

 Seniors and People with Disabilities State Operated Community Program (SOCP) Policies and Procedures	Supersedes: July 1, 2004	Policy Number: 3.003
	Effective Date: March 1, 2005	
	Approval Signature:	
Subject: Confidentiality		

REFERENCE:

 OAR 411-325-0310; 411-345-0120
 DHS Policy AS 100-01 through AS 100-09

POLICY:

SOCP will assure that all individual records are kept confidential. Records may be disclosed to direct service providers who provide care and/or treatment to individuals living in the SOCP. Any request outside of the designated service providers for records must be approved following the Health Insurance Portability and Accountability Act (HIPAA) DHS policies AS-100-01 through AS 100-09 [ORS 179.505 (1) and ORS 179.502 (2) for non-medical].

It is the intention of SOCP to follow all of the DHS HIPAA policies utilizing the forms provided as listed in the DHS Policy. If there is any policy question/interpretation, a committee within SOCP comprised of the Services and Training Manager, Safety Manager and one Human Resource Manager will assist in clarifying the issue.

Each individual living in the program must have “Notice of Privacy Practices, Acknowledgement of Receipt” (DHS 2092) signed as directed on the form within two weeks of admission (one time only). Each home must have “DHS Notice of Privacy Practices” posted in the home. Clarification specific to SOCP are as follows:

CLIENT CONFIDENTIALITY

Responsibility

Site Manager

Action

Assure that any time protected information is being disclosed to a family member or advocate that is not the guardian/legal representative, the HIPAA Protected Information flowchart (Attachment A) is followed.

Assure that:

1. No client names are visible on the backs of notebooks, etc. (first/last initials are acceptable).
2. No work is left unattended (tables, cabinet tops, counters, desks, computer screens, etc.) with confidential information on it.
3. Any paperwork going to outside agencies that are not a direct service provider (i.e. OIS Steering Committee) must be redacted of individual client information on all copies sent.

Responsibility

Action

4. When licensing/survey staff from outside SOCP come into the home to review records, only the records of the individual on the survey is given to the reviewer.

Keep a list of confidential fax numbers with the phone lists in each house (physician, dentist, etc.) to assure information is being faxed to areas in offices that are confidential.

Maintain a segregated, locked file if an individual requests that his/her HIV information be kept separate from other records.

All staff

When transporting client information from one area to another assures the documents are secure (i.e. In an envelope, locked in trunk of car, in a covered notebook/folder, not accessible to family, etc.) and not left lying open on the seats of vehicles, etc.

Faxes or emails within SOCP do not need to have client specific information redacted if the receiving party needs it. The policy of sending "minimum necessary" does apply. Do not send information that is not needed by the recipient.

Faxes or emails outside SOCP will have information redacted as applicable. For example, you would not need to take names, etc. out of information going to the client's doctor's office, but should remove it if sending information in to Oregon Technical Assistance Corporation (OTAC) for review, as they don't need any names, etc. Again the "minimum necessary" standard applies.

Use DHS 2009 (Attachment B) form that contains a confidentiality statement for all fax transmittals.

STAFF CONFIDENTIALITY

Responsibility

Action

Site Manager

Assure that each staff working with the program has a "Privacy Program Statement of Understanding" (DHS Form #2091) signed with one copy to the employee, a copy kept at the home and the original going to the HR department. The employee will be trained on DHS policy for HIPAA within 14 days of employment.

Will keep all staff information confidential following HIPAA procedures (i.e. SAIF, FML, reference checks, etc.).

Attachment A: HIPAA Protected Information Flowchart

Attachment B: Fax Cover Sheet

HIPAA Protected Information

Are we disclosing protected information?



