

Document Number:	007
Document Name:	HIPAA & Protected Health Information (PHI) Policy and Procedures
Document Description:	HIPAA
Effective Date:	11/8/2023
Date Approved of DDD:	11/8/2023
Date of Last Revision:	10/25/2023
Document Status:	Final

7.0 PURPOSE: To establish a uniform system to implement the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 as it relates to Privacy Practices.

#### 7.1 POLICY:

- A. EFS will not use or disclose protected health information (PHI) as identified under HIPAA except as authorized by the individual who is the subject of the information or as explicitly required or permitted as per Division Circular #53.
- B. The Individual record shall be kept confidential as per Division Circular #30.
1. Information concerning the status of individuals who are HIV positive shall not be included in the client record and shall be available in accordance with Division Circular 45.
  2. Access to the client record shall be on a “need to know” basis as per Division Circular #53A.
  3. Providers will make every reasonable effort to ensure that only the minimum amount of protected health information required is given to achieve the purpose of the particular use or disclosure.
  4. Exceptions to Minimum Necessary rule include disclosures to:
    - Health Care providers for treatment
    - Individual served; unless results in danger to self or others
    - Authorized persons to individual file
    - DHHS required under rule of enforcement purposes
    - Federal or state law enforcement
- C. Within EFS individuals entrusted confidence are protected from disclosure to any staff member who is not essential for providing services to the individual.
- D. Confidential information is not to be communicated to anyone outside EFS without the written consent of the individual or other legal authority.

- E. All persons served by the Division, and their legal guardians, shall receive a copy of the Notice of Privacy Practices and Rights as per Division Circular #53B.
  
- F. Records will be made available to those persons authorized by the Division of Developmental Disabilities whose responsibility it is to monitor the quality of service being offered to the individual.

**7.3 PROCEDURE:**

- A. Agency Director or designee will ensure all employees receive trainings on the policies and procedures regarding the protection of PHI including a receipt of a Confidentiality Statement and HIPAA Fact Sheet.
- B. Agency Director or designee will document completion of trainings and place in employee file.
- C. Agency Director or designee shall ensure that at the time of admission and annually at Individual Service Plan (ISP) Meeting a copy of the Notice of Privacy Practices and Rights be given to the Individual served and guardians. A copy of the acknowledgement shall be maintained in the client record.