

**ITASCA COUNTY  
HIPAA COMPLIANCE**

**Approved by County Board 04/08/2003  
To be effective 04/14/2003**

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## HIPAA POLICY

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## HIPAA POLICY

### Privacy/Complaint Officer and Responsibilities

The position of Privacy/Complaint Officer is required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Privacy/Complaint Officer reports to the Board of Commissioners of Itasca County.

The Privacy/Complaint Officer is responsible for the development and implementation of the policies and procedures as applicable to Itasca County and as required by the HIPAA Standards for Privacy of Individually Identifiable Health Information (herein after referred to as the "Privacy Regulation[s]"). The Privacy/Complaint Officer is responsible to develop employee training programs, publish and distribute the privacy notice and serve as the designated decision maker for issues and questions involving interpretation of the privacy rules, in coordination with legal counsel.

Other tasks the Privacy/Complaint Officer is responsible for include:

- inventorying the uses and disclosures of all protected health information
- ensuring that all compliance documents are legally binding, amend plan document as needed, negotiate business associate contracts and develop authorizations.
- set up a complaint process and sanctions
- develop overall privacy policies and procedures for the plan as well as a notice of information practices
- develop a training program
- establish programs to monitor internal privacy compliance
- keep up to date on the latest privacy and security developments in federal and state laws and regulations
- any or all of these tasks may be delegated to other qualified employees of Itasca County
- serves as the person designated to receive complaints and who can provide further information about matters covered by the privacy notice
- work with Associate Privacy/Complaint Officers.

On 08/26/2003, the Health & Human Services Board delegated to the Privacy/Complaint Officer responsibility to enter into Business Associate Agreements INITIATED by Health & Human Services, maintain copy of the Agreements and perform necessary

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follow-up as required by the Agreements. Business Associate Agreements initiated by ANOTHER PARTY to which Health & Human Services is a party must be approved by the Health and Human Services Board.

The Privacy/Complaint Officer may delegate responsibilities as s/he determines necessary.

Itasca County Board of Commissioners appoints the Health & Human Services Director as the Privacy/Complaint Officer. The Health & Human Services Director currently is Lester Kachinske.

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### ASSOCIATE PRIVACY/COMPLAINT OFFICERS AND RESPONSIBILITIES

Associate Privacy/Complaint Officers are responsible to handle and comply with requests for data within their departments in accordance with the law, policies and procedures and to work with the Privacy/Complaint Officer in the completion of all responsibilities related to HIPAA.

The Privacy/Complaint Officer will appoint an Associate Privacy/Complaint Officer for each covered entity component; at the present time covered entity components include:

Auditor/Treasurer Department: Payroll and Risk Management  
Health & Human Services Department  
Probation Department: Juvenile Division

Associate Privacy/Complaint Officers may delegate responsibilities as they determine necessary.

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**HIPAA POLICY**  
**ITASCA COUNTY**  
**DEPARTMENTS REQUIRING HIPAA COMPLIANCE**

Itasca County is a single legal entity whose business activities include both covered and non-covered functions. Therefore, Itasca County designates itself as a hybrid entity which will require covered entity components to comply with the HIPAA Privacy Rule.

The HIPAA Privacy Rule requires that covered entity components cannot use or disclose protected health information, PHI, (also known as "individually identifiable health information" or "personal protected health information" or "personal health information") other than as permitted or required.

Covered entity components meet the HIPAA definition of health care provider, health care clearinghouse and/or health plan as determined by the Covered Entity Survey (see HIPAA Work Committee minutes and/or files for further information on the surveys).

Protected health information is health information created or received by a covered entity component which either identifies the individual to whom it relates or creates a reasonable basis on the part of the disclosing entity for believing that the information may be used to identify the individual and is maintained and/or transmitted by a covered entity.

The following Itasca County Departments or specified departmental units are designated covered entity components:

- All Health and Human Services Department
- Auditor/Treasurer Department: Accounting Division
- Probation Department: Juvenile Division

As Itasca County departments gain or lose covered entity status, they will adhere/not adhere to HIPAA compliance standards.

Hereafter, policies, procedures, forms, etc. will refer to covered entity components collectively as "Itasca County" unless specifically noted otherwise.

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**ITASCA COUNTY NOTICE OF PRIVACY PRACTICES**

The Probation Department: Juvenile Division may pay the cost of medical care of injuries sustained in the Wood Restitution Program; Probation rarely receives bills (which are classified as PHI) and when Probation: Juvenile Division does, Probation will disseminate the Notice of Privacy Practices (see Forms Addendum) to the client that they receive the PHI from and will be required to follow policies outlined in Itasca County HIPAA Privacy Compliance.

The Auditor/Treasurer Department: Accounting Division may reimburse employees for health insurance claims and will disseminate the Notice of Privacy Practices (see Forms Addendum) to all current employees and to new employees as they are hired. (HHS payroll must do the same.) Accounting Division will be required to follow policies outlined in Itasca County HIPAA Privacy Compliance.

The Auditor/Treasurer Department: Accounting Division collects no PHI for the self-insured dental plan but is required to disseminate the Notice of Privacy Practices to employees.

To assure compliance with the principles of HIPAA, a Notice of Privacy Practices (see Forms Addendum) will be disseminated to all Itasca County employees by Auditor/Treasurer Department: Accounting Division (HHS payroll must do the same).

The Health & Human Services Department will provide all clients a Notice of Privacy Practices (see Forms Addendum) and will be required to follow policies outlined in Itasca County HIPAA Privacy Compliance.

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**ITASCA COUNTY  
GENERAL PRINCIPLE FOR MINIMUM NECESSARY**

Covered entities of Itasca County will make reasonable efforts to limit the use and disclosure of PHI to the minimum necessary to accomplish the intended purpose of the use or disclosure.

This general principle does not apply to:

- Disclosures for treatment, payment and health care operations;
- Uses or disclosures made to the individual;
- Disclosures made to the Federal Health & Human Services Office for Civil Rights;
- Uses and disclosures required by law; and
- Uses and disclosures required for compliance with the privacy regulations

Itasca County will limit access of PHI to only those employees who have a need to know in order to complete their work assignments. Employees are defined as all members of the Itasca County workforce including volunteers, student interns, trainees or others who perform work involving PHI. All Itasca County employees subject to HIPAA rules are subject to complete an **Itasca County HIPAA Pledge of Confidentiality** (see Forms Addendum).

In the following circumstances, Itasca County will rely on a written request as the minimum necessary for the stated purpose (s) when:

- The disclosure is to a public official as allowed in the social responsibility reporting found in 45 CFR 164.512 (Uses and Disclosures that Do Not Require a Consent, Authorization or Opportunity to Agree or Object to the Disclosure);
- The information is requested by another covered entity;
- The information is requested by an employee or business associate of Itasca County;
- The disclosure is for research purposes and the Privacy/Complaint Officer has documented a waiver approval as required by 45 CFR 164.512(I).

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**ITASCA COUNTY**  
**POLICY FOR ACCESS TO PROTECTED HEALTH INFORMATION**

Individuals have a right of access to any PHI that is used to make decisions about the individual, including information used to make health care decisions or information used to determine whether a claim will be paid.

The individual has a right to access the designated record set by completing the Individual Request to Access Protected Health Information (see Forms Addendum) and submitting it to the Associate Privacy/Complaint Officer. Itasca County defines a designated record set as follows:

A group of records maintained by or for Itasca County that may include:

- The medical records and billing records about individuals maintained by or for a covered health care provider; or
- The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- Used, in whole or in part, by or for the covered entity to make decisions about individuals.

The term *record* means any item, collection, or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for a covered entity.

Itasca County will permit an individual to request access to inspect or copy the designated record set for as long as it is maintained by Itasca County following the *Itasca County Retention & Destruction Schedule* with the follow exceptions:

- Psychotherapy notes
- Information compiled in reasonable anticipation of a civil, criminal, or administrative action or proceeding
- Information held by clinical laboratories if access is prohibited by the Clinical Laboratory Improvements Amendment of 1988 (42 U.S.C. 263a)
- Any data determined by Minnesota State Law to be determined as "confidential"

Rules of Procedure on Access:

1. Time Frame. Itasca County will act on the request

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immediately or, if not possible, within 10 business days<sup>2</sup> of the request. If an extension is needed to consider data access request, Itasca County will provide the reason to the individual and develop a mutually agreeable alternate time frame for response to providing access to the data.

### 2. Providing Access.

Individuals shall be shown the data without any charge and if desired shall be informed of the content and meaning of that data. Individuals requesting a copy of the data may be charged a fee (flat rate, special rate) in compliance with the *Minnesota Government Data Practices Manual for Itasca County* unless disallowed by Federal law. (See *Minnesota Government Data Practices Manual for Itasca County* for guidelines on use, fees, etc.).

### 3. Denying Access. Individuals will be notified of denial. In some circumstances, the individual has a right to a review of the denial of access by a designated licensed health professional who did not participate in the original decision to deny access as laid out below.

### 4. Denials that may be reviewed by a designated licensed health professional who did NOT participate in the original decision to deny access include those where a licensed health care professional has determined, in the exercise of professional judgment, that:

- the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
- the PHI makes reference to another person (unless such other person is a health care provider) and the access requested is reasonably likely to cause substantial harm to such other person;
- the request for access is made by the individual's personal representative and the provision of access to

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<sup>2</sup>The Minnesota Government Data Practices Act, MS 13, regulates all government data collected, created, received, maintained, disseminated or stored by political subdivisions. Itasca County abides by MS 13; in the event a data circumstance arises that is not covered by MS 13 but elsewhere in Minnesota or Federal law, then Itasca County follows the more prohibitive law.

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such personal representative is reasonably likely to cause substantial harm to the individual or another person.

To request review of a denial of access, requestor must file request in writing to Itasca County.

Some information maintained by Itasca County is not used to make health care decisions such as information systems that are used for quality control or peer review analysis. Such information is not available for individual access in these types of information systems.

