COUNTY OF UNION

HIPAA Privacy Policy



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COUNTY OF UNION HIPAA PRIVACY POLICY

Objective

The County of Union is committed to protecting the privacy of individual health information in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations promulgated thereunder. The County therefore has adopted a policy that protects the privacy and confidentiality of protected health information (PHI) whenever it is used by the County as a plan sponsor of its self-insured group health plan. The private and confidential use of such information by individuals, required to access PHI in the course of carrying out plan sponsor responsibilities as part of their job, will be in accordance with this policy.

Protected Health Information Defined

PHI refers to individually identifiable health information received by the County as a plan sponsor of its self-insured group health plan transmitted or maintained in electronic media (ePHI), or transmitted or maintained in any form or medium. PHI includes medical conditions, health status, claims experience, medical histories, physical examinations, genetic information and evidence of disability. PHI excludes employment records held by the County in its role as employer.

HIPAA Compliance Officer

The County has designated Claudia Martins as its HIPAA compliance officer (HCO), and any questions or issues regarding PHI should be presented to the HCO for resolution. The HCO is also responsible for:

- Issuing procedural guidelines for access for PHI.
- Developing a matrix for personnel who will need access to PHI.
- Developing guidelines for describing how and when PHI will be maintained, used, transferred or transmitted.
- Investigating any complaints regarding an alleged privacy violation by a County employee.

Activities Necessitating Use of PHI

The County may use or transmit PHI to Horizon Blue Cross Blue Shield of New Jersey, which provides administrative services to the County in the administration of the County's group health plan. The County may also provide assistance in claims problem resolution and explanation of benefits issues and assist in the coordination of benefits. Some or all of these activities may require the use or transmission of PHI. Thus, all information related to these processes will be maintained in confidence, and employees will not disclose PHI from these processes for employment-related actions, unless permitted to do so by law.

The County shall make a reasonable effort to limit itself to the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request.

Disclosures that do not qualify as PHI-protected disclosures include:

- o Disclosure of PHI to the individual to whom the PHI belongs.
- o Requests by providers for treatment or payment.
- Disclosures requested to be made to authorized parties by the individual PHI holder.
- o Disclosures to government agencies for reporting or enforcement purposes.
- Disclosures to workers' compensation providers and those authorized by the workers' compensation providers.

The County may also use or disclose de-identified PHI without obtaining an individual's authorization. When health information does not identify an individual, and there is no reasonable basis to believe that it can be used to identify an individual, it is "de-identified".

The County will obtain an individual's authorization for the use and disclosure of PHI for those circumstances requiring such authorization under HIPAA.

Safeguarding PHI

The County will follow the following guidelines for administrative, technical, and physical safeguards, to protect the confidentiality of PHI, applicable to employees required to access PHI in the course of carrying out plan sponsor responsibilities as part of their job.

- Oral Communications. Exercising due care to avoid unnecessary disclosure of PHI through oral communications, such as avoiding such conversations in public areas.
- <u>Telephone Messages</u>. Limiting messages left on answering machines and voicemails to avoid unnecessary disclosure of PHI.
- <u>Faxes</u>. Maintaining fax machines in secure areas not readily accessible to other employees, who should not have access to PHI, and/or using a cover sheet with a confidentiality notice when faxing protected health information.
- <u>Paper Records</u>. Storing paper records containing PHI in a way that avoids access by unauthorized persons, such as in locked filing cabinets.
- <u>Desks and Working Areas</u>. Securing desks and working areas that contain PHI.

- <u>Computer Monitors</u>. Positioning computer monitors away from common areas or utilizing a privacy screen to prevent unauthorized viewing, and/or creating password protected screen savers.
- <u>Disposal of Paper records</u>. Disposing of documents containing PHI in a secure manner, e.g., by shredding.
- <u>Disposal of Electronic Materials</u>. Disposing of electronic material that contains unencrypted PHI in a secure method.
- <u>E-mails</u>. Sending e-mails that contain PHI with a confidentiality notice, and/or sending such e-mails in encrypted form.
- <u>Electronic Documents</u>. Securing PHI that is stored on a hard disk drive or other internal component of a personal computer, such as by password or encryption.

