

SCHREIBER CENTER FOR PEDIATRIC DEVELOPMENT
ADMINISTRATIVE POLICIES AND PROCEDURES

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I. POLICY

This policy establishes a framework within which the Center meets requirements to achieve confidentiality and security of all protected information. All persons involved with creation, collection, handling and/or dissemination of confidential medical information are subject to the conditions of this policy. This includes all members of the staff, volunteers, trainees, students and any other individuals who have access to confidential information.

Confidential information includes patient protected health information, employee information, financial information, business information communicated and/or stored in any manner, including verbally, via fax or other telecommunication means, on paper, or in any other electronic form.

II. DEFINITIONS OF CONFIDENTIAL INFORMATION

A. Protected Health Information

The Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164, defines protected health information (PHI) as:

1. Individually identifiable health information, including demographic information;
2. Collected from an individual or created about an individual by a health care provider, health plan, employment history;
3. Relates to the past, present or future physical or mental health or condition of an individual; or the past, present or future payment for the provision of health care to an individual;
4. That identifies the individual, or with respect to which there is a reasonable basis to believe the information can identify the individual.
5. Protected health information may be maintained in or transmitted through any medium, including verbal, written, recorded (tape or digital), or computerized (electronic) form.
6. The designated record set is a subset of protected health information that resides in the medical records and is maintained by Schreiber Center for Pediatric Development and used by the Center to make decisions about clients. See Policy # 504 Medical Records Management and Control, policy on right to request access and amendment to designated record set.

B. Employee Information

Employee information is maintained in written, recorded (tape or digital), film, computerized (electronic) form, verbally on any past, current or future employee of the Center. Primary sources of this information are personal (resumes, performance evaluations), the payroll system (i.e. employee salaries) and employee health service (employee health records). This information is considered confidential. Questions regarding release of this information referred to Human Resources Coordinator. Physician employment and credentialing information is maintained in the President's office files.

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C. Business Information

Business information is maintained in written, recorded (tape or digital), film, computerized (electronic) form, or verbally regarding the status of the Center. Examples of business information include:

1. Financial (Revenue, budgets)
2. Marketing (Customer Satisfaction Survey Results)
3. Clinical Staff (Credentialing, Peer Review)
4. Planning (Construction Plan, Strategic Plans)
5. Operational (Scheduling)
6. Safety (Risk Management data)
7. Education (Training records)

III ORGANIZATIONAL RESPONSIBILITIES

A. Uses and Disclosures

1. We will not use or disclose protected health information except as permitted or required by Federal and state law. Disclosure of protected health information will be performed by trained personnel in accordance with our Policy #502 Confidentiality of Medical Records and state and federal laws.
2. We will not intimidate, threaten, coerce, discriminate against, or take any other retaliatory action against any individual who exercises any protected health information privacy right under HIPAA, including the filing of a complaint with the Center's Privacy Official or the Secretary of Health and Human Services and testifying, assisting, or participating in an investigation proceedings or hearing associated with such complaint.
3. We will routinely monitor workers' access to and disclosure of protected health information and other confidential records to ensure compliance with policy, and will initiate corrective action to prevent any breaches of confidentiality, violation of privacy rights or security incidents that result in breach of confidentiality, alteration of data integrity, or disruption of protected health information or any other confidential information.
4. We will mitigate, to the extent practicable, any harmful effect of a use or disclosure of protected health information violation of policies and procedures that is known to have been performed either by us or by one of our business associates.

B. Policies, Procedures and Documentation

1. We will have policies and procedures that protect the confidentiality and security of protected health information rights of our clients' health information, and the confidentiality and security of other confidential information.
2. Whenever there is a change in law that materially affects the content of the Notice of Privacy Practices, we will make appropriate revisions and disseminate the new version. The revised policy and Notice of Privacy Practices will be issued on the same date.
3. We will maintain revised policies and procedures in written or electronic form into perpetuity. Policies, which have been changed, will be retired but not deleted from our policy and procedure documentation.

