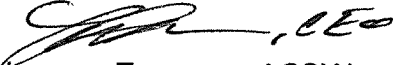


CHAPTER Recipient Rights	CHAPTER 04	SECTION 003	SUBJECT 40
SECTION Individual Rights		DESCRIPTION Health Insurance Portability and Accountability (HIPAA)- Privacy of Health Information	
WRITTEN BY Michael K. Vizena, M.B.A. Executive Director	REVISED BY Lisa Ruddy, BS, CHES QI Coordinator	AUTHORIZED BY  Lauren Emmons, ACSW CEO	

APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input checked="" type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) adheres to strict standards of information privacy, security and confidentiality including regulations set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Michigan Mental Health Code.

STANDARDS:

- A. Persons served confidential information will not be used or supplied for non-health care uses, such as direct marketing, employment, or credit evaluation purposes. Disclosure of Protected Health Information (PHI) is for treatment, payment, operations and coordination of care.
- B. Confidential information will only be used:
 - 1. To provide proper diagnosis and treatment;
 - 2. With the knowledge and consent of the person served;

CHAPTER Recipient Rights	CHAPTER 04	SECTION 003	SUBJECT 40
SECTION Individual Rights		DESCRIPTION Health Insurance Portability and Accountability Act (HIPAA)	

3. To receive reimbursement for services provided;
 4. For research and similar purposes designed to improve quality and reduce cost of health care; and
 5. As a basis for required reporting of health information.
- C. Information collected must be accurate, timely, complete, and available when needed.
- D. Only the minimum necessary amount of confidential information will be disclosed.
- E. All staff will:
1. Store information in a secure fashion;
 2. Log off workstations when not in use;
 3. Not leave information unattended;
 4. Lock materials away at the end of the work day;
 5. Put information away when leaving their office temporarily; and
 6. Not electronically transmit any identifiable information of persons served unless it is an emergency and protective precautions are taken;
 7. Obtain a valid release of information to share PHI for coordination of care;
 8. Report all known or suspected HIPAA breaches to the Corporate Compliance liaison.
- F. All individual record data and related financial, demographic, and lifestyle information will be treated as sensitive and confidential.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 003	SUBJECT 40
SECTION Individual Rights		DESCRIPTION Health Insurance Portability and Accountability Act (HIPAA)	

- G. All Substance Use Disorder (SUD) records will be confidential and disclosed only in accordance with 42 CFR Part 2.
- H. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) information is confidential and cannot be released unless the person specifically authorizes disclosure or a statutory exemption applies according to MCL 333.5131. The release must state HIV-related information can be released.
- I. All electronic transmissions of PHI must be encrypted to meet the security regulations of HIPAA and the HITECH Act of the American Recovery and Reinvestment Act of 2009. Staff will be trained to use #confidential for encryption when sending PHI through email.
- J. LCCMH's "Privacy Notice" is distributed to all persons served. This notice may be updated as needed.
- K. Violation of this policy will be considered grounds for disciplinary action, up to and including termination of employment or contractual services, and criminal or professional sanctions in accordance with LCCMH policies and applicable laws.

REFERENCES:

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Standards for Privacy of Individually Identifiable Health Information 45 CFR, Parts 160 and 164
Confidentiality of Substance Use Disorder Patient Records 42 CFR Part 2
Health Information Technology for Economic and Clinical Health (HITECH) Act of the American Recovery and Reinvestment Act of 2009
Michigan Mental Health Code

LR

This policy supersedes
#03/11018 dated 03/31/2011.