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**ITASCA COUNTY  
POLICY FOR INDIVIDUAL'S RIGHT TO  
CORRECT/AMEND PROTECTED HEALTH INFORMATION**

Itasca County shall permit an individual to request that Itasca County amend the PHI it created in a designated record set. (Itasca County would only amend PHI received from others when the creating entity amends that information and notifies Itasca County of the amendment.) Itasca County shall require individuals to make requests for amendment by completing Request for Correction/Amendment of Protected Health Information (see Forms Addendum) and to provide a reason to support a requested amendment. Itasca County shall permit an individual to request an amendment for as long as the PHI is maintained by Itasca County Itasca County Retention & Destruction Schedule. Itasca County will only discuss amendment of data to which the subject of the data has the right of access.

Itasca County shall act upon a request to amend PHI no later than 30 calendar days after the receipt of the request in one of the following ways:

**Acceptance of Amendment:**

If Itasca County accepts the requested amendment, in whole or in part, Itasca County shall:

1. Make the appropriate amendment to the PHI in designated records sets; and
2. Within 30 calendar days of the request inform the individual in writing (see Forms Addendum for Response to Amendment or Correction Request of Restricted Health Information) that the amendment is accepted; and
3. Make reasonable effort as soon as possible to inform and provide the amendment within a reasonable time to persons identified by the individual as having received PHI about the individual and persons including business associates that Itasca County knows have the PHI that is the subject of the amendment and that may have relied or could foreseeably rely on such information to the detriment of the individual.

**Denial of Amendment:**

Itasca County may deny an individual's request for amendment if Itasca County determines that the PHI is accurate and complete.

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Itasca County must provide the individual within 30 calendar days of the request with a written denial (see Forms Addendum for Response to Amendment or Correction Request of Restricted Health Information) that uses plain language and contains:

1. The basis for denial; and
2. The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement; and
3. A statement that, if the individual does not submit a statement of disagreement, the individual may request that Itasca County provide the individual's request for amendment and the denial with any future disclosures of the PHI that is subject of the amendment. If requested by the subject of the data, Itasca County will forward request for amendment and denial to covered entity component maintaining data with direction to link said request and denial to data and forward with data upon authorized disclosures; and
4. A description of how the individual may complain to Itasca County or the Secretary of Health & Human Services pursuant to the Itasca County Complaint Procedure. The description must include the name, title and telephone number of the Associate Privacy/Complaint Officer.

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**ITASCA COUNTY**  
**POLICY FOR ACCOUNTING OF DISCLOSURES**

Itasca County is responsible to account for certain disclosures of PHI as of the 04/14/2003 compliance date. Itasca County will use the **Disclosure Tracking Log** (see Forms Addendum) to help fulfill this responsibility.

Individuals requesting an accounting of disclosures are to complete the **Itasca County Request for Accounting of Disclosures** (see Forms Addendum).

Itasca County will disclose, upon request of the individual, an accounting of disclosures in the 6 years prior to the date of request except for the following disclosures:

- To carry out treatment, payment or health care operations; or
- To the individual; or
- To facility directories or to person's involved in the individual's care or other notification purposes (see 45 CFR 164.510 (b)); or
- For national security or intelligence purposes; or
- To corrections officials or law enforcement personnel when the individual is in custody (see 45 CFR 164.512 (k) (5)); or
- Which were made before 04/14/2003; or
- See following page for listing of "Disclosures That Must Be Accounted For" and "Disclosures That Do Not Need To Be Accounted For"

In certain circumstances involving health oversight agencies or law enforcement agencies, Itasca County may temporarily suspend the individual's right to receive an accounting of disclosures.

Business associates are also subject to the policy for accounting of disclosures. The business associate is responsible to independently account for their own disclosures and forward tracking to Itasca County when requested. (Per 45 CFR 164.528(d)(1) Itasca County needs to request that business associates account for their disclosures and Itasca County needs to account for the business associate's disclosures.)

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**Directions:** When one of the criteria in B. is met, the disclosures listed in A. do NOT have to be accounted for in the Accounting Log or to the individual.

**Definition of disclosure:** release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information (note: information sharing to co-workers needed to do the job are not considered disclosures)

### **A. DISCLOSURES THAT MUST BE ACCOUNTED FOR:**

- (a) To public health authorities; i.e., required disease reporting, etc.
- (b) To law enforcement regarding crime on premises
- (c) To law enforcement in emergencies where crime is suspected
- (d) For judicial and administrative proceedings
- (e) For research
- (f) To military command authorities
- (g) For workers comp purposes
- (h) To correctional institutions
- (i) About decedents to medical examiners, funeral directors, coroners
- (j) For public health activities
- (k) About victims of abuse
- (l) To a person who may have been exposed to a communicable disease
- (m) To health oversight agencies for audits, civil or criminal investigations, inspections, licensure or disciplinary actions
- (n) In response to a court order
- (o) In response to a subpoena or discovery request
- (p) As required by law for wound or injury reporting
- (q) For identification and locating suspect or fugitive
- (r) Unlawful and unauthorized disclosures we have knowledge of
- (s) State laws for confidentiality of "mandated" reports
- (t) Requests denied

### **B. DISCLOSURES THAT DO NOT NEED TO BE ACCOUNTED FOR:**

- (a) Disclosures for treatment, payment, operations
- (b) Disclosures that have been authorized by the patient
- (c) Disclosures made directly to the patient
- (d) Incidental disclosures
- (e) Disclosures as part of a limited data set
- (f) Disclosures for national security purposes; i.e., counter-intelligence
- (g) Disclosures for protective services of the President,



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- or for security clearance
- (h) Disclosures to correctional institution or law enforcement, if patient is in custody
- (i) Disclosures that occurred prior to 4/14/2003

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**ITASCA COUNTY  
POLICY FOR USES AND DISCLOSURES**

**I. Uses and disclosures that require Authorization/Consent for Release of Protected Health Information and/or Confidential Information:**

Itasca County may disclose PHI if there is a signed Authorization/Consent for Release of Protected Health Information (see Forms Addendum) to do so. The authorization/consent will include the specific person or organization, description of the information to be disclosed. Authorizations/consents **will** have an expiration date no longer than one year from date of authorization/consent.

Individuals have the right to revoke the authorization and must do so in writing.

**II. Uses and disclosures that do not require authorization/consent:**

**A. Uses and disclosures required for treatment, payment or health care operations**

Itasca County may use or disclose PHI to the extent that such use or disclosure is required for treatment, payment or health care operations. These disclosures do not need to be accounted for.

**Re: Sections B. - O. below:** To determine whether the disclosures outlined in Sections B. - O. below must be accounted for, see previous section on Itasca County Policy for Accounting of Disclosures.

**B. Uses and disclosures required by law**

Itasca County may use or disclose PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

Required by law includes, but is not limited to:

court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a government or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information,

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including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

### **C. Uses and disclosures for public health activities**

Itasca County may disclose PHI to the following for the public health activities and purposes described below:

- A. A public health authority that is authorized by law to collect and receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death and the conduct of public health surveillance, public health investigations and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;
- B. A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect (Social Services);
- C. A person subject to the jurisdiction of the Food and Drug Administration to:
  - 1. report adverse events, product defects or problems, or biological product deviations if the disclosure is made to the person required or directed to report such information to the Food and Drug Administration;
  - 2. track products if the disclosure is made to a person required or directed by the Food and Drug Administration to track the product;
  - 3. enable product recalls, repairs, or replacement; or
  - 4. conduct post marketing surveillance to comply with requirements or at the direction of the Food and Drug Administration;
- D. A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition in the conduct of a public health intervention or investigation;
- E. An employer, about an individual who is a member of the workforce of the employer if:
  - 1. Covered entity can provide information to Itasca County regarding evaluation as identified in the following:

\*conduct an evaluation relating to medical

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surveillance of the workplace; or  
\*evaluate whether the individual has a work related illness or injury;

2. The PHI that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance;
3. The employer needs such findings in order to comply with its obligations under OSHA to record such illness or injury or to carry out responsibilities for workplace medical surveillance;
4. The covered health care provider provides written notice to the individual that PHI relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer;

\* By giving a copy of the notice to the individual at the time the health care is provided; or

\*If the health care is provided on the work site of the employer, by posting the notice in a prominent place at the location where the health care is provided.

As a Public Health Authority, Itasca County Public Health is permitted to use PHI in all cases in which it is permitted to disclose such information for public health activities under this section.

### **D. Disclosures about victims of abuse, neglect or domestic violence**

Except for reports of child abuse or neglect as permitted in section B above, Itasca County may disclose PHI about an individual whom Itasca County reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective service agency, authorized by law to receive reports of such abuse, neglect, or domestic violence:

- To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law:

If the individual agrees to the disclosure; or

- To the extent the disclosure is expressly authorized by statute or regulation and:

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- Itasca County, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
- If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PHI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

Itasca County, when it makes a disclosure permitted by this section, will promptly inform the individual that such a report has been or will be made, except if:

- Itasca County, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or
- Itasca County would be informing a personal representative, and Itasca County reasonably believes the personal representative is responsible for the abuse, neglect or other injury, and that informing such person would not be in the best interest of the individual as determined by Itasca County, in the exercise of professional judgment.

### **E. Uses and disclosures for health oversight activities**

Itasca County may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigation; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of

- The health care system;
- Government benefit programs for which health information is relevant to beneficiary eligibility;
- Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
- Entities subject to civil rights laws for which health information is necessary for determining compliance.

Exceptions to health oversight activities. A health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise

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out of and is not directly related to:

- The receipt of health care;
- A claim for public benefits related to health; or
- Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

Notwithstanding the exception listed above, if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of this section.

Itasca County is a health oversight agency and may use PHI for health oversight activities as permitted by this section.

### **F. Disclosures for judicial and administrative proceedings**

Itasca County may disclose PHI in the course of any judicial or administrative proceeding:

- In response to an order of a court or administrative tribunal, provided that Itasca County discloses only the PHI expressly authorized by such order; or
- In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if;

1. Itasca County receives satisfactory assurance, from the party seeking the information that reasonable efforts have been made by such party to ensure that the individual who is the subject of the PHI that has been requested has been given notice of the request;

A. Itasca County receives satisfactory assurances from a party seeking PHI if Itasca County receives from such a party a written statement and accompanying documentation demonstrating that:

\*The party requesting such information has made a good faith attempt to provide written notice to the individual in a notice mailed to the last known address.

