

Cooperative Home Care Associates

Policy and Procedure Manual

Effective: 1/2003

Reviewed: 12/2011, 12/2012, 10/2013, 10/2014, 10/2015, 10/2016, 09/2017, 08/2018,
09/2019, 8/2020, 09/2021, 1/2022, 09/2023, 10/2024

Revised: 12/2011, 1/2022

SUBJECT: Health Insurance Portability and Accountability Act (HIPAA)

INTRODUCTION

The 1996 Health Insurance Portability and Accountability Act (HIPAA) is a broad and complex law which seeks to promote a “privacy culture” across the healthcare industry. In particular, the Act specifies requirements for those organizations deemed covered entities for the privacy of health care information.

Under HIPAA, rights of persons are more formalized. It creates national standards to protect individual’s medical information and other personal health information. It does this by:

- Giving individuals more control over their health care information
- Setting boundaries on the use and release of health records
- Establishes appropriate safeguards that others must achieve to protect the privacy of the information
- Hold violators accountable
- Strikes a balance when public responsibility supports disclosure of some forms of data to protect public health
- Gives individuals the right to examine and obtain a copy of their own health records and request corrections

There are two parties subject to the regulations of HIPAA:

- Covered Entities
- Business Associates

CHCA is a third party provider of services that a covered entity may use to provide health care operations and is therefore a business associate.

POLICY

All protected health information is subject to the following procedures regarding use and disclosure, in order to protect the patient and prevent unauthorized use of this information. This is effective for all medical information that we maintain, including medical information created or received before April 14, 2003.

The Company has other policies and procedures relating to confidentiality and the confidentiality of HIV Related Information, which are both outlined in this manual.

Protected Health Information (PHI)

Protected health information is individually identifiable health information, including demographic information. PHI refers to your past, present, or future medical condition.

PROCEDURE

I. HIPAA Training

A. Administrative Staff

1. The HIPAA Privacy Officer, or designee is responsible for training all new staff, including staff who are classified as “temporary” on the agency’s HIPAA policies and procedures. Upon completion of the HIPAA Training, staff are required to sign a HIPAA Agreement, which lists all of the HIPAA policies and procedures they must adhere to.

B. Paraprofessional Staff

1. The HIPAA Privacy Officer, or designee is responsible for orienting all paraprofessional staff to the agency’s and contractors’ policies and procedures regarding HIPAA. Successful completion of the training is demonstrated on their orientation checklist list, which is filed in their personnel record.

II. Agency Procedures

A. Uses of PHI

1. Healthcare operations

- a. Case management and care coordination
- b. Quality assessment and improvement activities and protocol assessment
- c. Review of the competence of healthcare professionals
- d. Evaluation of provider performance
- e. Conduct of training programs
- f. Accreditation
- g. Certification activities
- h. Credentialing activities
- i. Conduct of legal services
- j. Compliance programs
- k. Fraud and abuse detection
- l. Business planning and development

B. Disclosures of PHI

1. Other entities
 - a. Entities which have a relationship with CHCA for their healthcare operations including quality improvement and assessment activities, reviewing competency or qualifications of healthcare professionals
 - b. Entities that assist us in conducting our healthcare operations
2. As required by law
 - a. public health activities
 - i. disease and vital statistic reporting
 - ii. FDA oversight
 - iii. Work related illness or injury
3. health oversight agencies
4. in response to administrative orders
5. avert a serious threat to health and human safety
6. Other uses and disclosures – patient authorization is required for all other uses and disclosure of PHI that is not listed above.

C. Transmission of PHI

1. Via Facsimile (fax)
 - a. use a cover sheet which indicates that the fax contains confidential information
 - b. Senders must mark each page as containing confidential information
 - c. The sender will verify the fax number with the recipient before sending the fax. The sender will also verify with the recipient that an individual needs to be present to receive this information.
 - d. Frequently used fax numbers will be programmed into the fax machine.
 - e. After transmission, the sender will check for a fax confirmation report to verify the fax went to the intended recipient. If there has been an error, the sender will contact the incorrect recipient immediately and request the return or destruction of the fax.
2. Electronically (via e-mail)
 - a. Ensure that any emails with attachments that may contain PHI must be sent “password protected”.
 - b. The sender may elect to include the password in a separate email or request that the recipient of the email contact the sender to obtain the password upon receipt of the email.
 - c. In the event that a contractor has established a secure system for communicating information that contains PHI, employees must

adhered to the contractor's policies and procedures for proper utilization of this system.

3. By Mail

- a. When possible, information containing PHI should be saved to a CD, which is password protected. The recipient of the documents should be instructed to contact the sender to obtain the password.
- b. At all times, senders are required to identify the correspondence material that contains PHI and should not be opened by anyone but the sender or designee. Senders should also contact the recipient to confirm receipt of the information.

III. Administration of HIPAA Compliance

- A. The Privacy Officer – is responsible for working with employees at CHCA, as necessary, with respect to the procedures of CHCA's HIPAA Compliance Plan.

