

GENERAL ADMINISTRATION 7.0

Reporting Health Insurance Portability and Accountability Act Violations-- 7.24

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Signature:

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Bureau of Health Services

POLICY

The Tennessee Department of Health (TDOH) is mandated by federal law to follow the Health Insurance Portability and Accountability Act (HIPAA). The Bureau of Health Services is obligated to respect and protect the privacy of records and information about patients who request or receive services in our local health departments.

APPLICABILITY

This policy applies to all employees of the Bureau of Health Services.

PURPOSE

Ensure employees understand the need to safeguard protected health information and are aware of reporting and investigating procedures and potential consequences for violations.

PROCEDURE

The Bureau of Health Services may collect, maintain, use, transmit, share and/or disclose protected health information about patients to the extent needed to administer TDOH programs, services and activities. Protected health information (PHI) means individually identifiable information related to the past, present or future physical or mental health condition; provision of health care; or the past, present or future payment for health care provided to an individual.

Employees are required to sign a “Confidentiality Statement” indicating they are aware of HIPAA and understand they are prohibited from releasing to any unauthorized person any PHI which may come to their attention in the course of their duties. Employees must take reasonable steps to safeguard PHI from any intentional or unintentional use or disclosure. Information to be safeguarded may be in any medium, including paper, electronic, verbal or visual representations of PHI.

HIPAA allows disclosure of PHI for purposes of payment, treatment and health care operations without client authorization. HSA rules are more stringent than HIPAA, therefore, we will continue to follow HSA Policies 5.1 – Clinical Records, and 5.2. – Confidentiality.

Complaints may be filed with the Tennessee Department of Health’s HIPAA Privacy Officer; Regional Privacy Officer or U.S. Department of Health and Human Services, Office of Civil Rights. If the initial complaint is received by the Regional Privacy Officer, it must be immediately forwarded to the Department’s HIPAA Privacy Officer. Local health department and regional employees who receive a complaint, in person, via telephone or in writing, must immediately refer the complaint to their Regional Privacy Officer. If their Regional Privacy Officer is not available, they should contact their Regional Director or Assistant Regional Director. Central Office employees who receive a complaint, in person, via telephone or in writing should contact their Section Chief. If their Section Chief is not available, they should contact the Bureau’s Personnel Director. Any complaint received in the Central Office, must be forwarded to the Department’s HIPAA Privacy Officer. Employees having direct or indirect knowledge of another employee improperly using or disclosing PHI should follow the same reporting guidelines. Mitigation action must be taken as soon as a complaint is received. Any subsequent action must be approved by the Department’s HIPAA Privacy Officer before it is enacted. All complaints will be handled in a timely and confidential manner. In no event will information concerning the complaint be released to anyone who is not involved with the investigation, nor will anyone be allowed to discuss the subject outside the investigation. The purpose of this provision is to protect the confidentiality of the individual filing the complaint and to encourage the reporting of incidents in which an employee may have improperly used or disclosed PHI. The Department’s HIPAA Privacy Officer will review and determine action on complaints filed with the TDOH or Office of Civil Rights. Investigation of a complaint will normally include conferring with the parties involved and any named or apparent witnesses. In addition, a review of HIPAA Access Log Report(s), via the Patient Tracking Billing Management Information System (PTBMIS) will be conducted. Employees will not intimidate, threaten, coerce, discriminate against, or take any other form of retaliatory action against any person filing a complaint or inquiring about how to file a complaint.

Employees who violate TDOH or Bureau of Health Services policies regarding the safeguarding of PHI are subject to appropriate disciplinary action, up to and including, immediate dismissal and/or legal action by the individual. Employees who knowingly and willfully violate state or federal law for improper use or disclosure of PHI are subject to criminal investigation and prosecution or civil monetary penalties.

REFERENCE DOCUMENT

State of Tennessee Department of Health HIPAA Policies and Procedures Manual

OFFICE OF PRIMARY RESPONSIBILITY

Office of the Director, Bureau of Health Services, (615) 741-7305

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