\*The notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise an objection to the court or administrative

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tribunal; and

\*The time for the individual to raise objections to the court or administrative tribunal has elapsed and no objections were filed or all objections have been resolved by the court the administrative tribunal.

2. Itasca County receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to secure a qualified protective order that meets requirements below.

\* a qualified protective order means, with respect to PHI, an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that:

- prohibits the parties from using or disclosing the PHI for any purpose other than the litigation or proceeding for which such information was requested; and
- requires the return to Itasca County or destruction of the PHI, including all copies, at the end of the litigation or proceeding.

\* Itasca County receives satisfactory assurances from a party seeking PHI, if Itasca County receives from such party a written statement and accompanying documentation demonstrating that:

- the parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or
- the party seeking the PHI has requested a qualified protective order from such court or administrative tribunal.

Notwithstanding section 1 and 2 above, Itasca county may disclose PHI in response to lawful process without receiving satisfactory assurance under this section, if Itasca County makes reasonable efforts to provide notice to the individual, or to seek a qualified protective order sufficient to meet the requirements of the section.

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Note: Itasca County policy on disclosures for judicial and administrative proceedings does not interfere with attorney/client sharing of information for litigation.

### G. Disclosures for law enforcement purposes

Itasca County may disclose PHI for a law enforcement purpose to a law enforcement official if the conditions in paragraphs 1 through 6 of this section are met, as applicable.

1. Permitted disclosures pursuant to process and as otherwise required by law.

Itasca County may disclose PHI:

A. As required by law including laws that require the reporting of certain types of wounds or other physical injuries, except for laws subject to child abuse, neglect and domestic violence as covered in Section II.C. and ILD; or

B. In compliance with and as limited by the relevant requirements of:

- A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;
- A grand jury subpoena; or
- An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:

1. That information sought is relevant and material to a legitimate law enforcement inquiry;
2. The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
3. De-identified information could not reasonably be used.

2. Except for disclosures requested by law as permitted in paragraph G.1 of this Section, Itasca County can disclose PHI to law enforcement for purposes of identifying or locating a suspect, fugitive, material witness or missing person provided that Itasca County only disclose the following information:

- Itasca County may disclose only the following information:



## HIPAA POLICY

- Name and address
- Date and place of birth
- Social security number
- ABO blood type and RH factor
- Type of injury
- Date and time of treatment
- Date and time of death, if applicable; and
- A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos.
- Except as specifically allowed above, Itasca County may not disclose for the purposes of identification or location any PHI related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.

### 3. Permitted disclosure: victims of a crime.

Except for disclosures required by law as permitted by paragraph G.1. of this section, Itasca County may disclose PHI in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime, other than disclosures that are subject to paragraph G.1.B.2 and G.1.B.3 of this section, if:

- The individual agrees to the disclosure; or
- Itasca County is unable to obtain the individual's agreement because of incapacity or other emergency circumstances, provided that:
  - \* The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim;
  - \* The law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
  - \* The disclosure is in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

## HIPAA POLICY

### 4. Permitted disclosure: decedents.

Itasca County may disclose PHI about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if Itasca County has a suspicion that such death may have resulted from criminal conduct.

### 5. Permitted disclosure: crime on premises.

Itasca County may disclose to a law enforcement official PHI that Itasca County believes in good faith constitutes evidence of criminal conduct that occurred on the premises of Itasca County.

### 6. Permitted disclosure: reporting crime in emergencies.

- Itasca County, providing emergency health care in response to a medical emergency, other than such emergency on the premises of Itasca County Public Health, may disclose PHI to a law enforcement official if such disclosure appears necessary to alert law enforcement to:
  - \* The commission and nature of a crime;
  - \* the location of such crime or of the victim(s) of such crime; and
  - \* The identity, description, and location of the perpetrator of such crime.
- If Itasca County Public Health believes that the medical emergency described above is the result of abuse, neglect, or domestic violence of the individual in need of emergency health care, this section does not apply and any disclosure to a law enforcement official for law enforcement purposes is subject to section C. Disclosures about victims of abuse, neglect, or domestic violence.

## H. **Uses and disclosures about decedents**

- Coroners and medical examiners. Itasca County may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. Itasca County has an appointed coroner/medical examiner who may use PHI for the purposes described above.
- Funeral directors. Itasca county may disclose PHI to funeral directors, consistent with applicable law, as

## HIPAA POLICY

necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, Itasca County may disclose the protected health information prior to, and in reasonable anticipation of, the individual's death.

Minnesota law would require authorization of subject of data or next of kin if subject of data is deceased.

### **I. Uses and disclosures to avert a serious threat to health or safety**

#### Permitted disclosures.

Itasca County may, consistent with applicable law and standards of ethical conduct, use or disclose PHI, if Itasca County, in good faith, believes the use or disclosure:

- Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
- Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat;
  - \* Is necessary for law enforcement authorities to identify or apprehend an individual; and
  - \*Because of a statement<sup>3</sup> by an individual admitting participation in a violent crime that Itasca County reasonably believes may have caused serious physical harm to the victim; or
  - \* Where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.

#### Use or disclosure not permitted.

A use or disclosure pursuant to this section may not be made if the information described is learned by Itasca County:

- In the course of treatment to affect the propensity to

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<sup>3</sup>2A use or disclosure pursuant to this section may not be made if the information described is learned by Itasca County: - in the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure under this section, or counseling or therapy; or -through a request by the individual to initiate or to be referred for the treatment, counseling or therapy described in this section.

## HIPAA POLICY

commit the criminal conduct that is the basis for the disclosure under this section, or counseling or therapy; or

- Through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy described in this section.

### Limit on information that may be disclosed.

A disclosure made pursuant to this section shall contain only the statement described in this section and the PHI described in this section.

### Presumption of good faith belief.

Itasca County that uses or discloses PHI pursuant to this section, is presumed to have acted in good faith with regard to a belief described in this section, if the belief is based upon Itasca County's actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

## **J. Uses and disclosures for specialized government functions**

### Military and veterans activities.

1. Armed Forces personnel. Itasca County may use and disclose the PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published by notice in the Federal Register the following information:
  - \* Appropriate military command authorities; and
  - \* The purposes for which the PHI may be used or disclosed.
2. Veterans. Itasca County acting as Veterans Services may use and disclose PHI to components of the Department of Veterans Affairs that determine eligibility for or entitlement to, or that provide, benefits under the laws administered by the Secretary of Veterans Affairs.
3. Foreign military personnel. Itasca County may use and disclose the PHI of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces personnel as described above.
4. National security and intelligence activities. Itasca County may disclose PHI to authorized federal officials for the conduct of lawful intelligence, counter-

## HIPAA POLICY

intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. 401, 25. seq.) and implementing authority (e.g., Executive Order 12333).

5. Protective services for the President and others. Itasca County may disclose PHI to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 1709 (a) (3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879.

### Corrections activities.

1. Correctional institutions and other law enforcement custodial situations. Itasca County, acting as a correctional institution (Itasca County Jail) may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual PHI about such inmate or individual, if the correctional institution or such law enforcement official represents that such PHI is necessary for:
  - \* The provision of health care to such individuals;
  - \* The health and safety of such individual or other inmates;
  - \* The health and safety of the officers or employees of or others at the correctional institution;
  - \* The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
  - \* Law enforcement on the premises of the correctional institution; and
  - \* The administration and maintenance of the safety, security, and good order of the correctional institution.
2. Permitted uses. Itasca County, which has a correctional institution may use PHI of individuals who are inmates for any purpose for which such PHI may be disclosed.

No application after release. For the purposes of this provision, an individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody.

## HIPAA POLICY

### Covered entities that are government programs providing public benefits.

1. A health plan that is a government program providing public benefits may disclose PHI relating to eligibility for or enrollment in the health plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such government agencies or the maintenance of such information in a single or combined data system accessible to all such government agencies is required or expressly authorized by statute or regulation.
2. Itasca County, acting as a government agency administering a government program providing public benefits may disclose PHI relating to the program to another covered entity that is a government agency administering a government program providing public benefits if the programs serve the same or similar populations and the disclosure of PHI is necessary to coordinate the covered functions of such programs or to improve administration and management relating to the covered functions of such programs.

### Disclosures for workers' compensation.

1. Itasca County may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### **K. Uses and disclosures to the Secretary of Health & Human Services**

Itasca County shall keep records and submit compliance reports to the Secretary of Health & Human Services as the Secretary may determine necessary to determine whether Itasca County has complied or is complying with the HIPAA Privacy Regulations. Reports to the Secretary shall contain the PHI determined necessary by the Secretary.

Itasca County shall cooperate with the Secretary if the Secretary undertakes an investigation or compliance review of the policies, procedures and practices of Itasca County.

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### **L. Disclosures by Whistleblowers**

## HIPAA POLICY

If members of Itasca County's employees or its business associates believe that Itasca County has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services or conditions provided by Itasca County potentially endangers one or more clients, workers or the public, they are encouraged to immediately bring the conduct to the attention of Itasca County's management and/or Associate Privacy/Complaint Officers or Privacy/Complaint Officer.

A member of Itasca County's workforce or a business associate of Itasca County may disclose PHI, without the written authorization of the individual or giving the individual the opportunity to agree or object, for whistleblower activities provided that:

- i. The employees or business associate believes in good faith that Itasca County has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services or conditions provided by Itasca County potentially endangers one or more clients, workers or the public; and
- ii. The disclosure is to:
  - a. A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of Itasca County; or
  - b. An attorney retained by or on behalf of the employee or business associate for the purpose of determining the legal options of the workforce member or business associate with regards to the conduct that is unlawful or otherwise violates professional or clinical standards, or care, services, or conditions provided by Itasca County that potentially endangers one or more clients, workers, or the public.