IV. Complaint Process

- A. Write-In Process – anyone who believes that privacy rights have been violated may file a complaint. Complaints may be filed with CHCA in writing and addressed to the Compliance Officer/Privacy Officer.
- B. Call-in Process – anyone who believes that privacy rights have been violated may file a complaint. Complaints may also be filed by calling CHCA's Compliance Line at 1-855-400-0094. The Compliance Line is monitored by CHCA's Compliance Office/Privacy Officer.

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Revised: 12/2011, 1/2022

SUBJECT: HIPAA – Minimum Necessary Uses of Protected Health Information

POLICY: *Cooperative Home Care Associates (CHCA)* employees use the minimum amount of protected health information necessary to perform their job functions.

PROCEDURE:

- *CHCA* identifies the employees who need access to protected health information according to the categories of uses for treatment, payment or health care operations.
- *CHCA* identifies the type and minimum amount of protected health information needed by employees to perform their jobs.
- All employees and others who provide and coordinate treatment for *CHCA*'s clients have access to the client's entire medical record.
- All employees are required to use protected health information in accordance with the determination made by of the minimum amount necessary to effectively perform their jobs.
- When an employee performs more than one job function at *CHCA*, the types of protected health information and conditions for access is dependent on the on the capacity in which the employee is functioning.
- New employees are provided with information regarding their access to protected health information during their orientation to *CHCA*.

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Revised: 12/2011, 1/2022

SUBJECT: HIPPA – Notice of Privacy Practices

POLICY: The privacy practices of *Cooperative Home Care Associates (CHCA)* designed to protect the privacy, use and disclosure of protected health information, are clearly delineated in the Agency's Notice of Privacy Practices which was developed and is used in accordance with Federal requirements.

PROCEDURE:

- The privacy practices of *CHCA* are described in the Notice of Privacy Practices.
- The privacy practices and requirements of *CHCA* are further detailed in the agency's privacy policies and procedures.
- The Notice of Privacy Practices is given to all clients no later than the date of the first service delivery.
- A good faith effort is made to obtain written acknowledgement of the clients receipts of *CHCA's* Notice of Privacy Practices.
- When written acknowledgement of the client's receipt of the Notice cannot be obtained, there is documentation to explain efforts made to obtain it and the reason(s) why it was not obtained.
- The Notice of Privacy Practices is available to anyone who requests it.
- The Notice of Privacy Practices will be revised as needed to reflect any changes in the Agency's privacy practices. Revision to the Notice will not be implemented prior to the effective date of the revised Notice.
- When revision to the Notices of Privacy Practices are necessary, all current clients, employees and business associates will receive a revised copy with notation of the changes made.
- The Privacy Officer retains copies of the original Notice of Privacy Practices and any subsequent revision for a period of six (6) years from the date of its creation or when it was last in effect, whichever is later.

- Documentation is retained for six years of the clients written acknowledgment of receipt of *CHCA*'s Notice of Privacy Practices or of efforts made to obtain this written acknowledgment and the reason(s) why it was not obtained.
- All employees and business associates of *CHCA* are required to adhere to the privacy practices as detailed in the Notice of Privacy Practices, privacy policies and procedures and business associate contracts.
- Violations of *CHCA*'s privacy practices will result in disciplinary action up to and including termination of employment or contracts.
- The Notice is posted in a clear and prominent location.
- The Notice of Privacy Practices is reviewed with all current employees annually and all new employees during their orientation to *CHCA*.

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SUBJECT: HIPPA – Requests for Access to Health Information for Inspection and/or Copying

POLICY: Clients or their personal representatives have the right to request to inspect or obtain a copy of their health information.

PROCEDURE:

- CHCA requires and informs individuals that request for access to personal health information must be made in writing.
- When a request for access to health information is received, it will be acted upon according to the following time frames:
 - Within thirty (30) days if the requested information is maintained and accessible on site
 - Within sixty (60) days if the requested information is maintained off site
- The time frames stated above may be extended one time for no more than thirty (30) days. If the extension is necessary, CHCA will provide the individual with a written statement that specifies the reason(s) for the delay and the date by which the individual may expect to receive access to the health information for inspection or to obtain a copy.
- CHCA maintains the designated record sets in which the health information that may be subject to requests for access for a period of six years from the date it was created or was last in effect, whichever is later.

When a request for access is denied

- The individual is given a statement written in plain language that explains the reasons for the denial decision and the individual's right to a review of the decision with an explanation of how to exercise this right.

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POLICY: *Cooperative Home Care Associates (CHCA)* applies appropriate sanctions against any staff member who violates the organization's privacy practice.

PROCEDURE:

- *CHCA* staff is provided with training and retraining as necessary to ensure they understand the Agency's privacy practices and its expectations that staff will adhere to them.
- Sanctions are applied against any staff member who violates *CHCA's* privacy practices.
- Appropriate sanctions are determined based on the nature of the violation, its severity and whether it was intentional or unintentional.
- Sanctions may include verbal warnings, written warnings, probationary periods or termination of employment or volunteer status.
- Any sanctions applied are documented and retained for a period of six years.
- Sanctions are not applied against any member of the *CHCA* workforce who engage in whistleblower activities including lodging complaints with any entity regarding violations of the Agency's privacy practices.