

Protected Health Information (PHI), Management and Protection of

Highlights	Policy Statement
Management and Protection of PHI	Protected Health Information (PHI) shall not be used or disclosed except as permitted by current federal and state laws.
Privacy Notices	Policy Interpretation and Implementation
Permitted and Required Uses and Disclosure of PHI	<ol style="list-style-type: none"> 1. It is the responsibility of all personnel who have access to resident and facility information to ensure that such information is managed and protected to prevent unauthorized release or disclosure. 2. Each resident will be given a Privacy Notice outlining the uses and disclosures of PHI that may be made, and notifying him/her of his/her rights and our legal duties with respect to PHI. 3. Protected Health Information (PHI) may or shall be disclosed as follows: <ol style="list-style-type: none"> a. To the resident; b. To carry out treatment, payment and health care operations (TPO) activities, within specified limits; c. Pursuant to and in compliance with current and valid authorization.; d. In keeping with a Business Associate Agreement.; e. As may be otherwise permitted under current HIPAA privacy regulations.
Minimum Necessary Use	<ol style="list-style-type: none"> 4. When using or disclosing PHI, or when requesting PHI from another entity, reasonable efforts must be made to limit the PHI used or disclosed to the minimum necessary to accomplish the purpose of the use or disclosure of such information.
Personal Representatives	<ol style="list-style-type: none"> 5. A person acting in the role of representative must be treated as the individual regarding access to relevant PHI unless: <ol style="list-style-type: none"> a. The individual is an unemancipated minor, but is authorized to give lawful consent, or may obtain the health care without consent of the personal representative, and minor has not requested that the person be treated as a personal representative, or the personal representative has assented to agreement of confidentiality between the provider and the minor; and/or b. There is reasonable basis to believe that the individual has been or may be subjected to domestic violence, abuse or neglect by the personal representative or that treating that person as a personal representative could endanger the individual, and, in the exercise of professional judgment, it is determined not to be in the best interest of the individual to treat that person as a personal representative.
Agreed Upon Restrictions of PHI	<ol style="list-style-type: none"> 6. A resident has the right to request a restriction on any uses or disclosures of his/her PHI. However, our facility has the right not to agree to the requested restriction, and cannot agree to a restriction relating to disclosures required under law (i.e., disclosures to the U. S. Secretary of Health and Human Services for HIPAA enforcement purposes).

continues on next page

Confidential
Communications

Accounting of Disclosures
of PHI

Amendment of Medical
Records

De-Identified PHI

7. A resident has the right to request to receive communication of PHI by alternative means or at alternative locations, and reasonable requests will be accommodated.
8. A resident has the right to an accounting of disclosures of his/her PHI for up to a six (6) year period.
9. A resident has the right to amend his/her medical records as long as their PHI is maintained by the facility.
10. Health information may be considered not to be individually identifiable in the following circumstances:
 - a. A person with appropriate knowledge and experience with generally acceptable statistical and scientific principles and methods determines that the risk is very small that the information could be used, alone or with other reasonably available information, to identify the resident who is the subject of the information; or
 - b. The following identifiers of the resident (and relatives, employers or household members) are removed:
 - (1) Names;
 - (2) Information relating to the individual's geographic subdivision if it contains fewer than 20,000 people;
 - (3) Elements of dates (except year) directly related to the individual, and all ages and elements of dates that indicate age for individuals over 89, unless aggregated into a single category of age 90 and older;
 - (4) Telephone and fax numbers;
 - (5) Email addresses;
 - (6) Social security numbers;
 - (7) Medical record numbers;
 - (8) Health plan beneficiary numbers;
 - (9) Account numbers;
 - (10) Certificate or license numbers;
 - (11) Vehicle identifiers and serial numbers (including license plate numbers);
 - (12) Device identifiers and serial numbers;
 - (13) Web Universal Resource Locators (URLs);
 - (14) Internet Protocol (IP) address numbers;
 - (15) Biometric identifiers;
 - (16) Full face photographic images; and
 - (17) Any other unique identifying number, characteristic or code.

Filing Complaints Relative
to PHI

11. Residents may file complaints concerning the facility's HIPAA policies and procedures or compliance with such policies and procedures to the facility's HIPAA Compliance Officer or to the Administrator.

Maintaining PHI
Documentation

12. Written or electronic copies of our facility's HIPAA policies and procedures, communications, actions, activities or designations (as required by current HIPAA laws) will be maintained for a period not less than six (6) years from the date of such information.