



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PRIVACY ADMINISTRATIVE REQUIREMENTS FOR IMPLEMENTATION AND MAINTENANCE OF HIPAA AND 42 CFR Part 2 **Policy Number:** PS903

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date: 3/8/2023

Executive Board Approval Dates: 5/22/2020

PURPOSE

To outline the obligations relating to the implementation and maintenance of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), including 45 CFR Parts 160, 162, 164, and 42 CFR Part 2.

POLICY

It is the policy of the Salish Behavioral Health Administrative Services Organization (SBH-ASO) that its workforce follows HIPAA of 1996/2003, HITECH of 2009, and current 42 CFR Part 2.

PROCEDURE

- 1. Personnel Designations:** SBH-ASO has documented designations of the following:

Privacy Officer: SBH-ASO has a designated individual to be the Privacy Officer, responsible for the development, implementation, and maintenance of SBH-ASO wide policies and procedures relating to the safeguarding of Protected Health Information (PHI). This individual is also responsible for receiving complaints relating to PHI and for providing information about SBH-ASO's privacy practices.

- 2. Training Requirements:** SBH-ASO must document the following training

actions:

Each new workforce member shall receive training on current HIPAA privacy regulations, HITECH regulations and 42 CFR Part 2 within a reasonable time after joining the workforce, and every year thereafter. Each workforce member, whose functions are impacted by a material change in the policies and procedures relating to PHI, or by a change in position or job description, must receive the training as described above within a reasonable time after the change becomes effective.

3. **Safeguards:** SBH-ASO has in place appropriate administrative, technical, and physical safeguards to reasonably safeguard PHI from intentional or unintentional unauthorized use or disclosure.
4. **Complaint Process:** SBH-ASO has in place a process for individuals to make complaints about the SBH-ASO's HIPAA, HITECH, and 42 CFR Part 2 policies and procedures and/or the entity's compliance with those policies and procedures and must document all complaints received and the disposition of each complaint.
5. **Disciplinary Action:** SBH-ASO will initiate disciplinary action against workforce members who fail to comply with HIPAA, HITECH, and 42 CFR Part 2 policies and procedures. (Note - there are exceptions for disclosures made by workforce members who qualify as whistleblowers or certain crime victims.)
6. **Mitigation Efforts Required:** SBH-ASO will mitigate, to the extent practical, any harmful effects of unauthorized uses or disclosures of PHI by SBH-ASO or any of its business associates.
7. **Intimidating or Retaliatory Acts and Waiver of Rights Prohibited:**

Prohibition on Intimidating or Retaliatory Acts: No employee of SBH-ASO shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise of their rights or participation in any process relating to HIPAA and 42 CFR Part 2 compliance, or against any person for filing a complaint with the Secretary of the U.S. Department of Health and Human Services, participating in a HIPAA or 42 CFR Part 2 related investigation, compliance review, proceeding or hearing, or engaging in reasonable opposition to any act or practice that the person in good faith believes to be unlawful under HIPAA or 42 CFR Part 2 regulations as long as the action does not involve disclosure of PHI in violation of the regulations.

Prohibition on Waiver of Rights: No employee of SBH-ASO shall require individuals to waive any of their rights under HIPAA or 42 CFR Part 2 as a condition of treatment, payment, enrollment in a health plan, or eligibility for benefits.

8. **Policies and Procedures:** SBH-ASO will document the following actions relating to its policies and procedures:

Required Policies and Procedures: SBH-ASO has in place policies and procedures to assure appropriate safeguarding of PHI in its operations.

Changes to Policies and Procedures: SBH-ASO changes its policies and procedures as necessary and appropriate to conform to changes in law or regulation. SBH-ASO also may make changes to policies and procedures at other times as long as the policies and procedures are still in compliance with applicable law. Where necessary, SBH-ASO will make correlative changes in its Privacy Notice. SBH-ASO will not implement a change in policy or procedure prior to the effective date of the revised Privacy Notice.

9. **Documentation Requirements:** SBH-ASO maintains the required policies and procedures in written or electronic form and will maintain written or electronic copies of all communications, actions, activities or designations as are required to be documented hereunder, or otherwise under the HIPAA or 42 CFR Part 2 regulations, for a period of ten years from the later of the date of creation or the last effective date.
10. **Distribution of Privacy Notice:** SBH-ASO makes available Privacy Notices to all contracted providers of SBH-ASO for distribution to Individuals new to service. SBH-ASO will promptly revise and distribute its notice whenever there is a material change to the uses and disclosures, the Individual's rights, SBH-ASO's legal duties, or other privacy practices stated in the notice.