MOREHOUSE MEDICAL ASSOCIATES

POLICY: PHYSICAL SAFEGUARDS FOR PROTECTED HEALTH INFORMATION

SUBJECT: HEALTH INFORMATION MANAGEMENT

POLICY #: 0016

EFFECTIVE DATE: April 14, 2003

PURPOSE:

To establish Morehouse Medical Associates (MMA) policy to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This policy specifies administrative, technical, and physical safeguards to protect a patient's protected health information in accordance with the requirements set forth in 45 Code of Federal Regulations (CFR) 164.530(c).

ACCOUNTABILITY:

The Medical Director shall ensure compliance with this policy. The Supervisor of Health Information Management shall implement this policy.

DEFINITIONS:

1. Protected Health Information – Any individually identifiable health information, whether verbal, written, electronic, or otherwise recorded in any form or medium that:

a) is created or received by MMA or its employees;

PHI does not include student records held by educational institutions or employment records held by employers.

2. Patient – An individual who seeks and/or receives services within Morehouse Medical Associates (MMA).

3. Safeguards – Administrative, technical, and physical precautionary measures to protect the privacy of protected health information and minimize the risk of unauthorized access, use, or disclosure that can occur during treatment, payment, and operations.

4. Visitors – Patient family members, vendors, or individuals not seeking medical treatment

POLICY

A. General

1. It is the policy of MMA to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of PHI and reasonable safeguard PHI from any

intentional or unintentional use of disclosure, or violation of 45 Code of Federal Regulations (CFR) 164.530(c).

GUIDELINES TO SAFEGUARD PROTECTED HEALTH INFORMATION:

1. Cleaning personnel:

   a. Cleaning personnel do not need PHI to accomplish their work. Whenever reasonably possible, PHI will be placed in locked containers, cabinets, or rooms before cleaning personnel enter an area.
   b. When it is not reasonably possible to secure PHI, it must be removed from sight before cleaning personnel enter an area.

2. Computer Screens:

   a. Computer screens at each workstation must be positioned so that only authorized users at that workstation can read the display. When screens cannot be relocated, filters, hoods, or other devices may be employed.

3. Conversations:

   a. Conversations concerning members' claims or other PHI must be conducted in a way that reduces the likelihood of being overheard by others.

4. Copying claims and other PHI:

   a. When PHI is copied, only the information that is necessary to accomplish the purpose for which the copy is being made, may be copied. This may require that part of a page be masked.

5. Desks and countertops:

   a. Claims and other medical record documents that contain PHI must be placed face down on counters, desks, and other public places where unauthorized personnel can see them.

   b. Whenever it is reasonably possible to do so, claims and other documents containing PHI will not be left on desks and countertops after business hours or for extended periods of time unsupervised. Supervisors will take reasonable steps to provide all work areas where PHI is used in paper form with lockable storage bins, lockable desk drawers, or other means to secure PHI during periods when the area is left unattended.

6. Faxes:

   a. All faxes of Protected Health Information should be accompanied by a cover sheet that includes a confidentiality notice. Sensitive health information should not be transmitted by fax, except if deemed to be necessary under the circumstances, such as in an emergency situation or in response to an immediate need by a governmental agency.
   b. Fax machines should be located in an area where an accountable person can ensure that faxes are kept confidential and can promptly distribute them to the proper recipients. Fax machines should not be located in public areas such as reception areas where visitors can view faxes.

7. Paper Records:

   a. Paper records, including medical charts, should be stored or filed in such a way to avoid access by unauthorized personnel. Paper records should be secured when the office is unattended. Original records should not be removed from MMA premises unless necessary to provide care or treatment or as required by law.

8. Destruction Standards:

   a. Protected Health Information must be discarded in a manner that protects the confidentiality of that information. Paper and other printed materials should be destroyed or shredded.

9. Visitors:

   a. All visitors must be accompanied by a MMA escort in clinical areas.

10. Personal Safeguards:

   a. Workforce members will be held personally accountable for mishandling PHI. Per institutional guidelines and policies, every employee is responsible for compliance training and confidentiality of protected health information.

By Direction of the Dean: _____

Medical Director