

The Roman Catholic Diocese of Burlington

H.R. Policies and Procedures

SUBJECT: HIPAA	Policy Number HR 0009
	Section: Human Resources
	Sub-Section: Employee Relations
	Date: January 1, 2014

INTRODUCTION

As an employee, you may come across material that you are entrusted to treat as confidential, with the regulations defined under HIPAA as binding. It is an employee's responsibility to protect personal health information. What you see and hear in the work place should stay at work. No information can be told to anyone outside the work place or internally with other employees. It is also the responsibility to maintain confidentiality on employee personal information i.e. Personal Health Information.

The Roman Catholic Diocese of Burlington will maintain all employee information in a confidential manner. Confidential information regarding any employee will not be shared without the written consent of the employee unless required by law. Any health information that the Roman Catholic Diocese of Burlington has about any employee or parishioner is subject to all the regulations of HIPAA.

The Roman Catholic Diocese of Burlington also requires that employees maintain the employment policy of strict confidentiality in regard to the employees, and the proprietary operations of the Roman Catholic Diocese of Burlington (while working and also when no longer employed).

HIPAA

The Health Insurance and Portability Act requires health insurers and health care providers to take special measure in order to protect the privacy of the Personal Health Information (PHI) that they handle.

PURPOSE

The purpose of HIPAA is to protect all personal health information for the benefit of individuals – respecting their right to privacy. The Roman Catholic Diocese of Burlington takes pride in protecting such information, but the government mandates that particular procedures be in place, and that covered entities be in compliance with the regulation. In order to maintain compliance, all employees must be HIPAA trained, and made aware of the written policies and procedures.

Protected Health Information (“PHI”):

It is any information, including demographic data that relates to:

- the individual's past, present, or future physical or mental health condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual, and if the information identifies the individual or provides a reasonable basis that can be used

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to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, social security number, zip code, etc.).

If any employee comes across PHI accidentally or is incident to any information, he or she must follow appropriate procedures when handling such information.

PROCEDURE

- Access to benefit/health files is only permitted by those designated by the Office of Human Resources and the employee.
- Authorized agents of the State are also allowed access to personnel files as required for their official inspection purposes, per an authorized court subpoena.

EMPLOYEES AGREE AS FOLLOWS:

Not to Use or Disclose PHI Unless Permitted: Employee agrees not to use or further disclose Protected Health Information other than as permitted or required by an agreement or as required or allowed by law.

Use Safeguards: Employees agrees to use reasonable safeguards to prevent use or disclosure of **Protected Health Information** other than as allowed by an agreement or by law.

Mitigation of Harmful Effects: Employees agrees to mitigate, to the extent practicable, any harmful effects known from a use or disclosure of Protected Health Information, by an employee in violation of the requirements of an agreement.

Report Inappropriate Disclosures of PHI: Employee agrees to report to his or her supervisor, who in turn will report the same to the Office of Human Resources, any use or disclosure of Protected Health Information not permitted by an agreement or by law.

The following safeguards and procedures have been implemented to assure compliance with HIPAA:

- All mail directed to an individual within the Department will simply be dated and be delivered to the specified location without being opened. If any mail is directed to the Roman Catholic Diocese of Burlington in general, but contains PHI that is discovered when opened, it shall be placed in an appropriately labeled envelope, and delivered accordingly.

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- A fax/copy machine/printer received with PHI will be placed in an appropriately labeled envelope and delivered to the appropriate office.
- Any documents needing to be scanned should be placed in an appropriately labeled envelope as indicated above, and given to the appropriate person. Once the document has been scanned and sent to the appropriate person, it should be removed from all publically available locations.
- During the day, the designated employees will be very cautious not to leave work open on their desk, and to place working documentation in cabinets as is reasonably feasible when leaving their work area.
- If files are kept off site, all files that are shipped off site will have a Business Associate Agreement that will be executed by a representative of the off-site storage facility. All other files, books, information, etc. will be stored in secure locations. If the need arises for additional storage space in the future, applicable storage space will be sought.
- Compliance issues relating to the computer (i.e., file organization, passwords, etc.) have been coordinated by the representative assigned IT work. The Roman Catholic Diocese of Burlington should have passwords different from the common ones utilized by everyone else.
- All information should be stored in a secured location, accessible only to those authorized individuals.

HIPAA TRAINING:

- All employees must receive HIPAA training. (A qualified delegate must be trained prior to first day of work.)
- Conversations with employees regarding PHI must occur in a private office.
- Files containing PHI must be secured at all times.
- Doctor's notes for employees must be treated as PHI.
- Computer monitors containing PHI must be positioned so employees passing will be unable to view said information.
- Paperwork containing PHI must be shredded; it should never be thrown in the garbage.
- All newly hired staff must receive HIPAA training.

Any violation of the HIPAA Policy will result in disciplinary action up to and including termination.

****This policy replaces, revokes, and rescinds all former policies, therefore, any modifications or changes to the utilization and administration of those policies is superseded by this new plan.***