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4. We will maintain other documentation necessary to comply with HIPAA privacy and security regulations for seven years, including but not limited to:
 - ☐ Acknowledgement of Receipt of Notice of Privacy Practices
 - ☐ Actions associated with Complaints, Incidents, Mitigation, and Applied Sanctions
 - ☐ Authorizations for Uses and Disclosures of Protected Health Information
 - ☐ Business Associate Contracts – Designations of Affiliated Covered Entities and Organized Health Care Arrangements
 - ☐ Documents associated with Due Process of Patient Rights
 - ☐ Evidence of Education, Training and Awareness
- C. Confidentiality and Security Notification/Acknowledgement Statement
 1. Every member of our workforce will sign the Confidentiality and Security of Information Notification/Acknowledgement Statement. (See Attachment A)
 2. The Human Resource Coordinator will manage the Confidentiality and Security of Information Notification/Acknowledgement Statement for employees and student interns, and Volunteer Coordinator for volunteers.
- D. Confidentiality and Security Education, Training and Awareness
 1. The Center will establish education, training and awareness programs to communicate the policies as appropriate.
 2. Workforce members will be categorized according to the level of access to confidential information. Education would address the levels of access to confidential information.
 3. All members of the workforce will receive annual mandatory educational reminders on the policies and procedures of confidentiality, privacy and security of protected health information. The type, amount, date and names of the staff who receive this education are kept in the Human Resources Coordinator's office.
 4. On an ongoing basis, we will provide reminders about and awareness for confidentiality, privacy and security of health information through a variety of modalities.
 5. Upon hire, every member of the workforce will receive an orientation to confidentiality, privacy, and security concepts of confidentiality as outlined in this policy.
 6. Users of our information systems will also be trained on how to use specific computer applications needed to do the work for the position in which they are being hired, transferred, or otherwise engaged, including but not limited to:
 - ☐ Access code confidentiality and password selection, maintenance and use.
 - ☐ Monitoring of ability to login and reporting of login failures.

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- ❑ Efforts to maintain the security of the computer environment (i.e., firewalls, virus protection; unauthorized transactions of protected health information).
- ❑ Proper use of e-mail and the Internet, if such access is granted.
- ❑ Prohibition on the use of unauthorized software programs to include screen savers, games and other such programs unless authorized for use by the Center's Information Security Official.
- ❑ Other key components of the policies related to confidentiality and security.

E. Information Privacy Official and Information Security Official

We will employ an individual to serve as the Privacy Official for the organization. The Privacy Official will be selected to provide confidentiality for protected health information. The Privacy Official is responsible for developing a program to ensure the confidentiality and privacy of all protected health information. The Privacy Official provides oversight in policy and procedure development affecting protected health information. Contact information for the Privacy Office is available by request at the reception desk or on the Center's website.

This same information is to be provided with all organizational correspondence pertaining to protected health information. The Privacy Official is responsible for documenting and investigating any client or workforce member complaints regarding protected health information.

1. The Center will employ an individual to serve as the Information Security Official for the organization. The Information Security Official will coordinate all aspects of security pertaining to protected health information with the Information Privacy Official who is responsible for assessing security risks and developing a program to mitigate risk. The Information Security Official is responsible for developing and implementing administrative, physical and technical policies and procedures. The Information Security Official is responsible for documenting and investigating information security incidents.

IV MANAGEMENT RESPONSIBILITY (applicable to all employees or contractors who supervise members of our workforce)

- A. Department managers will be expected to document confidentiality and security procedures specific to their staff requirements. These procedures must be consistent with organization-wide policies.
- B. Specific confidentiality, privacy and security training is to be provided by each department per job functions and require training.
- C. Department managers must take appropriate action for suspected or reported privacy violations or security breach disciplinary action as appropriate. Human Resources must be contacted concerning sanctions applied to employees.

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V WORKFORCE MEMBERS RESPONSIBILITY

- A. Review and become familiar with the policies and procedures related to confidentiality and information security.
- B. Sign required Confidentiality and Security of Information Notification/Acknowledgement Statement and agreement to these policies.
- C. Access only information required to perform job duties.
- D. Report any suspected privacy violations or security incidents to immediate supervisor.
- E. Maintain passwords in a secure manner. Report lost or stolen passwords or User ID's immediately to the Information Security Official.
- F. Return to sign-on screen when leaving a workstation.
- G. Dispose of printed or written confidential information no longer in use in a secure manner such as by shredding.
- H. Contact the Center's Privacy Official if there are questions regarding confidentiality, privacy or security of information.

VI POLICY PREPARED AND APPROVED: March 14, 2003

VII DATE REVIEWED/REVISED: July, 2008, July 2011, 9/2012, 10/2024

President

ATTACHMENT A

SCHREIBER CENTER FOR PEDIATRIC DEVELOPMENT
CONFIDENTIALITY AND SECURITY OF HEALTH RELATED INFORMATION
NOTIFICATION AND ACKNOWLEDGEMENT

I have read Policy 502 – Notice of Privacy Practices and Policy 127 – HIPAA Confidentiality and Security of Protected Health Information Compliance and have had an opportunity to have my questions answered regarding the Center's Confidentiality and Security of Protected Health Information policy. Confidential information, whether written, verbal, film, or electronic media, may be used or disclosed in a manner, which complies with these policies. I understand that I must comply with these policies and that failure to do so in any way will subject me to disciplinary action, up to and including termination of employment or opportunity to volunteer my services at the Center.

Print Name

Signature

Position

Department/Program

Date