### **M. Disclosures by Employees Who Are Victims of a Crime**

Itasca County shall not have violated the HIPAA Privacy Regulations if an employee who is the victim of a criminal act discloses PHI to a law enforcement official, provided that:

- i. The PHI disclosed is about the suspected perpetrator of the criminal act; and

## HIPAA POLICY

- ii. The PHI disclosed is limited to:
  - a. Name and address;
  - b. Date and place of birth;
  - c. Social security number;
  - d. ABO blood type and Rh factor;
  - e. Type of injury;
  - f. Date and time of treatment;
  - g. Date and time of death, if applicable; and
  - h. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (bear or moustache), scars, and tattoos.

### **N. Disclosures to a Business Associate**

Itasca County may disclose PHI to a business associate and may allow a business associate to create or receive PHI on its behalf if Itasca County obtains satisfactory assurance through a contract, or other written agreement, that the business associate will appropriately safeguard the PHI.

See Forms Addendum for **Business Associate Agreement**.

### **O. Uses and Disclosures for Persons Involved in an Individual's Care**

Itasca County may use and disclose PHI in accordance with this policy and/or Minnesota law (Minnesota law requires authorization to release data to family members involved in care) for the following situations:

- 1. To a family member, other relative, close friend or any other person identified by the individual, provided that the PHI is directly relevant to such person's involvement with the individual's care; and
- 2. To notify or assist in notification of a family member, a personal representative or another person responsible for the care of the individual in order to notify such a person about the individual's location, general condition or death.

The individual has the right to agree or object to the use or disclosure of PHI. If the individual is not present or cannot object due to incapacity or emergencies, Itasca County may exercise professional judgement to determine whether the disclosure is in the best interest of the individual.



## HIPAA POLICY

### **P. Minors' Rights**

HIPAA has no effect on minors' rights; HIPAA defers to state law in this area.

04/14/2003; 08/26/2003

HIPAA POLICY

ITASCA COUNTY  
PROTECTED HEALTH INFORMATION RESTRICTION  
REQUEST

Individuals may request restriction of disclosures of PHI concerning treatment, payment or health care operations and disclosures to family members, relatives, close friends or any other person identified by the individual as involved with the individual's care.

Individual must submit request in writing and include the following information:

- a description of the PHI restriction; and
- how the PHI should be restricted; and
- why the PHI should be restricted

Itasca County is not required to agree to the requested restriction.

If Itasca County agrees to the restriction, the restriction MUST BE followed EXCEPT in the case of emergencies. To ensure that the restriction is followed, a copy of the granted restriction must be kept in the original case file of the individual.

Either party may terminate a restriction; however such termination is only effective for PHI created or received after both parties have been informed.

Disclosure restrictions will be documented and maintained in the original file held by the covered entity component.

04/14/2003

**HIPAA POLICY**

**ITASCA COUNTY  
COMMUNICATIONS BY ALTERNATIVE MEANS**

Itasca County shall provide an individual to request to receive communications of PHI from Itasca County by alternative means or at alternative locations. Itasca County shall accommodate all reasonable requests. Itasca County shall:

1. Ask the individual to complete the Request for Alternative Means of Communication form (see Forms Addendum); and
2. Determine if the request is reasonable; and
3. If the request is reasonable, the request shall be granted; and

The Associate Privacy/Complaint Officer will determine the reasonableness of a request.

04/14/2003

## HIPAA POLICY

### ITASCA COUNTY BUSINESS ASSOCIATES

A business associate of Itasca County is a person/organization who, on behalf of the covered entity component who:

- performs or assists in performing a function or activity involving the use and disclosure of PHI or involving any other function or activity regulated HIPAA; or
- provides legal, accounting, actuarial, accounting, consulting, data aggregation, management, accreditation or financial services where the performance of such services involved providing such service provider with PHI.

Itasca County will identify business associates and execute a **Business Associate Agreement** (see Forms Addendum). The **Business Associate Agreement**:

- must be in writing; and
- cannot do anything that the covered entity component could not do; and -cannot go beyond disclosures and uses permitted under the Business Associate Agreement or required by law; and
- requires use of safeguards to prevent disclosure or use beyond scope of agreement; and
- assures that third parties of the Business Associate Agreement also limit use and disclosure of PHI (the third party of the Business Associate cannot do anything the Business Associate could not do) and
- will specify with whom business associate may subcontract and share data and what uses the business associate will use the data for; and
- comply with other HIPAA privacy regulation requirements such as, but not limited to, access amendment, etc.; and
- will make internal practices, book and records including policies and procedures and PHI available to the covered entity or the Secretary of Health & Human Services; and
- will authorize termination of contract by covered entity if covered entity determines business associate violates material breach of business associate agreement; and
- will demand at termination of contract to return or destroy all PHI.

Business Associate Agreements must be approved by the governing board.

On 08/26/2003, the Health & Human Services Board delegated to the Privacy/Complaint Officer responsibility to enter into Business Associate Agreements INITIATED by Health & Human Services, maintain copy of the Agreements and perform necessary

## **HIPAA POLICY**

follow-up as required by the Agreements. Business Associate Agreements initiated by ANOTHER PARTY to which Health & Human Services is a party must be approved by the Health & Human Services Board.

04/14/2003; 08/26/2003

## HIPAA POLICY

### ITASCA COUNTY COMPLAINT PROCEDURE

A.1 In order to provide an orderly and just means for considering and resolving alleged complaints to Itasca County about HIPAA privacy regulations policies, procedures, covered entity compliance with those policies or procedures or compliance with the privacy regulations, this procedure is established. This procedure does not displace, deny or modify any rights, privileges or remedies to an individual or the accused agency by any State or Federal law, rule or regulation.

A.2 The Health & Human Services Director is named as the Privacy/Complaint Officer.

A.3. The Privacy/Complaint Officer shall appoint Associate Privacy/Complaint Officers.

A.4 Step I - An individual who believes s/he has a complaint shall complete the HIPAA Complaint Form (see Forms Addendum).

The HIPAA Complaint Form is to be submitted to the covered entity Associate Privacy/Complaint Officer, in which the complaint arose.

#### **CONTINGENCY PLAN:**

In the event the complaint is against the Associate Privacy/Complaint Officer, the Privacy/Complaint Officer will complete Step I, Step II will be void and Step III will be available for next step remedy.

In the event the complaint is against the Privacy/Complaint Officer individually OR including the Associate Privacy/Complaint Officer, the Coordinator will complete Step I, Step II will be void and Step III will be available for next step remedy with the Coordinator fulfilling the Privacy/Complaint Officer's role in Step III.

In the event the complaint is against the Coordinator individually OR including the Associate Privacy/Complaint Officer or the Privacy/Complaint Officer, the County Board shall designate a representative to complete Step I investigation, Step II will be void and Step III will be available for next step remedy with the County Board or their representative fulfilling the Privacy/Complaint Officer's role in Step III. **Flowchart of roles and responsibilities follows in A.11.**

Within five (5) business days of receipt of the written complaint, the covered entity Associate Privacy/Complaint

## HIPAA POLICY

Officer shall undertake an investigation or designate a representative.

The covered entity Associate Privacy/Complaint Officer will take such action as appropriate based on the results of the investigation and shall provide written documentation of the decision and complaint to the individual(s)/representative(s) and for the file. In the event the investigation requires more than 5 business days to complete, the Associate Privacy/Complaint Officer will inform the individual(s)/representative(s) in writing and with estimation of time to complete Step I.

A.5. Step II - If no satisfactory settlement is reached in step I, the individual(s)/representative(s) shall indicate in writing.

The step II written notice shall include a copy of the step 1 complaint form and all relevant information attached to the form; the step II written notice shall be delivered to the Privacy/Complaint Officer at the following address:

Health & Human Services Director, Lester Kachinske  
Itasca Resource Center  
1209 SE 2<sup>nd</sup> Avenue  
Grand Rapids, MN 55744-3983

218.327.2941  
218.327.5547 fax  
218.327.5549 telecommunications device for deaf/hard of hearing

Within ten (10) business days of receipt of the written record of the dissatisfaction, the Privacy/Complaint Officer shall undertake an investigation or designate a representative. The Privacy/Complaint Officer will take such action as appropriate based on the results of the investigation and shall provide written documentation of the decision and complaint to the individual(s)/representative(s) and for the file. In the event the investigation requires more than 10 business days to complete, the Privacy/Complaint Officer will inform the individual(s)/representative(s) in writing and with estimation of time to complete Step II.

A.6. Step III - If no satisfactory settlement is reached in step II, the individuals(s)/representative(s) shall indicate dissatisfaction. The step III written notice shall include a copy of the step I complaint form and all relevant information attached to the form and the step II written dissatisfaction; the step III written notice shall be delivered to the

## HIPAA POLICY

Privacy/Complaint Officer who will be responsible to set up a mediation session between the complainant and Itasca County, when appropriate. Through mediation, the parties will work with a neutral mediator in an attempt to resolve the complaint. The mediator will inform the County and individual(s)/representative(s) in writing regarding the mediation outcome.

When Privacy/Complaint Officer determines mediation is not appropriate, Privacy/Complaint Officer will notify complainant in writing and of redress through the Federal Health & Human Services Office for Civil Rights.

A.7. Itasca County shall document complaints received and the resolution of such complaints. The documentation will be retained for at least 6 years from the date of Itasca County's last response.

A.8. In the event that a violation of the County's HIPAA Policy and/or procedures occurs, applicable disciplinary action may be taken and as deemed appropriate by the covered entity department head and/or Privacy/Complaint Officer. Any disciplinary action taken against an employee shall be consistent with the requirements of:

- 1) Applicable collective bargaining agreements;
- 2) County policies;
- 3) State and Federal Law

A.9. This complaint procedure shall be construed to protect the substantive rights of interested persons to meet appropriate due process standards, and to assure that Itasca County complies with HIPAA.

A. 10. This complaint procedure shall not be construed as the only means of redress. The complainant may consider consulting the Federal Health & Human Services office for Civil Rights (see address and phone number below) and/or other counsel as deemed appropriate.

