

# Youth Advocate Programs, Inc. Confidentiality of Protected Health Information Procedure

## Purpose

To establish a mechanism to protect the confidentiality of individually identifiable patient health and financial information from any unauthorized intentional or unintentional use or disclosure in accordance with the requirements in the HIPAA Privacy Rule (Sec 45 CFR 164.530).

## Procedure

- A. “Individually Identifiable Information”-Protected Health Information (PHI) may not be disclosed or released without a complete and valid written authorization signed by the patient, parent, or legally authorized representative, unless 1) the use of such PHI is for purposes of treatment, payment or health care operations, generally; or 2) release of the PHI is specifically allowed by State or Federal law without a valid authorization.

The HIPAA Privacy Rule specifies the following 18 pieces of “Individually Identifiable Information” information that, when linked with health or medical information, constitutes PHI (45 CFR 164.514):

1. Names of the individual, and relatives, employers or household members of the individual;
2. Geographic identifiers of the individual, including subdivisions smaller than a state, street addresses, city, county and precinct;
3. Zip code at any level less than the initial three digits; except if the initial 3 digits cover a geographical area of 20,000 or less people, then zip code is considered an identifier;
4. All elements of dates, except year, or dates directly related to an individual including birth date, admission date, discharge date, or date of death, including;
  - a) Telephone numbers;
  - b) Fax numbers;
  - c) Electronic mail addresses;
  - d) Social security numbers;
  - e) Medical record numbers;
  - f) Health plan beneficiary numbers;
  - g) Account numbers;
  - h) Certificate/license numbers;
  - i) Vehicle identifiers and serial numbers, including license plate numbers;
  - j) Device identifiers and serial numbers;
  - k) Web Universal Resource Locators (URL's);
  - l) Internet Protocol (IP) addresses;

- m) Biometric identifiers, including finger and voice prints;
  - n) Full-face photographic images and any comparable images;
  - o) Any other unique identifying number, characteristic, or code;
  
- B. “Patient”-A patient/client is any individual who seeks and/or receives services within Youth Advocate Programs, Inc.
- C. “Protected Health Information” (PHI)-Any individually identifiable health or financial information, whether verbal, written, electronic, or otherwise recorded in any form or medium that:
  - 1. is created or received by Youth Advocate Programs, Inc. or one of their employees, agents, or individual contractors, and
  - 2. relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual, or the past, present, or future payment for the provision of health care or mental health care to a patient/client.
  
- I. Youth Advocate Programs, Inc., its affiliated entities, and their officers, employees, and agents are expected to treat all PHI in any form (paper, electronic, verbal, etc.) as confidential in accordance with government regulations, professional ethics, legal requirements, and accreditation standards, and they:
  - a. Will not divulge PHI unless the patient, client, parent, or legally authorized representative (with proper legal written proof) has properly authorized the release or the release is otherwise required or permitted by law and in accordance with Youth Advocate Programs, Inc. policies.
  - b. Will release only the reasonable minimum amount of information required by the requestor when a release is appropriately authorized.
  - c. Will take appropriate steps to prevent unauthorized re-disclosures of PHI received from sources other than records.
  
- II. Confidentiality Statement. All employees are required to sign a confidentiality statement and an attestation in receipt of this procedure, before they are granted access to PHI.
  
- III. Training. All employees are required to be trained on policies and procedures regarding confidentiality and PHI to the extent necessary for each individual employee to carry out their assigned functions within the Youth Advocate Programs, Inc.

At a minimum, training will occur;

- a. upon hire, or as quickly after hire as feasible, and
- b. when an employee’s functions or assignment of duties are changed; and/or
- c. changes in government regulation or policies and procedures occur.

- IV. Sanctions. Significant unauthorized or improper release of PHI (as determined by the Chief Compliance Officer) by an employee, agent, or contractor may result in disciplinary action up to including termination of employment by Youth Advocate Programs, Inc, civil fines and/or penalties, and/or criminal sanctions (by the government), lawsuits and judgments against the employee. Such conduct by an employee, agent, or contractor may also result in civil and/or criminal fines and/or penalties against Youth Advocate Programs, Inc.
  
- V. Reporting. Any employee who believes she/he has observed a violation of this procedure should report it to her/his immediate supervisor, the next level of management, or to the Chief Compliance Officer at 717-232-7580. An employee may also report a violation anonymously or confidentially to the Youth Advocate Programs, Inc. Compliance Hotline at 1-800-324-5794. Calls receive on this line will be referred to the Chief Compliance Officer for investigation. Employees are also encouraged to contact the CCO directly at 717-232-7580 or in writing at Youth Advocate Programs, Inc., 2007 N. 3<sup>rd</sup> Street, Harrisburg, PA 17110. There will be no retaliation taken against any employee for making such report in good faith.