Nothing contained in this policy is intended to interfere with the County's use or disclosure of health information in its capacity as an employer. For example, health information furnished for claims processing purposes involving workers' compensation or short or long-term disability is not PHI subject to this policy. Similarly, medical information received to determine potential accommodation of an employee pursuant to the Americans with Disabilities Act (ADA) and/or the New Jersey Law Against Discrimination (NJLAD) or to determine qualification for leave pursuant to the Family and Medical Leave Act (FMLA) is not protected PHI subject this policy.

Records Retention

Documentation pursuant to the County's obligations under HIPAA will be maintained for a period of six years as required by federal law, unless state law requires a longer retention period.

Complaint and Investigation Procedure

An individual who believes his or her HIPAA privacy rights have been violated may file a complaint regarding the alleged privacy violation with the County's HIPAA Compliance Officer (HCO), Horizon Blue Cross and Blue Shield of New Jersey, or the appropriate Office of Civil Rights (OCR) Regional office. Complaints submitted to the County's HCO will be documented, reviewed, and acted upon, if necessary.

The individual wishing to make a complaint pursuant to this policy may utilize the HIPAA Privacy Complaint Form that follows this policy. The form can be submitted to the HCO listed at the end of this policy. Individuals must file complaints in writing, either paper or electronically. A complaint must be filed 180 days from when the individual knew or should

have known of the circumstance that led to the complaint, unless this time limit is waived for "good cause" shown.

The complainant must complete the form in its entirety and name the entity that is the subject of the complaint and describe the acts or omission believed to be in violation of the HIPAA requirements.

Depending on the nature of the complaint, the complaint may not be investigated by the HCO and the complaint or complainant may be referred to Horizon Blue Cross Blue Shield of New Jersey.

If the HCO investigates the complaint, the HCO will determine if a breach of privacy has occurred by a County employee. If the HCO determines that a violation occurred, the HCO will apply appropriate sanctions based on any failure to comply with the privacy policies and procedures and decide on corrective action, if necessary. The HCO will document any sanctions imposed.

OCR may prescribe additional procedures for the filing of complaints, as well as the place and manner of filing.

Individuals will not be retaliated against in any manner for filing a complaint pursuant to this policy.

<u>Contact Information</u> for the County of Union's HIPAA Privacy Policy

County of Union HIPAA Compliance Officer (HCO)

Claudia Martins, Director Division of Personnel Management & Labor Relations 10 Elizabethtown Plaza, 6th Floor Elizabeth, NJ 07207

Telephone: 908-527-4289 Fax: 908-558-2566 E-mail: cmartins@ucnj.org

HIPAA COMPLAINT FORM

NAME OF THE COMPLAINANT:
DESCRIBE THE DATES AND THE NATURE OF THE ACTS ALLEGEDLY COMMITTED BY EACH IDENTIFIED INDIVIDUAL. IF ANY EMPLOYEES OF THE COUNTY WERE INVOLVED, PLEASE IDENTIFY BY NAME THE EMPLOYEE AND THE DEPARTMENT HE/SHE WORKS FOR IN THE COUNTY. (ATTACH ADDITIONAL SHEETS IF NECESSARY):
IDENTIFY ALL EMPLOYEES OR OTHERS WITH KNOWLEDGE OF THE COMPLAINED OF CONDUCT:
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	SUPPORTING THE ALLEGED ACTS DESCRIBED ABOVE?
DENTIFY THE I	JSLY COMPLAINED ABOUT THIS OR RELATED ACTS, PLEASE NDIVIDUAL TO WHOM YOU COMPLAINED, THE DATE OF THE ND THE RESOLUTION OF YOUR COMPLAINT:

WHAT IS YOUR REQUESTED REMEDY IN THIS COMPLAINT?
ACKNOWLEDGMENT
BY SIGNING BELOW, I HEREBY CERTIFIY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.
BY:
DATE:

HIPAA COMPLAINT INVESTIGATION AND DISPOSITION FORM

NAME OF COMPLAINANT:
DATE AND TIME OF COMPLAINT:
DATE AND TIME OF INCIDENTS/ACTS COMPLAINED OF:
PERSONS INVOLVED/NOTIFIED:
NATURE OF COMPLAINT OR POSSIBLE BREACH:
ANALYSIS – HIPAA/HITECH AND/OR STATE LAW:
CONCLUSION: