

**DICKINSON COUNTY**

**POLICIES AND PROCEDURES**

**FOR “HEALTH INSURANCE**

**PORTABILITY AND**

**ACCOUNTABILITY**

**ACT OF 1996” (HIPAA)**

**DICKINSON COUNTY POLICIES AND PROCEDURES**  
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## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **For Use and Disclosure of Individual Protected Health Information**

#### **~~What Dickinson County Can Disclose**

#### **POLICY-**

Dickinson County will only disclose personal health information for reasons that have been identified in the Health Insurance Portability and Accountability Act of 1996. The following reasons exist:

#### **Permitted Uses and Disclosures:**

- 1) Dickinson County is permitted to use and disclose protected health information to the individual.
- 2) Dickinson County can use and disclose protected health information for treatment or payment.
- 3) Dickinson County can use and disclose protected health information as required by privacy procedures.
- 4) Dickinson County is permitted to use and disclose protected health information with a valid authorization.
- 5) Dickinson County is permitted to use and disclose protected health information when required by the Secretary to investigate and determine Dickinson County compliance.
- 6) Dickinson County is permitted to use and disclose protected health information to a family member or individual identified by the individual.
- 7) Dickinson County is permitted to use and disclose protected health information for disaster relief purposes.
- 8) Dickinson County is permitted to use and disclose protected health information about victims of abuse, neglect, or domestic violence.
- 9) Dickinson County is permitted to use and disclose protected health information for judicial and administrative proceedings.
- 10) Dickinson County is permitted to use and disclose protected health information for law enforcement purposes.
- 11) Dickinson County can use and disclose protected health information for decedents.
- 12) Dickinson County can use and disclose protected health information for research purposes.
- 13) Dickinson County is permitted to use and disclose health information to avoid a serious threat to health or safety.
- 14) Dickinson County can use and disclose protected health information for special government functions.
- 15) Dickinson County can use and disclose protected health information for workers compensation purposes.
- 16) Dickinson County is permitted to use and disclose protected health information for fundraising purposes.
- 17) Dickinson County can use and disclose health information for a limited data set.
- 18) Dickinson County is permitted to use protected health information for underwriting and related purposes.

Minimum Necessary Standard:

When using, disclosing, or requesting protected health information, Dickinson County must make reasonable effort to limit protected health information to the minimum amount necessary to accomplish the intended purpose of the use, disclosure, or request. This does not include the following: 1) Disclosures or requests made by a health care provider for treatment 2) Uses and disclosures made to the individual 3) Disclosures made prior to authorization 4) Disclosures made to the Secretary to determine Dickinson County Compliance 5) Uses and disclosures that are required by law and in compliance with the HIPAA privacy provisions.

Protected Health Information Subject to Restriction:

If Dickinson County agrees to a restriction, the County may not disclose protected health information; the disclosure would be a violation of the individual's rights.

De-Identified Information:

Dickinson County may use protected health information to create information that is only identifiable to the county. Dickinson County can disclose protected health information in this de-identified form, only if it is only re-identified by the County. The county may assign a code to a record identification as long as no one outside the county is able to easily translate and identify the individual. Dickinson County is not allowed to disclose this code for identification. Protected health information is considered de-identified when the following items are eliminated:

- 1) Names
- 2) Address, City, County, Precinct
- 3) Zip code (other than first three digits)
- 4) Dates (other than year)
- 5) Telephone Numbers
- 6) Fax Numbers
- 7) Vehicle Identifiers
- 8) Web Universal Resource Locators
- 9) Biometric Identifiers
- 10) Electronic Mail Addresses
- 11) Social Security Numbers
- 12) Medical Records Numbers
- 13) Health Plan Beneficiary Numbers
- 14) Account Numbers
- 15) Certificate/License Numbers
- 16) Device Identifiers and Serial Numbers
- 17) Internet Protocol Address Numbers
- 18) Photographic Images
- 19) Other Identifying Number, Characteristic or Code

**PROCEDURE**

- 1) Dickinson County must determine if it is permitted to disclose protected health information.
- 2) Dickinson County must determine if the use or disclosure of protected health information is given in its minimum amount.
- 3) Dickinson County must determine if there are any restrictions on the use or disclosure of protected health information.
- 4) Dickinson County must determine if protected health information can be de-identified.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **For Use and Disclosure of Individual Protected Health Information**

#### **~~To Whom Dickinson County May Use and Disclose**

### **POLICY**

Dickinson County will only use and disclose protected health information in accordance to the Health Insurance Portability and Accountability Act of 1996, and will ensure that protected health information be used and disclosed only to the individuals who are allowed access. Dickinson County will only disclose information to those individuals listed below.

#### **Required to Disclose:**

- 1) Dickinson County must disclose protected health information to the individual when requested.
- 2) Dickinson County must disclose protected health information to the Secretary of Health and Human Services to determine Dickinson County Compliance.

#### **Business Associate Disclosures:**

Dickinson County may disclose protected health information to a business associate provided that the County has a signed business associate agreement that assures the business will use the information appropriately. The business associate may create and use protected health information for Dickinson County. A business associate agreement is not needed when Dickinson County discloses protected health information for the following reasons: 1) Information provided by Dickinson County to a health care provider concerning treatment of the individual. 2) Disclosures to a group health plan to a plan sponsor. 3) Uses and disclosures by the Dickinson County health plan, if the eligibility or enrollment in a health plan is being determined by and agency or Dickinson County.

#### **Deceased Individuals:**

Dickinson County must comply with HIPAA privacy provisions with respect to protected health information for deceased individuals.

#### **Personal Representative's Access to Protected Health Information:**

Dickinson County must treat a personal representative as the individual for purposes of the HIPAA privacy provisions. A personal representative must have legal authority to act on behalf of an individual who is an adult or a minor child in making decisions related to health care. Dickinson County may elect not to treat a person as a personal representative of an individual if Dickinson County reasonably believes, in its professional judgment, that the individual has been or may be subjected to domestic violence, abuse, or neglect by such person or if treating the person as a personal representative could endanger the individual. Dickinson County must treat an executor or administrator of a deceased individual's estate as a personal representative with respect to protected health information.

Uses and Disclosures to Family Members:

Dickinson County may disclose protected health information to a family member, close friend, or any person who has been identified by the individual to receive protected health information, in the even of an emergency or in the event of an individual's incapacity. Dickinson County must however obtain the individual's agreement to release protected health information to a family member, close friend, or identified person, if the individual is present.

Minimum Necessary Standard:

Dickinson County must identify persons in the workforce who need access to protected health information to carry out their duties. Also, Dickinson County must identify categories of protected health information for which access is needed and the type of access available to workforce personnel of the county. Dickinson County must make effort to limit the access of persons to protected health information.

Verification

Dickinson County must verify the identity of any person, and the authority of that person, who requests protected health information. Dickinson County may have either oral or written verification of the request.

**PROCEDURE**

- 1) Dickinson County must determine if an individual has the right to use or disclose protected health information.
- 2) Dickinson County must determine if there is any policy that prohibits use or disclosure of protected health information by verifying that there is an agreement, or lack of agreement by an individual for the use and disclosure of protected health information.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Authorizations**

#### **POLICY**

Dickinson County will only disclose information in accordance with the authorization process unless authorized to do so by the Health Insurance Portability and Accountability Act of 1996. Dickinson County must follow the requirements as described below.

#### **Authorization Required:**

Dickinson County requires an authorization to disclose payment or health care operations, psychotherapy notes, except when caring out treatment, and for Dickinson County to defend itself in legal action.

#### **Invalid Authorizations:**

An authorization will not be valid if the following conditions occur: 1) If the authorization passes the expiration date. 2) If the authorization is not filled out completely. 3) If the authorization has been revoked or if Dickinson County believes the information to be false. 4) Dickinson County will not combine authorization a compound authorization.

#### **Conditioning Authorizations:**

Dickinson County may condition enrollment or eligibility for benefits on provision of an authorization requested by Dickinson County prior to the individual's enrollment: 1) If the authorization is needed for the health plan's eligibility determinations to the individual. 2) For Dickinson County's underwriting or risk rating determinations. 3) The authorization is not for psychotherapy notes use or disclosure.

#### **Revocation:**

An individual may revoke an authorization at any time, as long as the individual does so in writing. The condition must include one of the following: Dickinson County would have taken action on the authorization or the authorization was a condition of obtaining insurance coverage.

#### **Documentation:**

Dickinson County will document and keep a signed authorization for six years.

#### **Valid Authorizations:**

In order for an authorization to be valid with Dickinson County, the authorization must include the following:

- 1) Each authorization must include a specific description of the information to be used and disclosed.
- 2) The authorization must name who is authorized to request the use or disclosure.
- 3) The authorization should name whom Dickinson County may make the requested use or disclosure to.
- 4) The authorization must give a description of the purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.

- 5) The authorization must have an expiration date relating to the purpose of the use or disclosure.
- 6) The authorization must have a signature of the individual and a date to be valid. When a representative is sent to complete an authorization for an individual, the authorization must include a description of the representative's authority to act for the individual.

The individual must also be aware, and put on notice, of the following items when making an authorization request:

- 1) The individual has the right to revoke the authorization as long as it is done so in writing.
- 2) The individual should be aware of the exceptions of the right to revoke authorization, which are listed in the Dickinson County privacy notice.
- 3) Dickinson County may condition treatment, payment, eligibility of benefits, based on the refusal of an individual to sign the authorization form.
- 4) The individual must be aware of the potential of disclosed information to be subject to re-disclosure by the recipient.

The authorization must be in plain, easy to understand language. A copy of the authorization must be given to the individual.

### **PROCEDURE**

- 1) Dickinson County must determine an authorization is needed to disclose protected health information.
- 2) Dickinson County will discuss and review the authorization with the individual.
- 3) Dickinson County will ask the individual to read, complete, sign, and date the authorization.
- 4) Dickinson County will explain to the individual that the authorization can be revoked, in writing, and any time. Dickinson County will also explain the consequences and exceptions to revocation.
- 5) Dickinson County will explain to the individual that they have the right to not sign the authorization, and the consequences of not signing the authorization.
- 6) Dickinson County must give a signed copy of the authorization to the individual.
- 7) Dickinson County will give the individual a copy of the Dickinson County Notice of Privacy Practices.
- 8) Dickinson County will retain the authorization in the individual's record set.



## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Uses and Disclosures That Require An Opportunity to Object**

#### **POLICY**

Dickinson County will only disclose information in certain situations only after the individual has had an opportunity to agree or object to the disclosure in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dickinson County will follow the guidelines as described below.

#### **Individual's Right to Agree or Object:**

Dickinson County may use or disclose protected health information provided that the individual is informed in advance of the use or disclosure and has the opportunity to agree to, prohibit, or restrict for the following reasons:

- 1) Dickinson County may disclose protected health information that directly relates to the individual's health care to a family member, relative, close friend, or person identified by the individual as able to obtain the protected health information.
- 2) Dickinson County may use or disclose protected health information to notify or assist in notifying a family member, relative, close friend, or person identified by the individual as able to obtain the protected health information, to tell the person of the individual's care, location, condition, or death.
- 3) Dickinson County may determine if a disclosure can be made for the best interest of the individual, if the individual is not present, or is incapacitated to do so.
- 4) Dickinson County may use or disclose protected health information to an authorized public or private entity to assist in a disaster relief effort.

#### **Form of Agreement or Objection:**

Dickinson County may receive oral agreement or objection to a use or disclosure of protected health information. Dickinson County may also orally inform the individual of information.

#### **PROCEDURE**

- 1) Dickinson County must determine whether the use or disclosure requires the individual to agree or object.
- 2) Dickinson County can disclose only protected health information, which is relevant to the individual's healthcare.
- 3) Dickinson County must document the individual's oral agreement or objection in the individual's record.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Uses and Disclosures That Do Not Require Authorization Or Opportunity To Object**

#### **POLICY**

Dickinson County must ensure the confidentiality of an individual's protected health information. Dickinson County will only disclose information as required by the Health Insurance Portability and Accountability Act of 1996. Dickinson County will follow the items described below. The information below will describe how protected health information can be used or disclosed without and authorization or an opportunity to agree or object.

#### **Required by Law:**

Dickinson County may use or disclose protected health information in accordance with the law. Dickinson County must notify the individual of a use or disclosure of protected health information, when required by law.

#### **Public Health:**

Dickinson County may disclose protected health information for the following reasons:

- 1) Dickinson County may disclose protected health information to a public health official authorized to receive child abuse or neglect reports.
- 2) Dickinson County may collect and receive information for the purpose of preventing or controlling disease.
- 3) Dickinson County may disclose protected health information for activities related to quality and safety of FDA-related products.
- 4) Dickinson County may contact individuals, when authorized by law, to inform them if they may have been exposed to a communicable disease, or risk of contacting a spreading disease.
- 5) Dickinson County may disclose information to an employer, if Dickinson County provides healthcare to the individual at the request of an employer to conduct drug testing or to evaluate if the individual has a work-related illness or injury.

#### **Abuse or Neglect:**

Dickinson County may disclose protected health information to a public health official authorized to receive child abuse or neglect reports. Dickinson County may disclose protected health information to the governmental agency authorized to receive the information, if the individual believes that there has been abuse, neglect or violence, the disclosure must be made in accordance with federal law. Dickinson County will notify the individual of the disclosure unless Dickinson County, using professional judgment, believes the individual would place them at risk or harm.

#### **Health Oversight:**

Dickinson County may disclose protected health information to a health oversight agency for activities authorized by law. For example, Dickinson County could disclose information for investigations, inspections, or audits.

Legal Proceedings:

Dickinson County may disclose protected health information in a judicial or administrative proceeding, in response to an order of the court. For example, Dickinson County could disclose information in response to a subpoena or other such lawful request.

Law Enforcement:

Dickinson County may disclose protected health information for law enforcement purposes for the following reasons:

- 1) Dickinson County may disclose information if required by law to do so.
- 2) Dickinson County may disclose limited information for identification or location purposes.
- 3) Dickinson County may disclose protected health information pertaining to victims of a crime.
- 4) Dickinson County may disclose information in regard to a suspicious death due to criminal conduct.
- 5) Dickinson County may disclose information if a crime develops on Dickinson County property.
- 6) Dickinson County may disclose information in a medical emergency if it appears that a crime has developed.

Uses and Disclosures About Decedents:

Dickinson County may disclose protected health information to a coroner or medical examiner for identification purposes, to determine the cause of death, or for other duties authorized by law.

Dickinson County may disclose protected health information to a funeral director in order to allow the funeral director to carry out their duties, as allowable by law. Dickinson County may disclose protected health information in reasonable anticipation of a death.

Research:

Dickinson County may disclose protected health information when their research has been approved by an Institutional Review Board to ensure that an individual's privacy is met.

Averting Serious Threat to Health or Safety:

1) Dickinson County may disclose protected health information, when permitted by law, when the county believes that the disclosure is necessary to prevent a serious threat or public safety issue. 2) Dickinson County may disclose protected health information if it is necessary for law enforcement to identify or apprehend an individual.

Specialized Government Functions:

1) Dickinson County may disclose protected health information of individuals who are in the Armed Forces for activities authorized by military command officials. Dickinson County, through the Veteran's Affairs Office, may disclose protected health information to determine eligibility of benefits. Dickinson County may also disclose information in regard to foreign military personnel to foreign military authorities. 2) Dickinson County may disclose protected health information to authorized federal officials for national security and intelligence reasons, including information that may protect the President of the United States. 3) Dickinson County may disclose information to a correctional facility or law enforcement personal for the purpose of providing health care, for the safety of the individual or other inmates of the facility, for the administration and maintenance of safety, and for security and good order of a correctional facility. 4) Dickinson County may disclose

protected health information to determine eligibility for enrollment in a health plan or health benefits, or maintenance of such information. Dickinson County may also disclose information relating to the program to other government programs providing health benefits if the disclosure is necessary to coordinate programs.

Workers Compensation:

Dickinson County may disclose protected health information to comply with workers' compensation laws and programs.

Inmates:

Dickinson County may use or disclose protected health information of an inmate if Dickinson County created or received the protected health information while providing care for the inmate.

Required Uses and Disclosures:

Dickinson County must make disclosures to the individual when requested by the individual or when requested by the Secretary of the Department of Health and Human Services to determine compliancy of Dickinson County with regard to HIPAA privacy provisions.

**PROCEDURE**

- 1) Dickinson County must determine if the use or disclosure fits into one of the categories that do not require an authorization.
- 2) Dickinson County must notify the individual of the use and disclosure.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Minimum Necessary Uses and Disclosures of Protected Health Information**

#### **POLICY**

Dickinson County must ensure the confidentiality of all individuals. Dickinson County will only disclose the minimum necessary to meet the purpose of the requested use or disclosures in regard to the Health Insurance Portability and Accountability Act of 1996. Dickinson County must follow the items below.

#### **Minimum Necessary Standard:**

When Dickinson County discloses, or requests a disclosure, of protected health information Dickinson County must make a reasonable effort to limit the amount of protected health information to the minimum necessary to accomplish the purpose of the use, disclosure, or request.

The minimum necessary standard does not apply to the following:

- 1) Disclosures made by the Secretary of Health and Human Services to determine Dickinson County compliance.
- 2) Uses and Disclosures made prior to an authorization.
- 3) Uses or disclosures that are required by law and in compliance with HIPAA privacy provisions.
- 4) Uses and disclosures made by the individual.
- 5) Disclosures made to a health care provider, or requests by the health care provider.

#### **Recurring and Routine Disclosures:**

Dickinson County must implement procedures to limit the protected health information that is disclosed to a reasonable amount to achieve the desired purpose, for any type of disclosure that is made routinely.

#### **Other Disclosures:**

For all other disclosure, Dickinson County must create procedures to limit protected health information disclosed to the reasonable amount necessary to achieve the desired purpose and review requests of disclosure on an individual basis. Dickinson County may use a request for disclosure as the minimum necessary for the purpose. 1) Dickinson County must give the minimum necessary when making a disclosure to public officials when the official shows that the requested information is the minimum necessary. 2) Dickinson County must give the minimum necessary when another covered individual requests the information. 3) Dickinson County must give the minimum necessary when giving information for research purposes. 4) Dickinson County must give the minimum necessary when the information is requested by a professional who is member of a business associate of the Dickinson County if the professional shows that the request is for the minimum necessary required.

#### **Request for Protected Health Information:**

Dickinson County may limit and request for protected health information to that information that is necessary to complete the desired purpose for which the request is made. Dickinson County must limit the amount of information for those requests that are routine. For all other requests, Dickinson

County must limit information to only the information that is requested and needed to complete the purpose of the request.

*Other Content Requirements:*

For all other request, Dickinson County may not use, disclose, or request entire medical records unless the entire record is justified for the requested that is needed to complete the purpose.

**PROCEDURE**

- 1) Dickinson County will evaluate each request on an individual basis.
- 2) Dickinson County will determine if the information meets the purpose of the request.
- 3) Dickinson County will determine the minimum necessary to meet the purpose of the request.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Verification**

#### **POLICY**

Dickinson County must ensure the confidentiality of an individual's protected health information. Dickinson County will only disclose information as required by the Health Insurance Portability and Accountability Act of 1996. Dickinson County will follow the items described below.

#### **Requirements:**

Dickinson County will verify the identity of each individual who is requesting protected health information if the identity of the person is not known to Dickinson County. The verification can be oral or written. Dickinson County may condition disclosure of information until the identification process has been completed. A written statement should be done to verify that the identification process has been completed. The written statement should be signed and dated.

#### **Public Officials:**

Dickinson County may use any of the following to determine the identity for disclosure purposes:

- 1) If the request is made in person, the individual must present an identification badge or official credentials.
- 2) If the request is done in writing, the request should be made on government letterhead. A written statement of legal authority can be made. For example, a subpoena or warrant would work for identification.
- 3) If an individual is acting on behalf of the government official, the individual must have a written statement on government letterhead to tell that the person is acting for the government authority.

#### **PROCEDURE**

- 1) Dickinson County must obtain written documentation of verification.
- 2) When written documentation is not available, document the oral communication verifying the identity of the individual requesting disclosure.
- 3) If no other verification is required, Dickinson County must document that the county is aware that the individual is requesting disclosure.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Individual Privacy Rights**

#### **POLICY**

Dickinson County must ensure the confidentiality of an individual's protected health information. Dickinson County will only disclose information as required by the Health Insurance Portability and Accountability Act of 1996. Dickinson County will provide the following rights to individuals with regard to their protected health information.

##### **Right to Receive a County's Notice of Privacy Practices:**

Dickinson County must provide a notice of privacy practices that explains how Dickinson County manages confidential data. If Dickinson County uses or discloses information, other than for the purpose of treatment or payment, the notice of privacy practices must include how the information is being used or disclosed.

##### **Right to Access and Copy Protected Health Information:**

Individuals have a right to request access to and copy records containing their protected health information. Dickinson County can discuss with the individual how the information will be obtained either in person, or by mail. There are certain situations, which allow Dickinson County to deny the request.

##### **Right to Request Restriction of the Uses and Disclosures of Protected Health Information:**

Individuals have the right to not allow Dickinson County to disclose their protected health information to others.

##### **Right to Receive Confidential Communications:**

An individual may request that Dickinson County send their protected health information to alternate locations. Dickinson County must accommodate this request, provided that the individual clearly states, in writing, that the disclosure could endanger the individual.

##### **Right to Request Amendment and Correction of Protected Health Information:**

An individual has the right to request revisions or corrections to any parts of their record that they believe to be incorrect. Dickinson County is not obligated to change the record, but should make a determination in a timely fashion. There are a few reasons that Dickinson County could deny a request. One being Dickinson County may deny the request if the documents were not created by Dickinson County.

##### **Right to an Accounting of the Disclosures of Protected Health Information:**

If Dickinson County discloses protected health information for reasons that do not relate to treatment, payment, or health care operations, an individual has the right to receive an accounting of these disclosures. Dickinson County is not required to provide this accounting if the disclosures were made directly to the individual or the authorized individual.



## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Right to Notice of County Privacy Practices**

#### **POLICY**

Dickinson County will only disclose information as required by the Health Insurance Portability and Accountability Act of 1996. Dickinson County must provide privacy policy practices to all individuals. Dickinson County must follow the rules below.

#### **Individual's Right to Notice:**

Dickinson County must provide the individual with a notice of the uses and disclosures and legal duties of protected health information made by Dickinson County.

#### **Inmates:**

A Dickinson County inmate does not have the right to a notice.

#### **Notice Requirements:**

- 1) Written in plain language.
- 2) A header that states "This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully."
- 3) A description, including an example, of the types of uses and disclosures that Dickinson County is permitted to make for treatment, payment and health care operations.
- 4) A description of each of the other purposes that Dickinson County is permitted to use or disclose protected health information without the individual's written authorization.
- 5) An individual must provide a written statement of authorization for use and disclosure of protected health information. The individual may also revoke the authorization at any time.
- 6) If Dickinson County contacts individuals to remind them of appointments or gives them information, Dickinson County must describe that on the notice.
- 7) The notice must give a statement of the individuals rights in regard to protected health information, as well as a brief description of how the individual can exercise the following rights:
  - a) The right to request restrictions on use and disclosures, when Dickinson County is not required to agree to a requested restriction.
  - b) The right to receive confidential communications of protected health information.
  - c) The right to inspect and copy your protected health information.
  - d) The right to amend protected health information.
  - e) The right to receive an accounting of your protected health information.
  - f) The right to obtain a paper copy of a notice from Dickinson County.
- 8) The notice must provide a statement that Dickinson County is required to maintain your protected health information.
- 9) Dickinson County must provide individuals with a notice of Dickinson County's legal duties and privacy practices.
- 10) The notice must include a statement that Dickinson County is required to abide by the notice currently in effect.

- 11) The notice must include a statement that Dickinson County reserves the right to change the terms of the notice at any time. Dickinson County must also state how they will provide individuals with the notice.
- 12) Individuals must provide a statement that the individual may complain to Dickinson County and to the Secretary if they believe their privacy rights have been violated. The notice must state how an individual may file the complaint, as well as a statement that the individual will not be retaliated against when making the complaint.
- 13) The notice must state the name and telephone number to contact for further information.
- 14) The notice must have a date as to when it went into effect.

Revision to the Notice:

Dickinson County must revise and distribute its notice promptly whenever there is a material change to the uses and disclosures, to the individual's rights, and Dickinson County's legal duties or privacy practices.

Provisions for Health Plans:

A health plan must provide notice no later than the compliance date for the health plan to the individual covered by the plan. Dickinson County must also provide a notice to any enrollee there after. The health plan must also notify individuals at least every three years on the availability of the notice and how to obtain the notice.

Provisions for Providers:

A health provider that has direct treatment relationship with an individual must provide notice no later than the first date of services. The provider must make a good faith effort to obtain a written agreement. If the agreement is not obtained the provider must describe, in writing, the good faith effort made to obtain the acknowledgement of the receipt of notice. In an emergency situation the provider must make a notice available as soon as reasonable after the emergency.

Methods for Providing the Notice:

Dickinson County will provide a copy of the notice on the Dickinson County Website [www.co.dickinson.ia.us](http://www.co.dickinson.ia.us). Dickinson County can provide the notice via email if the individual agrees to the electronic transmission. If the individual receives an electronic notice, the individual also has a right to request a paper notice.

Document Retention:

Dickinson County must maintain and retain copies of the notices issued as well as any written acknowledges of receipt or good faith effort made.

**PROCEDURE**

- 1) Give the individual a copy of the notice of privacy rights.
- 2) Retain a copy and place in the individual's record.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Accessing Protected Health Information**

#### **POLICY**

Dickinson County acknowledges an individual's right to access confidential information about himself or herself. Dickinson County will disclose protected health information to the individual according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dickinson County will follow the guidelines described below.

#### *Right to Access:*

An individual has the right to access and obtain a copy of their protected health information contained in their records except for psychotherapy notes, information obtained in anticipation of legal proceedings, or protected health information maintained by Dickinson County that is subject to or exempted from the Clinical Laboratory Improvements Amendments of 1988 (CLIA).

#### *Unreviewable Grounds for Denial:*

Dickinson County may review an individual access to protected health information with providing the individual an opportunity to review when:

- 1) The requested information is psychotherapy notes.
- 2) Dickinson County, when acting under direction of a correctional institution, determines providing the information would jeopardize the health, safety, and security of other inmates, or the safety of the employee or transporting individual.
- 3) The requested information was obtained under confidentiality from someone other than Dickinson County and the access would obtain a revealing of the source.
- 4) The requested information was obtained in anticipation of a legal proceeding.
- 5) When the protected health information obtained by Dickinson County is done so for research. For this exception the individual must have agreed to the denial of access in conjunction with the individual's consent to participate in the research and the covered provider must have informed the individual that the right of access will be reinstated upon completion of the research.
- 6) The protected health information is also subject to the privacy act.

#### *Reviewable Grounds for Denial:*

Dickinson County must provide the individual with a right to review the following reasons for denial.

- 1) If a licensed health care professional has determined that the access requested is likely to endanger the life or physical safety of the individual.
- 2) The protected health information requested makes reference to someone other than the individual, and the licensed health care professional has determined that the access requested is likely to endanger the life or physical safety of the individual, or if the request is made by an individual's personal representative and the access is likely to cause harm to the individual or another person.

Review of Denial of Access:

If access is denied the individual has the right to have the denial reviewed by a licensed health care professional who is designated by Dickinson County to act as a reviewing official. The health care provider cannot be someone who participated in the original decision to deny.

Request of Access and Timely Action:

Dickinson County will permit an individual request, in writing, to request access, inspect, or obtain a copy of protected health information that Dickinson County has maintained in the records. Dickinson County must act on the request within thirty days of receiving the request if the information is maintained on-site. Dickinson County must act on a request for access within sixty days for information that is not maintained on-site. Dickinson County has the right to extend the deadline 30-days. But, the extension must be sent by Dickinson County to the individual in writing with an explanation as to why the extension was needed. Dickinson County may only extend the deadline one time per request for access.

Provision of Access:

Dickinson County will notify the individual of the decision of the request of access and of any steps necessary to fulfill the request, to provide the information in the requested format, and to facilitate the process of inspection and copying. If the protected health information is maintained in more than one record or location, Dickinson County only needs to produce the information once per request of access. Dickinson County must provide the requested information in a form that is readily producible. If the information is not available in the form requested, Dickinson County must provide the information in a readable hard copy or form that is agreeable with the individual. If an individual requests a copy of protected health information, Dickinson County may charge a reasonable fee for copying, labor, and supply costs. If the individual requires the information to be mailed Dickinson County may charge a fee for the cost of postage. Dickinson County may also charge for preparing an explanation of the costs, if the individual requests an explanation of the said costs.

Denial of Access:

If Dickinson County denies access to part of the protected health information, Dickinson County must provide the individual with access to all other information; that was not denied, in their record set. Dickinson County must provide a written statement in plain language of the denial. The statement should include the reason for denial, the individual's right to review, and the individual's right to make a complaint to Dickinson County or the Secretary of Health and Human Services.

Review of Denial Requested:

If the individual requests a review of denial Dickinson County must designate a licensed health care professional to act as the reviewing official. The reviewing official could not have been involved in the original decision of denial. The reviewing official must determine in a reasonable fashion, whether to approve or deny the access request. Dickinson County must provide the individual with a written notice of the reviewing official's decision, and carry out that decision of the official.'

Documentation:

Dickinson County must keep documentation of the records that are subject to access by the individual and the title of the person(s) or offices responsible for receiving and processing requests for access by individuals.

## **PROCEDURE**

- 1) Dickinson County must provide the individual with a request to access protected health information form.
- 2) Dickinson County must inform the individual that Dickinson County will notify them of the decision.
- 3) Dickinson County must inform the individual of the reasons that the county may deny them access to the records.
- 4) Dickinson County must send the individual a written statement of acceptance or denial of the request.
- 5) Dickinson County must allow the individual to obtain the requested information if the request is granted.
- 6) Dickinson County must maintain and place all acceptances or denials in the individual's records.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Amending Protected Health Information**

#### **POLICY**

To ensure the accuracy of individual protected health information Dickinson County will amend the protected health information according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dickinson County will follow the regulations described below.

#### **Right to Amend:**

An individual has the right to have Dickinson County amend protected health information about the individual in their record for as long as the information is maintained in that record set.

#### **Denial of Amendment:**

Dickinson County may deny an individual's right to request an amendment if it determines that the protected health information is: not created by Dickinson County, unless the individual can provide evidence that the originator of the information is not longer available to complete the request, not available for inspection, or not accurate or complete.

#### **Request for Amendment and Timely Action:**

Dickinson County must permit an individual the right to request and amendment to the protected health information in their records. Dickinson County must have the request in writing. Dickinson County must act on the individual's request within sixty days that the request was received. If Dickinson County is unable to act on the request within sixty days, an extension may be requested as long as Dickinson County sends the individual a reason for this extension in writing. Dickinson County may only have one extension per amendment request.

#### **Accepting the Amendment:**

If Dickinson County agrees to the amendment it must make the appropriate changes in the individual's records. Dickinson County must also inform the individual that the amendment was accepted and notify those persons with which the change in amendment need to be shared.

#### **Notifying Others:**

Dickinson County must make efforts to inform and provide the amendment to persons identified by the individual as having receive protected health information about the individual and a person or business associate that Dickinson County knows to have the protected health information that is subject to amendment.

#### **Denying the Amendment:**

When Dickinson County denies an amendment the county must provide the individual with a reason for the denial. The individual has the right to submit, in writing, a statement disagreeing with the denial. The individual has the right to request that Dickinson County provide the individual's request for amendment and denial with any future disclosures of protected health information if the individual does not file a statement of disagreement. Dickinson County must also include a statement of how the individual may file a complaint to Dickinson County or to the Secretary of Health and Human Services. The statement must include the name, title, or telephone number of the county contact.

Statement of Disagreement:

Dickinson County must allow an individual to provide a written statement of disagreement in regard to the denial of the amendment.

Rebuttal Statement:

Dickinson County may respond with a written rebuttal to the statement of disagreement from the individual. A copy of this rebuttal must also be sent to the individual.

Recordkeeping:

Dickinson County must identify the protected health information that is subject to the amendment. The individuals request for amendment, the individual's statement of disagreement, and Dickinson County's denial or rebuttal must all be included in the individual's records, when there are any made.

Future Disclosures:

If a statement of disagreement is made by an individual; Dickinson County must include a summary of any information that that relates to the denial. If an individual does not write a statement of disagreement Dickinson county must include the individual's request for amendment and denial or a summary of the request with any subsequent disclosures of protected health information when the individual follows the appropriate procedures.

Actions on Notices of Amendment:

When Dickinson County is informed by another covered entity of an amendment to an individuals' protected health information, Dickinson County must amend the protected health information in its records.

Documentation:

Dickinson County must document titles of persons or offices responsible for receiving and processing requests for amendments.

**PROCEDURE**

- 1) The individual must complete a request for amendment form.
- 2) Dickinson County must explain to the individual the information that will be reviewed and that a decision will be made on whether the correction will be accepted or denied.
- 3) If an amendment is accepted the records must be amended with the request.
- 4) Dickinson County must notify others of the amendment.
- 5) Dickinson County must explain the individual's right to submit a statement of disagreement for any denial and Dickinson County's right to rebut the written statement.
- 6) A copy of the completed form will be kept in the individual's record set. A copy will be sent to the individual.
- 7) Dickinson County will keep the amendment or correction for six years.
- 8) Dickinson County will explain to the individual that the information will accompany the record set anytime a request is made to release the information.
- 9) When a statement of disagreement is filed this must be attached to the individual's record.
- 10) If a rebuttal statement is provided by Dickinson County it must be attached to the individual's record set.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Request for Privacy**

#### **~Alternate Mean and Location**

### **POLICY**

To ensure the confidentiality of an individual's protected health information, Dickinson County will disclose protected health information to an alternate location or through an alternate means pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dickinson County will follow the information has described below.

#### **Requesting Restrictions:**

Dickinson County must allow an individual to make restrictions on their uses and disclosures of protected health information to carry out treatment, payment, or health care operations. The individual may also restrict the disclosures made to a family member. Dickinson County is not required to meet the restriction. If Dickinson County does agree to restrict the protected health information it must not use or disclose any information that would be in violation of that restriction. If the restricted information is disclosed during an emergency situation Dickinson County must request that the health care provider not further use or disclose the restricted information. Dickinson County may not agree to restrict or disclose protected health information if the HIPAA privacy provisions require the disclosure.

#### **Terminating a Restriction:**

Dickinson County may terminate its agreement to a restriction if the individual agrees to or requests the termination in writing, if the individual orally agrees to the termination and the oral agreement is documented, or if Dickinson County informs the individual that it is terminating its agreement to a restriction because the termination is only effective with respect to the protected health information created or received after informing the individual.

#### **Confidential Communications:**

Dickinson County must permit individuals to request and accommodate reasonable requests by individuals to receive communications of protected health information by alternate means and at alternate locations, if the information clearly states that the disclosure of all or part of that information could endanger the individual.

#### **Conditions on Providing Confidential Communications:**

Dickinson County may require an individual to make a request for confidential communication in writing. Dickinson County may condition the provision of a reasonable accommodation on when appropriate, information on how payment will be handled, and the speculation of an alternate address or method of contact.

### **PROCEDURE**

- 1) Dickinson County will provide an individual with appropriate forms.
- 2) Dickinson County will change communications to alternate means or locations.
- 3) Dickinson County will retain documentation to be included in the individual's records.



## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Accounting of Disclosures**

#### **POLICY**

Dickinson County acknowledges an individual's right to an accounting of disclosures made by Dickinson County. Dickinson County will provide this accounting according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dickinson County will follow the regulations described below.

#### **Right to an Accounting of Protected Health Information:**

An individual has the right to receive an accounting of disclosure of protected health information made by Dickinson County in the six years prior to the date on which the accounting was requested, except for disclosures:

- 1) To carry out treatment, payment, or health care operations.
- 2) To individuals of protected health information about them.
- 3) Incident to a use or disclosure otherwise permitted.
- 4) Pursuant to an authorization.
- 5) For national security.
- 6) To correctional institutions or law enforcement officials.
- 7) As part of a limited data set.
- 8) If it occurred prior to the compliance date for Dickinson County.

Dickinson County must temporarily suspend the individual's right to receive an accounting of disclosure to a health oversight agency or law enforcement official, at their request, if they provide a written statement that such accounting would be likely to impede the agency's plan. The suspension must state the time for which it is required. If a statement is given orally Dickinson County must document the statement including the officials identity. The suspension cannot be longer than thirty days.

#### **Content of the Accounting:**

Dickinson County must provide the individual with a written accounting that includes disclosures of protected health information that occurred during the past six years prior to the date of the request for accounting, including disclosures to or by business associates of Dickinson County. The accounting must include: the date of the disclosure, identify who received the protected health information and the address of the person, a brief description of the protected health information disclosed, and a brief statement of the purpose for the disclosure or a written request for the disclosure. Dickinson County shall provide the frequency, number, and date of disclosures during the accounting period.

#### **Provision of the Accounting:**

Dickinson County must act on the individual's request for an accounting no later than sixty days after the request is made. Dickinson County must provide the individual with an accounting, if Dickinson County is unable to provide the accounting within the sixty-day time period, Dickinson County may make an extension of thirty days. Dickinson County must provide a statement in writing to the individual as to why the extension is needed. Dickinson County may only have one extension for each request made by the individual. Dickinson County may charge a fee to an individual, provided that Dickinson County tells the individual up front about the charge, if an

individual request an accounting beyond the one submitted every twelve months by Dickinson County.

Documentation:

Dickinson County must document and keep information which includes the written accounting provided to the individual and the title of the person or office responsible for receiving and processing the requests.

**PROCEDURE**

- 1) Dickinson County must provide the individual with a request for accounting form.
- 2) Dickinson County must provide the necessary disclosures to the individual.
- 3) Dickinson County must keep documentation to be included in the individual's designated record set.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Business Associate Agreements**

#### **POLICY**

In order to conduct business and perform health care operations while insuring confidentiality of protected health information Dickinson County will enter into agreements of understanding with all Business Associates as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dickinson County will follow the standards listed below.

Dickinson County will obtain assurances that the Business Associate will safeguard protected health information that Dickinson County discloses to it or it receives on behalf of Dickinson County. An agreement between Dickinson County and a Business Associate will establish the permitted uses and disclosures of protected health information. But, the agreement will not allow the Business Associate to use or disclose protected health information in violation of the Health Insurance Portability Act of 1996 (HIPAA). A Business Associate may use and disclose protected health information for the following purposes: management and administration of the business associate, legal responsibilities, and for data services related to the health care component of Dickinson County.

If a Business Associate uses or discloses protected health information, they must obtain reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and use or disclosed as required by law.

The agreement between Dickinson County and the Business Associate will also provide a Business Associate with the following:

- 1) An agreement not to use or disclose protected health information other than as permitted or required by law.
- 2) An agreement to use appropriate safeguards to prevent use or disclosure of protected health information.
- 3) An agreement to mitigate any harmful effect that is known to the Business Associate of an unlawful use or discloser of protected health information by a Business Associate.
- 4) An agreement to report to Dickinson County any use or disclosure of protected health information not provided by the agreement.
- 5) An agreement to ensure that any agent, including subcontractors, to whom it provides protected health information received from, or created or received by a Business Associate on behalf of Dickinson County agrees to the same restrictions and conditions that apply to the Business Associate with respect to such information.
- 6) An agreement to provide Dickinson County with access to protected health information in a designated record, in the time and manner designated by Dickinson County as directed by Dickinson County to an individual.
- 7) An agreement to many any amendments in a designated record set at the request of Dickinson County or an individual, and in the time and manner designated by Dickinson County.
- 8) An agreement to make internal practices, books, and records relating to the use and disclosure of protected health information received from Dickinson County available to

Dickinson County or to the Secretary of the Department of Health and Human Services for purposes of determining Dickinson County Compliance.

- 9) An agreement to document such disclosures of protected health information as would be required for Dickinson County to respond to a request by an individual for an accounting of disclosure of protected health information.
- 10) An agreement to provide to Dickinson County for an individual, in time and manner designated by Dickinson County, information required for an accounting of disclosures of protected health information.

Termination of an Agreement:

A Business Associate must also agree that at termination of the agreement, they must return or destroy all protected health information created by or received by the Business Associate on behalf of Dickinson County that the Business Associate still maintains in any form and retain no copies of such information. If return or destruction is not feasible, the protections of the agreement shall be extended and further uses and disclosures limited. Dickinson County may authorize termination of the agreement if Dickinson County determines that the Business Associate has violated the agreement.

Other Arrangements:

Dickinson County can enter into an agreement, containing the above conditions, with a Business Associate if both entities are government entities.

Group Health Plans:

Dickinson County may disclose summary health information to a plan sponsor.

**PROCEDURE**

- 1) Dickinson County must provide a Business Associate, who has access to protected health information, with a Business Associate Agreement.
- 2) Dickinson County must have a signed agreement before using or disclosing protected health information to the entity.
- 3) Dickinson County must terminate the Business Associate Agreement upon learning that the agreement is no longer needed, or that the Business Associate has disclosed or used information that was not to be disclosed or used.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Workforce Confidentiality**

#### **POLICY**

To ensure that protected health information is protected, Dickinson County will educate and train all employees on the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dickinson County will require the following items.

#### **County Principles:**

- 1) All Dickinson County employees and persons associated with Dickinson County are responsible for protecting the confidentiality of all protected health information that is obtained, handled, learned, heard, or viewed in the course of their work with Dickinson County.
- 2) Protected health information shall be protected during its collections, use, storage, and destruction within Dickinson County.
- 3) The use or disclosure of protected health information will be based on the need to know. Discussion regarding protected health information should not take place in public places.
- 4) All employees must sign a confidentiality agreement as a condition of employment, association, or appointment with Dickinson County. All Dickinson County employees and persons associated with Dickinson County are required to sign the confidentiality agreement at the commencement of their relationship with Dickinson County.
- 5) Unauthorized use or disclosure of confidential information will result in a disciplinary action; which may include termination of employment.
- 6) All individuals who become aware of a use or disclosure of protected health information that violates the HIPAA privacy provisions are to follow the Dickinson County reporting procedures.

#### **PROCEDURE**

- 1) An allegation of a breach of confidentiality of protected health information should be made immediately to the HIPAA privacy officer of Dickinson County.
- 2) The Dickinson County privacy officer will decide whether to proceed with an investigation. The Dickinson County Privacy Officer may decide that too much time has passed since the alleged breach of confidentiality, and may therefore, not proceed with the investigation.
- 3) The Dickinson County Privacy Officer, upon deciding to follow through on the investigation, should consult appropriate resources to make a determination on the breach of confidentiality.
- 4) If a breach of confidentiality of protected health information has occurred, the appropriate disciplinary action will be taken. Dickinson County will follow the current personnel policy on office procedures and breaches that occur.
- 5) All incidents of a breach of confidentiality of protected health information will be documented and filed with the Dickinson County privacy officer.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Compliance Violations**

#### **POLICY**

Dickinson County believes in keeping the lines of communication open. To encourage communication of compliance concerns Dickinson County persons to report concerns anonymously, verbally, or in writing, in accordance with established procedures. Dickinson County will make every reasonable effort to protect the identity of a reporting employee, unless the employee permits Dickinson County to reveal their identity. No disciplinary action or retaliation will be taken against an employee who makes a good faith report of a compliance concern. Any individual who retaliates against an employee for reporting a compliance issue will be subject to disciplinary action.

#### **PROCEDURE**

##### *Report of Concern:*

A report of concern may be made by anyone having information about a suspected violation of Dickinson County's privacy standards, or the laws and regulations governing Dickinson County. Reports may be made verbally or in writing to the Dickinson County Privacy Officer. All reports, whether verbal or written, will be documented on the Confidential Report of Concern.

##### *Reporting System:*

Reports of compliance concerns should be made in one of the following ways:

- 1) Verbal report by a named individual, in person or by telephone, made to the Dickinson County privacy officer.
- 2) Written report by a named individual, by use of the Confidential Report of Concern, submitted to the Dickinson County privacy officer.
- 3) Anonymous telephone report by an unidentified individual made to the Dickinson County privacy officer.
- 4) Anonymous written report by an unidentified individual submitted by mailing a completed Confidential Report of Concern to the Dickinson County privacy officer at 1802 Hill Avenue, Spirit Lake, IA 51360.

##### *Investigation of Reports:*

The Dickinson County privacy officer will investigate each report of concern. The findings of an investigation prompted by a report of concern will be recorded on the Compliance Report Investigation Form within five working days of the report.

## **DICKINSON COUNTY POLICY AND PROCEDURE**

### **Administrative Requirements**

#### **POLICY**

##### *Personnel Designations:*

Dickinson County has a privacy officer who is responsible for the development and implementation of the policies and procedures of Dickinson County. The privacy officer will be responsible for taking complaints and providing information about practices covered in the notice of privacy practices.

##### *Documentation of Designated Personnel:*

Dickinson County must document which personnel is allowed access to protected health information.

##### *Training:*

Dickinson County must train all members of its workforce on the policies and procedures in Dickinson County that they will need to carry out their function with Dickinson County. Dickinson County must also train each new person that is hired thereafter. Dickinson County must also train each new amendment that is made to the Dickinson County policy and procedures. Dickinson County must document the training.

##### *Safeguards:*

Dickinson County must have in place appropriate administrative, technical and physical safeguards to protect the privacy of protected health information. These safeguards must protect information from intentional and unintentional use and disclosure in accordance with HIPAA. Dickinson County must safeguard against accidental use or disclosure of protected health information.

##### *Complaints:*

Dickinson County must provide individuals a right to make complaints concerning Dickinson County's policies and procedures or other requirements under HIPAA. Dickinson County must document all complaints received.

##### *Sanctions:*

Dickinson County must have regulations and comply with the regulations for those employees who fail to comply with the privacy policies and procedures of Dickinson County or the other requirements under HIPAA. Dickinson County will follow the current personnel policy on office procedures and breaches that occur. Dickinson County must mitigate, to the extent practicable, any harmful effect known to Dickinson County of the use or disclosure of protected health information in violation of its policies and procedures by Dickinson County or its business associates.

##### *Refraining from Retaliation:*

Dickinson County cannot intimidate or discriminate against any individual who exercises any right under HIPAA including filing a complaint, or any individual who files a complaint with the Secretary of the Department of Health and Human Services.

Waiver of Rights:

Dickinson County may not require individuals to waive their right, including the right to file a complaint, payment, enrollment in a health plan, or eligibility of benefits.

Policies and Procedures:

Dickinson County must implement policies and procedures with respect to protected health information that are designed to comply with HIPAA privacy provisions. Dickinson County must change its policies and procedures as necessary and appropriate to comply with changes to the law.

Documentation:

Dickinson County must document and retain the following information for six years from the date of its creation or the date it was last in effect:

- 1) Policies and Procedures
- 2) All writings required by the HIPAA privacy provisions.
- 3) Any action, activity or designation required by any HIPAA provision.

Compliance Date:

April 14, 2003



## WORKFORCE DESIGNATION

Dickinson County must identify those persons who need access to protected health information to carry out their daily duties. Dickinson County must also identify the category of protected health information to be access as well as the method to obtain the information.

The Following Designations Have Been Made by Dickinson County:

Position/Job Title	Protected Health Information Required for Job Functions?	Category of Protected Health Information to be accessed	Method of access to Protected Health Information

Dickinson County will limit the access of individuals identified in the designation.

## **HYBRID ENTITY DESIGNATION**

Dickinson County has been designated as a Hybrid Entity. The following county departments and offices have been designated as healthcare components of Dickinson County and thus are subject to the HIPAA privacy provisions:

- Central Point of Coordination Office
- Veterans Affairs Office
- Auditors Office
- Supervisors Office
- Recorders Office
- Zoning Office
- Emergency Management Office
- Sheriffs Office (including jailers and communication center)
- Engineers Office/Secondary Road

Dickinson County determined that the following offices and departments have not been designated as healthcare components of Dickinson County thus are not subject to the HIPPA privacy provisions:

- Conservation Department
- Treasurers Office
- Assessors Office

Dickinson County must ensure that when a member of its workforce performs duties for more than one department, that the person will not disclose or use the information in the other area of their duties.

**ACCOUNTING OF DISCLOSURES**

Individual Name: \_\_\_\_\_

Individual Social Security Number: \_\_\_\_\_

Date Request is Received	Person Making Request	Date of Disclosure	Name and Address of Recipient of PHI	Description of PHI Disclosed	Purpose of Disclosure or Copy of Written Request	Name of Staff Processing Request

**INDIVIDUAL REQUEST FOR PROTECTED HEALTH INFORMATION**

This form states an individual’s request for protected health information (PHI) held by Dickinson County. To obtain your PHI this form must be filled out in its entirety.

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip code) \_\_\_\_\_

Date of Birth: (Month/Day/Year) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

*I Request Dickinson County to Provide the Following Protected Health Information About Me:*

- Mental Health Records
- Medical Records
- Billing Records
- Other (Please list) \_\_\_\_\_

*I Request Access to my Protected Health Information for the Dates Covering the Following Time Period(s):*

From: (Month/Day/Year) \_\_\_\_\_ To: (Month/Day/Year) \_\_\_\_\_

*I Would Like to Obtain the Requested Protected Health Information in the Following Format:*

- Electronic Sent to the Following Address: \_\_\_\_\_
- Hardcopy Sent to the Following Address: \_\_\_\_\_
- \_\_\_\_\_
- Other: \_\_\_\_\_
- On-Site Inspection

**I UNDERSTAND DICKINSON COUNTY MAY CHARGE A REASONABLE FEE FOR THE COSTS OF COPYING, MAILING OR OTHER SUPPLIES ASSOCIATED WITH MY REQUEST.**

\_\_\_\_\_  
Signature of Individual Date

*In the Event this Request is made by the Individual’s Personal Representative*

\_\_\_\_\_  
Signature of the Personal Representative Date

\_\_\_\_\_  
Legal Authority of the Personal Representative

**NOTICE OF DECISION REGARDING INDIVIDUAL REQUEST FOR  
PROTECTED HEALTH INFORMATION**

Your Request to Access the Following Protected Health Information

- Medical Records
- Billing Records
- Other \_\_\_\_\_

For Protected Health Information Covering the Dates of:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_

In the Following Format:

- Copies of requested information (Cost \$\_\_\_\_\_)
- Inspection of my health information at (\_\_\_\_\_)

Has Been:

- Accepted
- Denied

Reason for Denial:

- You do not have a right to access the information nor to request a review of this decision as it falls under the following category:
  - Psychotherapy notes
  - PHI requested is related to civil, criminal, or administrative action
  - You are an inmate and the PHI requested could jeopardize the health or safety of yourself or others
  - You have agreed to participate in research and have been notified that this information is restricted while in the course of the research. You may access the information upon completion of research
  - The PHI requested is subject to the Privacy Act
  - The PHI requested was obtained from a third party under condition of confidentiality
- Your request has been denied for the following reason: (NOTE: You may request a review of this decision by following the appeal procedure outlined below)
  - A licensed Health Care Professional has determined that the access requested is likely to endanger the life or safety of yourself or others
  - The PHI requested makes reference to someone else and is likely to cause that person serious harm

- It is believed that access to the requested PHI may inflict the individual you represent to domestic violence, abuse, may endanger their life, or is not in the best interest of the individual represented.

□ Other \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Request Received \_\_\_\_\_

Request for Reviews:

You may have this decision reviewed by sending a written request to: Sue Duhn, Dickinson County Privacy Officer, 1802 Hill Avenue, Spirit Lake, IA 51360. The request must be received within 7 business days from the above date. The directions to have a review done by Dickinson County are listed below.

### **REVIEW PROCEDURE**

This section tells how decisions in Dickinson County can be reviewed.

- If you disagree with your notice of decision you may ask for a review of the decision. Dickinson County will only review those decisions that are requested for review by you or your personal representative.
- An individual must request a review by sending a written notice requesting a review within seven business days from the date of the Notice of Decision. You must send your request to the Dickinson County Privacy Officer, Sue Duhn, 1802 Hill Avenue, Spirit Lake, IA 51360.
- Dickinson County will send you a written notice, within five days business days of the request, informing you of the date, time, and place of the review.
- Dickinson County will send a written notice of that review to you and your personal representative (if applicable) within ten business days of the review.
- The review proceeding will be private. You have the right to attend the review. You may bring an attorney if you so desire.

**REQUEST FOR ACCOUNTING OF DISCLOSURES**

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip code) \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

*I Request an Accounting of All Disclosures for the Following Time Period: (Your accounting period cannot be more than six years prior to the date of your request, or before April 14, 2003.)*

From: (Month/Day/Year) \_\_\_\_\_ To: (Month/Day/Year) \_\_\_\_\_

I Request the Accounting be Sent to the Following Address:

\_\_\_\_\_  
\_\_\_\_\_

I understand that this is no charge for the first accounting request in a 12-month period. For each additional request in the same 12-month period, the charge is \$\_\_\_\_\_.

I Understand the Following: (Please check one)

- There is no fee for this request
- There is a fee for this request

**I Understand the Accounting I have Requested Will be Provided to me Within 60 days of this Request Unless I am Notified in Writing that an Extension of up to 30 Days is Needed.**

\_\_\_\_\_  
Signature of Individual Date

In the Event this Request is Made by the Individual's Personal Representative:

\_\_\_\_\_  
Signature of Personal Representative Date

\_\_\_\_\_  
Legal Authority of the Personal Representative

**For Dickinson County use only:**

Date request received: \_\_\_\_\_ Date accounting sent: \_\_\_\_\_

Extension requested: \_\_\_\_\_ No \_\_\_\_\_ Yes—If yes, give reason: \_\_\_\_\_

\_\_\_\_\_ Individual notified in writing of the extension

Name of person processing the request: \_\_\_\_\_





**INDIVIDUAL'S REQUEST FOR AMENDMENT OF  
PROTECTED HEALTH INFORMATION**

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip code) \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date of entry to be amended: \_\_\_\_\_

Type of entry to be amended: \_\_\_\_\_

Please explain how the entry is incorrect or incomplete. What do you believe the entry should say to be more accurate or complete?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like this amendment sent to anyone to whom we have made disclosures of information in the past? If so, please list the name and address of the individual or organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Dickinson County reserves the right to amend the protected health information based on my request, and the original entry in the record will not be altered. This request to amend will be put into my protected health information record.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

*In the Event this Request is made by the Individual's Personal Representative:*

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Signature of Personal Representative

Date

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Legal Authority of Personal Representative

Date

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**For Dickinson County Use Only:**

Date Received \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_

If denied, check reason for denial:

- Protected health information is accurate and complete
- Protected health information was not created by Dickinson County
- The requested amendment is not part of the individual's protected health information record
- According to the law, the request is not part of the protected health information that is available for inspection by the individual (example psychotherapy notes)
- If denied, the individual was informed of the denial in writing
- If accepted, individual was informed of acceptance

Name/Title of individual processing this request: \_\_\_\_\_

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**REQUEST FOR ALTERNATE MEANS OR LOCATION OF CONFIDENTIAL COMMUNICATIONS**

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip code) \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

*I Request Dickinson County to Communicate Confidential Information to me in the Following Manner:*

- Telephone communication at the following telephone number: \_\_\_\_\_  
\_\_\_\_\_ Leave a message on an answering machine at this number  
\_\_\_\_\_ Do not leave a message on an answering machine at this number
- Written communication to be mailed to the following address:  
\_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_

I further understand that Dickinson County may condition its acceptance of these conditions upon how payment for services will be made or upon my providing an alternative address or other method of contact.

\_\_\_\_\_  
Signature of Individual Date

*In the Event this Request is made by the Individual's Personal Representative:*

\_\_\_\_\_  
Signature of Personal Representative Date

\_\_\_\_\_  
Legal Authority of Personal Representative Date

**For Dickinson County Use Only:**

\_\_\_\_\_ Accept request for alternative communication  
\_\_\_\_\_ Deny request for alternative communication. Reason for denial \_\_\_\_\_

Name/Title of individual processing this request: \_\_\_\_\_  
Date request processed: \_\_\_\_\_

## EMPLOYEE CONFIDENTIALITY AGREEMENT

I have read and understand Dickinson County's Policies and Procedures in regard to workplace confidentiality. In consideration of my employment or association with Dickinson County, I hereby agree that I will not at any time, during my employment, or after my employment or association ends, access or use protected health information. I will not disclose to any persons within or outside Dickinson County, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable local, state or federal laws governing proper release of information. I also understand that unauthorized use or disclosure of protected health information will result in disciplinary action, which could include termination of employment or association and the possible imposition of fines pursuant to applicable state and federal laws.

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Date

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Employee Signature

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Department

I have discussed the Dickinson County Policies and Procedures with respect to confidentiality in the workforce and the consequences of a breach with the above named.

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Signature of individual administering agreement

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Date

**CONFIDENTIAL REPORT OF CONCERN**

This report states the facts pertaining to any known or suspected violation of Dickinson County’s privacy standards or the laws and regulations governing Dickinson County. Although we ask you to provide your name, it is not necessary for you to do so if you wish to make an anonymous report. An anonymous report can be made by completing this form and mailing it to the Dickinson County Privacy Officer at 1802 Hill Avenue, Spirit Lake, Iowa 51360. If you do not want to give your name, you may call the Privacy Officer within one week of submitting this report to inquire about the outcome of the investigation.

If you wish to identify yourself in this report, Dickinson County will make every effort to keep your identity confidential, unless you give Dickinson County permission to reveal it. Only the Dickinson County Privacy Officer, and others designated by the Privacy Officer will have access to your report. No disciplinary action or retaliation will be taken against you for making a good faith report of a compliance violation.

Please include all the factual details of the suspected violation, to ensure that the Privacy Officer has all of the information necessary to conduct a thorough investigation. Please attach additional pages if needed. The information that you provide should include names, dates, times, places, and a detailed description of the incident that led you to believe that a violation of Dickinson County’s privacy standards occurred. Please include a copy or a description of any documents that support your concerns.

Date of this request: \_\_\_\_\_ Name of person making this report: \_\_\_\_\_

Description of the violation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed description of the incident(s) resulting in the violation (include names, dates, times, and policies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of person(s) involved in the incident and an explanation of their role: \_\_\_\_\_  
\_\_\_\_\_

Name(s) of other person(s) having knowledge of the incident: \_\_\_\_\_  
\_\_\_\_\_

Department where the incident occurred: \_\_\_\_\_

Date(s) of the incident: \_\_\_\_\_

Explanation of how you became aware of the suspected violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach or describe any documents that support your concern (include a description of the documents, the identity of the persons who wrote the documents, the dates of the documents, and the location of the documents).

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**COMPLIANCE REPORT INVESTIGATION FORM**

Date of reported concern: \_\_\_\_\_

Name of person who received the report: \_\_\_\_\_

Name of person who made the report (state "unknown" if the report was made anonymously):  
\_\_\_\_\_

Date(s) of investigation: \_\_\_\_\_

Name(s) of person(s) investigating: \_\_\_\_\_  
\_\_\_\_\_

Name(s) of person(s) interviewed: \_\_\_\_\_  
\_\_\_\_\_

Description of documents reviewed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan of correction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED FOR DISCLOSURE OF  
PROTECTED HEALTH INFORMATION**

Please complete this form in its entirety. This authorization is not valid and Dickinson County will not release your protected health information unless the form is completed in its entirety. A copy of the signed authorization will be provided to you.

*The Following Person(s) shall Receive Protected Health Information for me:*

Name of person(s): \_\_\_\_\_

Address of person(s): \_\_\_\_\_

*To Disclose the Following Information from the Health Records of:*

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip code) \_\_\_\_\_

Birthday: (Month/Day/Year) \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

*This Information shall be Disclosed to the Following Person(s):*

Name of person(s): \_\_\_\_\_

Address of person(s): \_\_\_\_\_

*The Information Disclosed shall Cover Health Care for the Following Period(s) of Time:*

From: (Month/Day/Year) \_\_\_\_\_ To: (Month/Day/Year) \_\_\_\_\_

From: (Month/Day/Year) \_\_\_\_\_ To: (Month/Day/Year) \_\_\_\_\_

*The Information Shall be Disclosed for the Following Purpose(s):*

(Not required if the disclosure is requested by the individual)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The Following Information Shall be Released:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I Understand that this will Include Information Relating to:

- Behavioral health service/psychiatric care
- Treatment for alcohol and/or drug abuse

Affirmation of Authorization:

I give the person(s) named above permission to disclose only the information I have identified on this authorization form to the person(s) I have named and only for the purposes I have identified. I understand: (Please check after reading each statement)

- This authorization is valid for one year from the date I sign unless revoked prior to that date.
- I may refuse to sign this authorization (A refusal to sign the authorization may effect payment for or eligibility of benefits)
- I may revoke this authorization in writing at any time. (A revocation of this authorization may effect payment for or eligibility of benefits)
- This information may be redisclosed by the person(s) receiving the information and no longer protected.
- I may access my protected health information by following the procedure outlined in the Dickinson County Notice of Privacy Practices.

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Signature of the Individual

Date

In the Event this Request is made by the Individual's Personal Representative:

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Signature of Personal Representative

Date

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Legal Authority of Personal Representative

Date