel shall move appropriate conversations to offices or other quieter locations that reduce the potential for inadvertent disclosure.

X. TRAINING

A. Policy:

All personnel in the Human Resource Department shall be trained in the requirements of protecting, using and disclosing PHI.

B. Procedures:

1. Training shall consist of content sufficient to provide:

- a. An overview of HIPAA and the Privacy Regulations
- b. Detailed training on the policies and procedures relevant to the person's responsibilities.

C. New employees and employees changing assignments with exposure to PHI will be required to undergo relevant privacy training as a condition of their assuming their responsibilities.

D. A log shall be maintained that tracks the initial training given to all employees, as well as updates and in-service refresher training modules.

XI. SANCTIONS AND MITIGATION

- A. Employees who have violated these policies and procedures or the Privacy Regulations will be disciplined. Depending on the severity of the violation employee discipline may include verbal warning, letter of reprimand, retraining, suspension or termination as appropriate. The Privacy Officer will document and maintain any sanctions that are imposed pursuant to the Retention of Documentation policy and procedures.
- B. The health plan will *not* discipline any employee who:
 - 1. Files a complaint with the Secretary of DHHS pursuant to the Privacy Regulations;
 - 2. Testifies or assists in an investigation, compliance review, or hearing regarding the health plan's compliance with the Privacy Regulations; or
 - 3. Opposes any act or practice that the employee believes, in good faith, is in violation of the law, and the employee does not disclose the PHI in violation of the Privacy Regulations and the opposition is reasonable.
- C. The health plan will take the appropriate and necessary steps to limit the harm of a use or disclosure by an employee or business associate in violation of these policies and procedures or the Privacy Regulations.

XII. RESERVATION OF RIGHT TO CHANGE POLICIES, PROCEDURES OR NOTICE

The health plan reserves the right to change these privacy policies and procedures and the Notice of Privacy Policies as the laws change or as circumstances dictate. When necessary, a revised Notice of Privacy Policies will be mailed to members.

Adopted by County of Hardin – Human Resource Department April 14, 2003

Rae Stewart