

<b>ADAMHS BOARD FOR MONTGOMERY COUNTY</b>	<b>BP # 513</b>	
<b>TITLE</b> HIPAA: Uses and Disclosures of PHI for Other than Treatment, Payment and Operations	<b>SUBJECT</b> HIPAA	
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**PURPOSE:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) granted individuals the right to receive adequate notice of the uses and disclosures of their protected health information (PHI) that may be made by a covered entity, and the individual's rights and the entity's legal duties with respect to PHI. This policy has been developed to assist the Board to comply with the law and to guide Board staff in appropriate use and disclosure of client's protected health information in situations of: Specialized Government Functions, to Avert a Threat to Health and Safety, as required by Law, and for Public Health and Health Oversight Activities. Per the Board's Legal Counsel, the area of research is not applicable to the Board, therefore will not be included in the Board's policy regarding PHI.

**POLICY:**

1. Officers, employees and agents of the Board shall not use or disclose client/member protected health information (PHI) without client/member authorization for any purpose other than the minimum necessary for treatment, payment and healthcare operations unless the use or disclosure is: a) to the individual or a legal representative; b) is agreed to (under specific circumstances) by the individual who is the subject of the PHI; c) is permitted under HIPAA Privacy Regulations; d) is required by law; or, e) is required by the Secretary of Health and Human Services to investigate compliance with the regulations.
2. All requests for use or disclosure of PHI for purposes listed above shall be reviewed and approved by the Board Privacy Officer.
3. Any use or disclosure of PHI that is contrary to HIPAA Privacy Regulations and/or the Board policy is prohibited. Any officer, employee or agent of the organization who violates these policies and regulations shall be subject to disciplinary action up to and including termination.

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## **DEFINITIONS**

- 1.1 Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA is comprehensive law enacted by the United States government. The law has several subparts providing such benefits as guaranteed portability and renewal of insurance benefits between employers, tax provisions for medical savings accounts and administrative simplification to improve the efficiency and effectiveness of the health care system. During the latter part of the 1990's, the Secretary of the Department of Health and Human Services drafted regulations for standardizing the electronic interchange of administrative and financial data and protecting the security and privacy of personal health information. HIPAA requires health care providers, health plans and health care clearinghouses to transition to the use of standard code sets and "electronic data interchange (EDI) and to maintain reasonable and appropriate administrative, technical, and physical safeguards to insure the integrity and confidentiality of healthcare information; to protect against reasonably foreseeable threats and hazards to the security or integrity of the information; and, to protect against unauthorized uses or disclosure of the information. Compliance with the first of the HIPAA rules is scheduled for early 2003. HIPAA also provides criminal penalties for failure to comply with the regulations
- 1.2 Individually Identifiable Health Information (IIHI). A subset of health information, including demographic information collected from an individual and that is created or received by a health care provider and relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, and which identifies the individual, or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual.
- 1.3 Protected Health Information (PHI). The final rule defines PHI as individually identifiable health information that is transmitted by electronic media; maintained in any electronic medium such as

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magnetic tape, disc, optical file; or transmitted or maintained in any other form or medium (i.e. paper, voice, Internet, fax etc.).

- 1.4 Designated Record Set. A group of records maintained by or for the agency that is:
- a. Billing records about individuals maintained by or for the Board
  - b. The enrollment, payment, claims adjudication, utilization files and Civil Commitment files of the Chief Clinical Officer management system maintained by or for the Board
  - c. Used, in whole or in part, by or for the Board to make decisions about the individual.
  - d. Medical records of individuals treated by defunct agencies that are now maintained by the Board