

Policy Number: 435

Policy Title: HIPAA Privacy Rule

POLICY:

Georgia Perimeter College maintains personal health care information about its employees and their dependents, patients and others. The College, its employees and students are committed to protecting the privacy and confidentiality of this information. The College fully supports and complies with all federal and state statutes and rules regarding the use, maintenance, transfer and disposition of health records and information.

PROCEDURE:

Georgia Perimeter College will make reasonable effort to limit use and disclosure of private health information (PHI). This principle does not apply to the following:

- ❖ disclosure for treatment
- ❖ use or disclosures made to the individual
- ❖ disclosures required by law
- ❖ uses and disclosures required by the privacy rule

A. ACCESS TO PROTECTED HEALTH INFORMATION (PHI)

Any employee involved in the processing of health care federal spending account claims or health insurance claims and any employee or student involved in wellness programming, the operation of the Dental Hygiene Clinic, the operation of the Student Health Center or employees who provide personal counseling services may be required to access PHI. Access to PHI will be allowed for the purpose of processing claims and for obtaining the health information required to safely provide medical treatment and care to clinic, health center and personal counseling patients and participants in wellness program activities.

B. DISCLOSURE/USE OF PHI

The PHI disclosed for routine purposes will be limited to the amount reasonably necessary to achieve the purpose of disclosure as described below:

HSA Claims Disclosures

PHI will be used by those who process claims to determine the validity of a claim only.

Disclosure or discussion of PHI for any other purpose is prohibited.

Dental Hygiene Clinic, Student Health Center and Personal Counseling Disclosures

- PHI will be used by appropriate dental hygiene clinic, student health center and personal counseling personnel and students to determine appropriate treatment and safety precautions for each patient.
- PHI may be disclosed to a patient's personal physician for the purpose of treating a specific health concern identified by Dental Hygiene Clinic, Student Health Center or personal counseling personnel.

Wellness Programs Disclosures

PHI will be used by appropriate wellness personnel and students and wellness program contractors only to determine appropriate screening regimens and safety precautions for each patient.

Non-routine disclosure of PHI will be limited to the amount of PHI necessary to accomplish the purpose of disclosure.

- When amounts of health care spending account claims are requested, amounts only will be provided. Other information will be withheld or deleted from copies.
- When information on the types of healthcare screenings an individual has taken are requested, the names of screenings only will be provided. Other PHI will be withheld or deleted from copies. Results will only be provided when they are specifically requested.
- When information on the types of dental hygiene, student health center or personal counseling treatment an individual has been provided is requested, the names of the treatment provided only, will be disclosed. Other PHI will be withheld or deleted from copies.
- For all other requests for disclosure, only the specific information requested will be provided. All other PHI will be withheld or deleted from copies.
- All requests for disclosure will be reviewed on an individual basis in accordance with the criteria above.

PHI may be disclosed for any of the purposes specified in an individual's authorization. Authorization must be specific and must contain the following:

- ❖ a specific description of the information to be disclosed
- ❖ the name or class of persons authorized to make the requested use or disclosure
- ❖ the name or class of persons to whom the use or disclosure may be made
- ❖ a description of each purpose of the requested disclosure
- ❖ the expiration date of the disclosure
- ❖ signature of the authorizing party and the date

If the authorizing party is a representative of the affected individual, the scope of the authorizing party's authority must be included.

Authorizations must also include required statements regarding the individual's right to revoke the authorization and how to do that, the ability/inability to condition treatment, payment, enrollment, or eligibility for benefits on authorization and the potential for re-disclosure.

Authorizations must be in plain language and a copy of the authorization must be provided to the individual.

PHI may be disclosed without authorization for the following reasons:

- ❖ in connection with HHS enforcement and compliance review actions
- ❖ for public policy purposes including public health, health care oversight activities, law enforcement, judicial and administrative proceedings and notification of next of kin

De-identified PHI (individual identification removed) may be used for any purpose.

Before disclosing PHI, the identity of the person requesting the PHI and the authority of that person to have that access will be verified.

Individual, 6-year accounting of disclosure will be available to individuals upon written request. This does not include disclosures to carry out treatment, payment or health care operation, to the individual, to providers, or for national intelligence or security purposes.

C. PROTECTION OF PHI

Georgia Perimeter College will make a reasonable effort to protect PHI by prohibiting access to files containing PHI by anyone other than those identified as needing access to PHI. Doors to departments or file cabinets with those records will remain locked. Passwords will be required to access PHI that is housed on computers. PHI will be shredded before disposal. All employees and students with access to PHI will comply with the provisions of the Privacy Policy. Employees and students who do not comply with privacy policies and procedures will be subject to disciplinary action up to and including termination of employment or expulsion from school.

D. INDIVIDUAL PHI RIGHTS

An individual has the right to do the following with respect to his/her PHI:

- ✓ Request alternative means of communication. Reasonable requests to receive alternative communication or communication at an alternative location must be honored.
- ✓ Request restricted use. An individual must be allowed to request restricted use and disclosure of PHI for treatment, payment and health care operations. The College is

not required to agree with the restriction. If the College agrees to the restriction, it may not violate that agreement, except for emergency treatment. Agreed upon restrictions may not apply to the individual, for facility disclosures and for which authorization is not required.

- ✓ File a complaint. Complaints regarding privacy policies and procedures may be made to the Director of Human Resources. All complaints and their dispositions will be documented.
- ✓ Request an amendment of PHI. An individual may make a written request that his/her PHI be amended. A written statement of the reason for the amendment must be included with the request. Requests to amend PHI may be made to the Director of Human Resources. Request for the amendment of PHI must be acted upon within 60 days. A 30 day extension is allowed.
- ✓ Access individual PHI. An individual may make a written request to access his/her PHI. Requests must be made to the Director of Human Resources. Requests to access PHI must be responded to within 60 days. One 30-day extension is allowed. The College may charge the individual a reasonable, cost-based fee for the preparation of this information.

Georgia Perimeter College will not coerce individuals to consent an authorization and will not require individuals to waive their privacy rights. The College will not retaliate against an individual for any right granted by the privacy rules or for filing a complaint, participating in an investigation or opposing any unlawful act related to the Privacy Rule.

PPAB Approval Date: 03/19/13

Policy Council Review Date(s):

FAPC: 9/20/12, 11/15/12; SAPC: 2/25/13; AAPC 3/8/13; IAPC: 2/21/13