Medical Privacy Complaint  
Division Office for Civil  
Rights  
U.S. Department of Health & Human  
Services 200 Independent Avenue SW  
Room 590F, HHH Building Washington,  
DC 20201

1.800.368.1019 HHS Voice Hotline



**HIPAA POLICY**

Categories of Violations and Respective Penalty Amounts Available

Violation category - Section 1176(a) (1)	Each Violation	All such violations of an identical provision in a calendar year
(A) Did Not Know	\$100-\$50,000	\$1,500,000
(B) Reasonable Cause	\$1,000-50,000	\$1,500,000
(C) (i) Willful Neglect - Corrected	\$10,000-\$50,000	\$1,500,000
(C) (i) Willful Neglect - Not Corrected	\$50,000	\$1,500,000

Definitions

The following terms have the following meanings:

*Reasonable cause* means circumstances that would make it unreasonable for the covered entity, despite the exercise of ordinary business care and prudence, to comply with the administrative simplification provision violated.

*Reasonable diligence* means the business care and prudence expected from a person seeking to satisfy a legal requirement under similar circumstances.

*Willful neglect* means conscious, intentional failure or reckless indifference to the obligation to comply with the administrative simplification provision violated.

## HIPAA POLICY

### A. 11. Flowchart of Roles and Responsibilities

#### **Normal Flow of Complaint Procedure when complaint is not against Associate Privacy/Complaint Officer or Privacy/Complaint Officer**

**Step I:** -complainant completes HIPAA Complaint Form and submits to Associate Privacy/Complaint Officer;  
-Associate Privacy/Complaint Officer conducts investigation within 5 business days of receipt of written complaint;  
-Associate Privacy/Complaint Officer takes appropriate action and provides written documentation of decision and complaint to complainant and file;  
-if more than 5 business days needed to complete investigation, Associate Privacy/Complaint Officer inform complainant in writing and with estimation of time to complete Step I.

**Step II:** -if no satisfactory settlement reached, complainant states so in writing, submits copy of Step I complaint form and all relevant information attached to complaint form and submits to Privacy/Complaint Officer;  
-Privacy/Complaint Officer or designee conducts investigation within 10 business days of receipt of Step II complaint;  
-Privacy/Complaint Officer takes appropriate action and provides written documentation of decision and complaint to complainant and file;  
-if more than 10 business days needed to complete investigation, Privacy/Complaint Officer informs complainant in writing and with estimation of time to complete Step II.

**Step III:** -if no satisfactory settlement reached, complainant states so in writing, submits copy of Step I complaint form and all relevant information attached to complaint form AND a copy of the Step II complaint and submits to the Privacy/Complaint Officer;  
-Privacy/Complaint Officer sets up mediation session between complainant and County (when appropriate)and mediator will inform complainant and County in writing of mediation outcome;  
-when Privacy/Complaint Officer determines mediation is not appropriate, Privacy/Complaint Officer will notify complainant in writing and of redress through the Federal Health & Human Services Office for Civil Rights.

## HIPAA POLICY

### **Contingency Plan Flow of Complaint Procedure when complaint is against Associate Privacy/Complaint Officer**

**Step I:** -complainant completes HIPAA Complaint Form and submits to Privacy/Complaint Officer;  
-Privacy/Complaint Officer conducts investigation within 5 business days of receipt of written complaint;  
-Privacy/Complaint Officer takes appropriate action and provides written documentation of decision and complaint to complainant and file;  
-if more than 5 business days needed to complete investigation, Privacy/Complaint Officer informs complainant in writing and with estimation of time to complete Step I.

**Step II:** Void

**Step III:** -if no satisfactory settlement reached, complainant states so in writing, submits copy of Step I complaint form and all relevant information attached to complaint form and submits to the Privacy/Complaint Officer;  
-Privacy/Complaint Officer sets up mediation session between complainant and County (when appropriate) and mediator will inform complainant and County in writing of mediation outcome;  
-when Privacy/Complaint Officer determines mediation is not appropriate, Privacy/Complaint Officer will notify complainant in writing and of redress through the Federal Health & Human Services Office for Civil Rights.

### **Contingency Plan Flow of Complaint Procedure when complaint is against Privacy/Complaint Officer individually or including Associate Privacy/Complaint Officer:**

**Step I:** -complainant completes HIPAA Complaint Form and submits to Coordinator;  
-Coordinator conducts investigation within 5 business days of receipt of written complaint;  
-Coordinator takes appropriate action and provides written documentation of decision and complaint to complainant and file;  
-if more than 5 business days needed to complete investigation, Coordinator informs complainant in writing and with estimation of time to complete Step I.

**Step II:** Void

## HIPAA POLICY

**Step III:** -if no satisfactory settlement reached, complainant states so in writing, submits copy of Step I complaint form and all relevant information attached to complaint form and submits to the Coordinator;

-Coordinator sets up mediation session between complainant and County (when appropriate) and mediator will inform complainant and County in writing of mediation outcome;

-when Coordinator determines mediation is not appropriate, Coordinator will notify complainant in writing and of redress through the Federal Health & Human Services Office for Civil Rights.

### **Contingency Plan Flow of Complaint Procedure when complaint is against Coordinator individually or including Associate Privacy/Complaint Officer or Privacy/Complaint Officer:**

**Step I:** -complainant completes HIPAA Complaint Form and submits to County Board;

-County Board designates representative to complete Step 1 investigation within 5 business days of receipt of written complaint;

-County Board takes appropriate action and provides written documentation of decision and complaint to complainant and file;

-if more than 5 business days needed to complete investigation, County Board informs complainant in writing and with estimation of time to complete Step I.

**Step II:** Void

**Step III:** -if no satisfactory settlement reached, complainant states so in writing, submits copy of Step I complaint form and all relevant information attached to complaint form and submits to the County Board;

-County Board or their representative sets up mediation session between complainant and County (when appropriate) and mediator will inform complainant and County in writing of mediation outcome;

-when County Board or their representative determines mediation is not appropriate, County Board or their representative will notify complainant in writing and of redress through the Federal Health & Human Services Office for Civil Rights.

**HIPAA POLICY**

04/14/2003; 08/26/2003; 04/12/2005; 06/26/2012

**HIPAA POLICY**

**ITASCA COUNTY  
RIGHT TO MITIGATION OF HARMFUL EFFECTS**

Itasca County shall mitigate, to the extent practicable, any harmful effects that are known to Itasca County due to:

- a.) A use or disclosure of PHI by Itasca County in violation of these policies and procedures of the HIPAA privacy regulations; or
- b.) A use or disclosure of PHI by one of Itasca County's business associates in violation of Itasca County policies and procedures of the HIPAA privacy regulations.

The Privacy/Complaint Officer and/or Associate Privacy/Complaint Officers shall take all practicable steps to mitigate the harmful effects of confirmed inappropriate uses or disclosures. The type of mitigation that occurs will be based on the facts and circumstances of each case using the following factors:

- a.) knowledge of where the information has been disclosed;
- b.) how the information might be used to cause harm to the individual or other individual(s); and
- c.) the actions possible to mitigate the harm for the facts and circumstances of any specific situation.

The Privacy/Complaint Officer and/or Associate Privacy/Complaint Officers shall investigate the cause of the inappropriate use and/or disclosure and take corrective actions to prevent such uses and/or disclosures from re-occurring.

08/26/2003

**HIPAA POLICY  
ITASCA COUNTY  
ADMINISTRATIVE, TECHNICAL AND PHYSICAL  
SAFEGUARDS**

Itasca County will reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Standards. Protected health information will be kept secure at all times. Employees who are handling PHI during the course of the day will protect the privacy of the material. This will be done by putting working documents away at the end of the day, the fax machine will be in a secure area and PHI about individuals will not be left sitting in the fax machine, employees will not engage in sharing PHI in email unless it is over a secure, encrypted line.

**Physical, Technical, Administrative safeguards for Network Security**

Information is an important asset. Itasca County implements the following security measures to protect those assets.

**Physical Location**

Midrange Computers, Network Servers, routers, firewall, and switches are physically located in the Computer Room and/or Wiring Closets. Access to these rooms is limited to MIS staff. MIS staff accompanies visitors.

**State Cisco Router**

Provides a one-way filter. Allows users on the Itasca County Network to initiate any type of connection out to anywhere on the State Network or the Internet, but prevents attempts from an outside user trying to connect into the Itasca County Network. It does allow pings, network time protocol (NTP), and Simple Network Management Protocol (SNMP) through from the outside for network management and trouble-shooting by the State.

**Cisco Pix FireWall**

Protects the internal network from the outside world. Tells who you are, what you can do, and where you have been by tracking source and destination addresses of each packet against a table. Access is permitted only if an appropriate connection exists to validate passage. Gives transparent access for internal users and authorized external users, while protecting internal network from unauthorized access.

Itasca County is hiring a consultant to conduct a Network and Internet Security Audit in 2003.

**Cisco Ethernet Switches**

## HIPAA POLICY

Connects devices (workstations, printers, servers) to the Itasca County Network. VLANS (virtual local area networks) are defined to segments devices by network usage without regard to physical location of the users.

### Novell Authorization & Authentication

One of Novell's best features is the built-in layers of security that assist in providing an effective and secure network environment. Itasca County MIS adhere to the following network security parameters available with NetWare:

- **Login security:** This allows only authorized users to log into the network by providing a valid username and password. It limits the number of simultaneous logins. Note that the administrator can change the password but cannot find out what the existing password is.
- **File System security:** This is used to control which users see which files and subdirectories, as well as determine the extent of their capabilities in reference to a specific file or directory object in the NDS tree.
- **NDS security:** This enables administration to specify whether users can detect or manipulate objects (users, printers, groups) within the company's network environment.
- **Intruder Detection:** This stops unauthorized access of the network's resources.

### LOGIN SECURITY

Itasca County passwords are required to meet the following criteria:

- (a) Expiration frequency-Passwords are set to expire every thirty (30) days.
- (b) Character length-Minimum length for a password is six (6) characters.
- (c) Password composition-Passwords should be special combinations of letters, numbers, non-alphanumeric characters, and case sensitivity. Passwords should not contain personal data (names, address or date of birth), dictionary terms, organizational terms, or user-related words (name or username).
- (d) Invalid login attempts-Users are locked out of the system after three (3) unsuccessful login attempts to authenticate. The account stays locked until the user calls MIS to enable the account.
- (e) Terminated Employees-A letter is sent from Administrative Services to MIS stating user name and date of employee termination. The network administrator disables the account as of the date.



## HIPAA POLICY

(f) Supporting efforts-Computer BIOS passwords, file- level passwords, and other supplemental efforts are used to help solidify information security, especially on ultra sensitive systems and documents.

A password should never be:

- (a) Written, e-mailed, or spoken.
- (b) Shared with other people.
- (c) Hinted at or made easy to guess.
- (d) Used in sync with or duplicated by personal passwords or Web accounts.
- (e) Shared when out of the office.
- (f) Typed in and saved in electronic documents.

### Virus Protection

- (a) Norton Antivirus on user PC's
- (b) Inoculan Antivirus on Novell Servers
- (c) Guenivere Antivirus on Groupwise E-Mail

### Inter-County E-mail Security

The E-mail Server is on the outside of the firewall. GroupWise uses proprietary, single-key (symmetric) non-linear encryption schemes, which have been approved by the U.S. Department of Commerce, to safeguard all sensitive information in storage or in transit within the messaging system.

A user's encryption key is randomly generated when a user is defined. The key is generated so that redefining the user with the same information in a different system cannot duplicate the same key. This prevents a malicious user from copying the Message Store and then attempting to create a mirror system by redefining the users to recreate their encryption keys.

Information is encrypted in such a way that one piece of information is encrypted differently from the next, even when using the same encryption key. This encryption method makes it nearly impossible to try to establish an encryption pattern by inspection files before and after they are encrypted.

Internal mail is encrypted and may be used in private/ confidential data communications. External mail is NOT encrypted and should not be used in private/confidential data communications. Exemptions for receiving and sending external mail containing private/confidential data communications MAY be available with the installation of industry standard encryption software. Contact MIS to determine if industry standard encryption software is available and whether you can use external mail to send or receive messages containing private/confidential data.

Counties have the option of using the state "MNet" network and e-mail

## **HIPAA POLICY**

system. MNet is a state owned and operated computer network that connects the state, counties and public colleges in Minnesota. Itasca County is part of the State MNet network and e-mail system.

As an administrative safeguard, including the words "Client Sensitive Data" in the subject line of the e-mail notifies the recipient that the message they are receiving should be opened in private.

### **Windows Screen Saver**

The windows screen saver terminates an electronic session after a predetermined time of inactivity. The option provides a lockdown for GroupWise and other applications running on a Windows workstation. The screen saver has a password option that effectively locks a workstation after the screen saver delay has passed. The user must login using their valid password to activate the screen.

### **Backup/Restore Protection/Disaster Recovery**

- Full daily backup; Tapes stored off-site; Disaster plan tested yearly.

### **Computer Disposal**

Reformatting of a hard disk provides essentially no level of security. The following software products are used by MIS to eliminate hard disk data.

- DiskScrub - Eliminates all traces of data and programs from the hard driver. Conforms to and exceeds the Government Standards set forth in DoD 5220.22M.
- M-Sweep - Used to securely eliminate all traces of data, but leaves licenses application software loaded and operational.

**HIPAA POLICY**  
**TOP Security Mistakes**

(a) **The not-so-subtle Post-it Note** - Those sticky yellow things can undo the most elaborate security measures. Too lazy to remember their passwords, users place them where they - and everyone else - can see them: stuck to the front of their monitors or under their keyboard.

(b) **We know better than you** - MIS may think certain security measures are necessary, but not all end users agree. Users blithely turn things off they think they have a good reason to bypass. Antivirus software is an example. They think it slows down their machine so they don't run it.

(c) **Leave the machine on** - unattended. Users leave their machine on, without protection, and walk away.

(d) **Opening e-mail attachments** - from mere acquaintances or even strangers. Be very careful about opening notes and attachments from strangers or when you get the same notes from several people, even those you know.

(e) **Poor password selection** - If there is a bugaboo among security, it's poorly chosen passwords. Hackers have programs that can check every word in the dictionary. Security experts recommend users take a phrase and use its initials for a password. For example " I pledge allegiance to the flag" becomes "ipa2tf". That's a difficult password to break because it's a combination of letters and numbers and is not a word in the dictionary.

(f) **Loose lips sink ships** - People talking in public places about things they should not.

(g) **Laptops have legs** -Everyone knows laptops will be stolen when left in cars or in public places. But, it is common for a person to leave his laptop in his office, unsecured and unattended, and in full view of passersby. Users should place their laptop securely out of sight, such as in a locked desk drawer.

(h) **Poorly enforced security policies** - The best-designed security plans are useless if not enforced.

(i) **Failing to consider the staff** - The greatest security threat is from in-house. A disgruntled employee can cause enormous problems if they are not properly monitored

04/14/2003; 08/26/2003; 11/23/2004; 04/12/2005

## HIPAA POLICY

### ITASCA COUNTY HIPAA TRAINING & PLEDGE OF CONFIDENTIALITY

#### **Training:**

Itasca County will train all members of covered entity departments in the policies and procedures adopted by Itasca County necessary to comply with the HIPAA privacy regulations.

Itasca County shall provide training to each covered entity component employee by 04/14/2003 or as soon as reasonably possible.

Itasca County shall document that it provided the training required by this policy and shall retain the documentation for at least 6 years from the date of training.

Training will be provided to each new employee of covered entity departments as well as to each employee of covered entity departments when there are material changes to policies and procedures.

#### **Pledge of Confidentiality:**

All Itasca County employees in HIPAA covered entity components are responsible for protecting the security of all protected health information (oral or recorded in any form) that is obtained, handled, learned, heard or viewed in the course of his/her work or association with Itasca County.

Use or disclosure of protected health information is acceptable only in the discharge of one's responsibilities and duties (including reporting duties imposed by legislation) and based on the need to know. Discussion regarding protected health information shall not take place in the presence of persons not entitled to such information or in public places (elevators, lobbies, cafeterias, off premises, etc.)

The execution of the Itasca County HIPAA Pledge of Confidentiality (see Forms Addendum) is required as a condition of employment for employees working within Itasca County covered entity components. The Pledge of Confidentiality shall also be signed each time there is a change in personnel working within the covered entity component. Discretion is also available to require a re-signing of a Pledge of Confidentiality for reasons and at intervals as deemed appropriate.

The administration of this pledge shall be handled by the employee's department with the original forwarded to the personnel file in Administrative Services Department.

All volunteers and student interns registered in education programs and

## HIPAA POLICY

conducting work study programs in Itasca County departments subject to HIPAA regulations, must sign a Confidentiality Pledge prior to commencing their program. The administration of this provision is the responsibility of the sponsoring department with the original forwarded to the personnel file in Administrative Services Department.

### PROCEDURE IF A BREACH IS ALLEGED

1. An allegation of a breach of confidentiality of protected health information may be made to any employee of Itasca County departments subject to HIPAA regulations.
2. Any employee receiving an allegation of a breach of confidentiality or having knowledge or a reasonable belief that a breach of confidentiality of protected health information may have occurred shall immediately notify his/her supervisor or where this is not possible, shall notify the Associate Privacy/Complaint Officer, or designee. The person so notified shall in turn, notify the supervisor of the alleged violator of this policy.
3. The Associate Privacy/Complaint Officer shall decide whether to proceed with an investigation.
4. If the decision is made to proceed with an investigation, it shall be the responsibility of the Associate Privacy/Complaint Officer, to investigate the allegation including obtaining the alleged violator's version of event, consulting with appropriate resources, document findings and make a determination as to whether there has been a breach of confidentiality of protected health information.
5. If it is determined that a breach of confidentiality of protected health information has occurred, disciplinary action shall be taken.
6. The Privacy/Complaint Officer shall be informed in writing of all allegations that have been made and their outcome, and shall maintain a database of this information.

In the event that a violation of the County's HIPAA Policy and/or procedures occurs, applicable disciplinary action may be taken and as deemed appropriate by the covered entity department head and/or

## **HIPAA POLICY**

Privacy/Complaint Officer. Any disciplinary action taken against an employee shall be consistent with the requirements of:

- 1) Applicable collective bargaining agreements;
- 2) County policies;
- 3) State and Federal Law

If applicable, a confirmed breach of confidentiality may be reported to the individual's professional regulatory body.

04/14/2003

**HIPAA POLICY  
ITASCA COUNTY  
HIPAA GENERAL DOCUMENTATION &  
RETENTION**

Itasca County shall maintain for 6 years the following:

- policies and procedures; and
- accounting of disclosures; and
- amendments; and
- access; and
- notices; and
- business associate agreements; and
- restriction request; and
- alternative means of communication request

04/14/2003

HIPAA POLICY  
ITASCA COUNTY  
HIPAA VERIFICATION OF INDIVIDUAL

Itasca County will verify the identity of an individual via notarized signature.

**Exception:** If Itasca County employee can attest to individual's signature **on the Authorization/Consent for Release of Protected Health Information** form (see Forms Addendum), no notarized signature will be needed.

04/14/2003



## HIPAA POLICY

### ITASCA COUNTY HIPAA SECURITY POLICY

#### **Background Data:**

The HIPAA Security Rule is effective 04/21/2005. The Security Rule applies only to "electronic protected health information". Electronic protected health information includes any protected health information stored on computers (hard drives and removable media), sent on the Internet, contained in networks or emails, phone voice response and faxback systems. Information transmitted by telephone including paper-to-paper faxes, person-to-person phone calls, videoconferencing and voicemail messages are NOT covered.

The HIPAA Security Rule requires administrative, physical and technical safeguards be implemented to protect electronic protected health information.

Itasca County reviewed compliance for security, security policies, and common security threats and vulnerabilities. These documents are private non-public data maintained by the Security Officer and may be made available if work assignment requires access as determined by the Itasca County Minnesota Government Data Practices Responsible Authority.

#### **Designation of a Security Officer:**

The position of HIPAA Security Officer is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA Security Officer reports to the Coordinator and consults with the HIPAA Privacy/Complaint Officer.

The HIPAA Security Officer is responsible for development, implementation, and oversight of Itasca County's security policies and procedures as they relate to Protected Health Information (PHI).

The HIPAA Security Officer responsibilities include:

- Ensure the development and implementation of policies and procedures related to the security of protected health information (PHI).
- Coordinate the initial and ongoing information risk assessments and audits to ensure PHI is adequately protected and meet HIPAA certification requirements.
- Lead information security training and awareness programs to

## HIPAA POLICY

educate the workforce.

- Work with the Privacy/Complaint Officer to:
  - Ensure alignment of privacy and security policies, procedures, and practices.
  - Ensure compliance with security related policies and procedures.
  - Ensure appropriate access controls.
  - Address and ensure disaster recovery and business continuity of PHI.
  - Establish, implement, and lead an incident response team to contain, investigate, and prevent future breaches of PHI.
- Serve as information security consultant to Itasca County.
- Cooperate with the Office of Civil Rights or other appropriate entities in any lawful compliance reviews or investigations related to PHI security.
- Represent Itasca County's information security interests with external parties who undertake to adopt or amend security legislation.
- Maintain Itasca County's documents for security, security policies, and common security threats and vulnerabilities.

The HIPAA Security Officer may delegate responsibilities as s/he determines necessary.

Itasca County Board of Commissioners appoints the IS Manager as the HIPAA Security Officer.

04/12/2005

**HIPAA POLICY  
ITASCA COUNTY  
NOTICE OF PRIVACY PRACTICES**

DISCLAIMER: This form is in general format; the Itasca County covered entity component may modify the form as needed to match individual department uses and services.

**EFFECTIVE 4/14/2003**

**FOR YOUR PROTECTION**

This notice tells you how medical information may be used and given out, and how you can get this information. Please look over this notice carefully.

Itasca County is required to abide by the terms of this notice. Itasca County reserves the right to change the terms of this notice at any time. Itasca County will post a revised notice in the lobby, on the website and make copies available to you upon request

Itasca County has always been committed to maintaining the security and confidentiality of the information about you. Whether it is your medical information or information that can identify you (such as your name, address or phone number), we make sure there are careful safeguards to protect you against unauthorized access and use.

**How Itasca County safeguards your information:**

Our Privacy/Complaint Officer is responsible to enforce privacy policies and procedures to protect your protected health information (PHI). You can be assured that every effort is taken to comply with federal and state laws, to safeguard your information. In some situations, where state laws provide greater protection for your privacy, we will follow the provisions of that state law.

Itasca County requires all of its employees, business associates and providers to adhere to our privacy policies and procedures under our strictest standards.

**Permitted Handling of Health Information:**

The following uses are permitted by law to make without your authorization:  
**Treatment, Payment, and Health Care Operations.**

**Service Reminders.** We may contact you to provide appointment reminders and/or health-related benefits and services, which may be of interest to you.

**Additional uses and disclosures:**

In certain situations, the law permits us to use or give out your PHI without your authorization. These situations include:

- **Required by Law**
- **Public Health Issues**
- **Abuse, neglect or Domestic Violence**

## HIPAA POLICY

- Health Oversight Activities
- Legal Proceedings
- Law Enforcement
- Coroners, Medical Examiners, Funeral Directors
- To Prevent a Serious Threat to Health or Safety
- Military Activity and National Security
- Correctional Institutions
- Public Benefits
- Workers Compensation
- Others Involved in Your Health Care
- Secretary of Health and Human Services
- Whistleblowers
- If employees are a victim and/or suspected perpetrator of crime
- Business associates

### What privacy rights do children have?

Parents may see information about you and allow others to see this information if you are under 18. In certain circumstances, if you ask that this information not be shared with your parents, it will not be shown unless the health care provider or this agency believes failing to share the information would jeopardize your health.

### YOUR AUTHORIZATION

Any uses and disclosures not described in this notice will need your written authorization. Keep in mind that you may cancel your authorization in writing at any time.

### Your Individual Rights:

Beginning on April 14, 2003, you have additional rights regarding your PHI. These are described below.

You have the following rights. To pursue these rights, contact \_\_\_\_\_ (fill in) at (218) \_\_\_\_\_ (fill in) for the correct form that you must fill out. These forms must be notarized. If you ask for this, there may be a fee to make copies.

- **Inspect or Obtain a Copy of your PHI.** You have the right to ask, by using the proper form, a copy of your protected health information that Itasca County holds about you.
- **Request an Amendment or Deletion of your PHI.** You may ask, by using the proper form, that Itasca County change or remove PHI we have about you. Itasca County is not required to agree to this request.
- **Request Restrictions of Disclosure of your PHI.** You may ask in writing that Itasca County restrict disclosure of the PHI we have about you. Itasca County is not required to agree to such a request.

## HIPAA POLICY

- **Accounting of Disclosures of your PHI.** You may ask, by using the proper form, that Itasca County give you a list with whom your PHI was given to. This list will not include disclosures for treatment, payment, health care operations, authorized by your signature, or other situations as required by law. This applies to disclosures on or after April 14, 2003.
- **Confidential Communications.** You may ask by using the proper form, that Itasca County contact you about PHI by reasonable confidential means.
- **Right to receive a copy of this privacy notice.** You have the right to request and receive a paper copy of this notice at any time. We will make this notice available in electronic format on our web-site at [www.co.itasca.mn.us](http://www.co.itasca.mn.us)

For questions about these rights, contact:

Itasca County \_\_\_\_\_ (fill in dept name)  
\_\_\_\_\_ (fill in address)  
Grand Rapids, Minnesota 55744  
Telephone: \_\_\_\_\_ (fill in #)

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may either:

- (a) File a complaint; call \_\_\_\_\_ at \_\_\_\_\_. The correct form and procedure for completing it will be sent to you.
- (b) Notify the Secretary of the U.S. Department of Health and Human Services (HHS). Send your complaint to:  
Medical Privacy Complaint Division  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201
- (c) Call the HHS Voice Hotline number at 1-800-368-1019

Please be assured that we will not take retaliatory action against you if you file a complaint about our privacy practices either with us or HHS.

**GO TO SIGNATURE PAGE, PLEASE.**

04/14/2003; 08/26/2003; 11/23/2004

**HIPAA POLICY  
ITASCA COUNTY  
NOTICE OF PRIVACY PRACTICES  
SIGNATURE PAGE**

Directions: Have individual sign and date after receiving and reading Itasca County Notice of Privacy Practices. Retain this signature page for individual's file for 6 years from date of signature.

I hereby acknowledge that I have received and read a copy of the Itasca County Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

04/14/2003; 08/26/03;

**HIPAA POLICY**  
**Itasca Medical Care**  
**Notice of Privacy Practices**  
**Effective (7/11/06)**

This notice describes how medical information and other private information about you may be used and disclosed and how you can get access to this information. Please review carefully.

You have privacy rights under the Minnesota Government Data Practices Act (MGDPA) and the federal Health Insurance Portability and Accountability Act (HIPAA). These laws protect your privacy but also let IMCare give information about you to others if the law requires it. IMCare may tell you before we give the information. These laws require IMCare to keep your health information private and to give you notice of our legal duties and practices to protect private information. IMCare must follow the terms that IMCare has agreed to in this notice. However, IMCare can choose to change the terms of this notice. If IMCare changes the terms of this notice, those changes will be applied to all present and future information that we collect about you. IMCare will tell you if changes are made to the terms of this notice.

**IMCare asks you for this information to:**

- ✓ Tell you apart from other people with the same or similar name
- ✓ Decide what health insurance or other coverage you are eligible for
- ✓ Help you get medical, mental health, financial or social services
- ✓ To decide if you can pay for some of your services
- ✓ Make reports, do research, do audits, and evaluate our programs
- ✓ Investigate reports of people who may lie about the help they need
- ✓ Collect money from other agencies, like insurance companies, if they should pay for your care
- ✓ Collect money from the state or federal government for help we give you

**In general, the law does not say**

**you have to give us this information. If you do not answer the questions that IMCare asks:**

- ✓ IMCare may not be able to help you
- ✓ If you give IMCare wrong information on purpose, you can be investigated and charged with fraud.

**The law says that IMCare may give the following agencies information about you if the agencies need your information for investigations or to help IMCare help you. IMCare does not always share your information to the agencies. If you have questions about when IMCare gives your information to the agencies, ask the IMCare Executive Director.**

- ✓ Minnesota Department of Human Services
- ✓ U.S. Department of Health and Human Services

## HIPAA POLICY

- ✓ Other human service offices including child support enforcement offices
- ✓ Mental health centers
- ✓ Health care providers
- ✓ State hospitals or long-term care facilities
- ✓ Ombudsman for mental health and mental retardation
- ✓ Insurance companies, to check benefits you or your children may get
- ✓ Managed Care Organizations, about your health care or benefits
- ✓ Hospitals, if you, a friend or relative has an emergency and we need to contact someone
- ✓ Internal Revenue Service
- ✓ County human service boards
- ✓ Fraud prevention and control units
- ✓ Anyone under contract with the Minnesota Department of Human Services or U.S. Department of Health and Human Services or the county social services agency
- ✓ Social Security Administration
- ✓ Minnesota Department of Economic Security
- ✓ Minnesota Department of Revenue
- ✓ Minnesota Department of Veteran Affairs
- ✓ Minnesota Department of Human Rights
- ✓ Others who may pay for your care
- ✓ County attorney, private attorney, attorney general or other law enforcement officials
- ✓ State, federal, and private auditors
- ✓ Local collaborative agencies
- ✓ Guardian, conservator or person who has power of attorney for you
- ✓ Ombudsman for families
- ✓ School districts
- ✓ Local and state health departments
- ✓ American Indian tribes, if your family is in need of human services at a tribal reservation
- ✓ Immigration and Naturalization Service
- ✓ Employees or volunteers of any welfare agency who need the information to do their jobs
- ✓ People who investigate child or adult protection
- ✓ Coroner/medical examiner, if you die and they investigate your death
- ✓ Court officials
- ✓ Minnesota Board on Aging
- ✓ Anyone else the law says IMCare can give the information

### **Immigration Information**

For purposes of this notice, immigration information is private and confidential. Information will only be used for eligibility determination and program administration. If you are applying only for emergency services, you do not need to give us information about your immigration status. Non-immigrant or undocumented people, who are pregnant, under the age of 18, age 65 and older, or people with disabilities, may also be eligible without providing immigration information.

### **You have the right to information we have about you**

- ✓ You may ask if IMCare has any information about you and get copies. You may have to pay for the copies.



## HIPAA POLICY

- ✓ You may give other people permission to see and have copies of private information about you
- ✓ If IMCare has collected health information about you, IMCare may use it only for the purposes that we have listed in this notice
- ✓ You may question the accuracy of any information IMCare has about you
- ✓ You have the right to ask IMCare to share health information with you in a certain way or in a certain place. For example, you may ask IMCare to send health information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request. If IMCare finds that your request is reasonable IMCare will grant it.
- ✓ You can ask IMCare to restrict uses or disclosures of your health information. Your request must be in writing. You must explain what information you want to restrict from being disclosed and to whom you want these restrictions to apply. You can request to end these restrictions at any time by calling IMCare or by writing to IMCare. We are not required to agree to your restrictions.
- ✓ You have the right to receive a record of the people or organizations that IMCare has shared your health information for six years from the date it was shared. This record will be started on April 14, 2003. It will NOT include those times when IMCare has shared your information in order to treat

you, pay or bill for your health care services, or to run our programs. If you want a copy of this record you must send a request in writing to our Privacy Official.

- ✓ If you do not understand this information, you may ask to have it explained to you

### **If you believe the information IMCare has about you is wrong:**

Send your concerns in writing to IMCare. Tell IMCare why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency.

### **If you are under age 18:**

Your parents may see information about you and allow others to see this information, unless you have asked that this information not be shared with your parents or it involved medical treatment for which parental consent was not required. You must make this request in writing and say what information you want withheld and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information will be shared with your parents if they ask for it. When parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes failing to share the information would jeopardize your health.

HIPAA POLICY

**Filing Complaints About Your Health Information Privacy Rights**

If you believe that your health information privacy rights have been violated, you may file a complaint. Write to the Minnesota Department of Human Services, or to the U.S. Department of Health and Human Services, at the address below. IMCare **cannot deny you services or treat you badly because you have filed a complaint against IMCare.**

Itasca Medical Care  
Attn: Privacy Official  
1219 se 2<sup>nd</sup> Ave  
Grand Rapids, MN 55744  
Phone (218)327 6199  
1-800-843-9536

Privacy Official  
MN Department of Human Services  
PO Box 64941  
St. Paul, MN 55155-0941

Phone: (651) 431-3600  
1-800-627-3529 (TTY/TDD)  
Fax: (651) 431-7523

Office of Civil Rights  
Medical Privacy, Complaints Division  
US Dept. of Health & Human Services  
233 N. Michigan Ave. Suite 40  
Chicago, IL 60601

Phone: (312) 886-2359 (voice)  
(312) 353-5693 (TTY/TDD)  
Fax: (312) 886-1807

HIPAA POLICY

ITASCA COUNTY HIPAA  
PLEDGE OF CONFIDENTIALITY

DISCLAIMER: This form is in general format; the Itasca County covered entity component may modify the form as needed to match individual department uses and services.

I, \_\_\_\_\_, have read and understand the Itasca County policies regarding the privacy and security of protected health information as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that I have received training in Itasca County policies concerning protected health information use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment, compensation, student or volunteer experience from Itasca County I hereby agree that I will not at any time, either during my employment or association with Itasca County or after my employment or association ends, use, access or disclose protected health information to any person or entity, internally or externally, except as required and permitted in the course of my duties and responsibilities with Itasca County, as set forth in Itasca County privacy and security policies and procedures or as permitted under HIPAA. I understand that this obligation extends to any protected health information that I may acquire during the course of my employment or association with itasca county, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Itasca County policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of protected health information will result in disciplinary action, up to and including the termination of employment or association with Itasca County and professional disciplinary action as appropriate. Civil and/or criminal penalties may be imposed on Itasca County, under applicable federal and state law, as a result of my unauthorized use or disclosure of protected health information.

I understand that this obligation will survive the termination of my employment or end of my association with Itasca County, regardless of the reason for such termination.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Dev.1/8/03      04/14/2003; 08/26/2003; 04/12/2005; 10/25/2005

HIPAA POLICY

INDIVIDUAL REQUEST TO ACCESS PROTECTED HEALTH INFORMATION

DISCLAIMER: This form is in general format; the Itasca County covered entity component may modify the form as needed to match individual department uses and services.

I request to review protected health information held about me in the Itasca County "designated record set" in accordance with the Health Insurance Portability and Accountability Action of 1996 (HIPAA). A "designated record set" includes information such as medical records; billing records; adjustment eligibility; payment, claims and medical management record systems; or records used to make decisions about individuals.

I understand that Itasca County must respond to this request immediately, or, if not possible, within 10 business days. If an extension of time is needed for Itasca County to consider the data access request, Itasca County will provide the reason to me and we will develop a mutually agreeable time frame for response.

I request that the information be provided in the following format:
come in to Itasca County to view \_\_\_\_\_ Yes \_\_\_\_\_ No
supply me with a paper copy \_\_\_\_\_ Yes \_\_\_\_\_ No
supply me with a written summary \_\_\_\_\_ Yes \_\_\_\_\_ No
some other format \_\_\_\_\_ Yes \_\_\_\_\_ No
if yes, specify what format \_\_\_\_\_

I agree to pay any fees for copying or summarizing my health information. \_\_\_\_\_ Yes \_\_\_\_\_ No (if no, Itasca County will only provide access by viewing)

Fees will be in compliance with the Minnesota Government Data Practices Manual for Itasca County.

I understand that this request does not apply to certain health information, including: (1) information that is not held in the designated record set; (2) psychotherapy notes; (3) information compiled in reasonable anticipation of or for litigation; and (4) other information not subject to the right to access information under HIPAA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**HIPAA POLICY**

by \_\_\_\_\_ Notary Public. My Commission expires \_\_\_\_\_  
04/14/2003

HIPAA POLICY

ITASCA COUNTY REPOSE TO  
INDIVIDUAL REQUEST TO ACCESS  
PROTECTED HEALTH INFORMATION DESIGNATED  
RECORD SET

DISCLAIMER: This form is in general format; the Itasca County covered entity component may modify the form as needed to match individual department uses and services.

Directions: After Itasca County covered entity has received the completed Individual Request to Access Protected Health Information, Itasca County must act on the request with 10 business days of the request (If an extension is needed to consider data access request, Itasca County will provide the reason to the individual and develop a mutually agreeable alternate time frame for response to providing access to the data.). Check the appropriate line that applies and fill in applicable response information. Send copy of response to requestor via U.S. mail OR hand delivery.

**NAME OF REQUESTOR & MAILING ADDRESS:**

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1. \_\_\_\_\_ Access Granted  
Your request of access to review your protected health information has been granted. Access will be provided at: \_\_\_\_\_

Time, date, address

in: \_\_\_\_\_  
State the manner in which access will be provided. If a summary has been created, state that the summary has been created based on the advance agreement provided by the individual.

Your request of access for copy of protected health information has been granted; individuals requesting a copy of the data may be charged a fee (flat rate, special rate) in compliance with the *Minnesota Government Data Practices Manual for Itasca County* unless disallowed by Federal law. Cost involved in this request is: \$ \_\_\_\_\_

Fill in cost

Please remit payment and upon receipt of payment, Itasca County will provide you with the copy of protected health information.

HIPAA POLICY

2. Mutually Agreeable Alternate Time Frame

An extension of time is needed for Itasca County to \_\_\_\_\_  
consider data access request because \_\_\_\_\_

Fill in reason

Itasca County and you developed a mutually agreeable alternate time frame for response to providing access to the data. That alternate time frame is \_\_\_\_\_ (Fill in date)

3. Access Denied

Your request for access is denied for the following reason: \_\_\_\_\_

Fill in reason

\*\*\*\*\*

**REVIEW OF DENIAL TO ACCESS DATA BY REQUESTOR FOR THE FOLLOWING SCENARIOS:**

Requestor may file a review regarding a denial of access with Itasca County or the U.S. Department of Health and Human Services in the event a licensed health care professional has determined, in the exercise of professional judgment, that:

- a. the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
- b. the Protected health information makes reference to another person and the access requested is reasonably likely to cause substantial harm to such other person;
- c. the request for access is made by the individual's personal representative and the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

If requestor files a review with Itasca County, please file it in writing with the following person: (state the name or title and telephone number of the contact person designated to receive complaints).

Reviews will be examined by a licensed health care professional designated by the plan who did not participate in the original decision. The appeal and notice of the review decision will be conducted promptly.

04/14/2003

HIPAA POLICY

REQUEST FOR CORRECTION/AMENDMENT OF  
PROTECTED HEALTH INFORMATION

DISCLAIMER: This form is in general format; the Itasca County covered entity component may modify the form as needed to match individual department uses and services.

Individual: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of entry \_\_\_\_\_ to be amended.

Type of entry to be amended: \_\_\_\_\_

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? \_\_\_\_\_

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual.

\_\_\_\_\_

\_\_\_\_\_

Name	Address
In addition to sending this correction/amendment to the individual(s) or organization(s) you've listed above, we will furnish this information to others you may not have listed who have the previous information and could otherwise rely upon it to your detriment.	

Signature of Individual or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By \_\_\_\_\_ Notary Public

My commission expires \_\_\_\_\_

\*\*\*\*\*

For Itasca County Use Only:

Date Received \_\_\_\_\_ Amendment has been \_\_\_\_\_ Accepted  
\_\_\_\_\_ Denied (if denied, this information must be logged in the Disclosure Log)

If denied, check reason for denial:

\_\_\_\_\_ Protected health information is accurate and complete

Other comments of Itasca County: \_\_\_\_\_

Signature of Itasca County Representative: \_\_\_\_\_



**HIPAA POLICY**

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Copy of completed form to be provided to patient. 04/14/2003

HIPAA POLICY

ITASCA COUNTY'S RESPONSE  
TO AMENDMENT OR CORRECTION REQUEST  
OF PROTECTED HEALTH INFORMATION

DISCLAIMER: This form is in general format; the Itasca County covered entity component may modify the form as needed to match individual department uses and services.

**Directions:** Within 30 calendar days of request complete and return a copy of this form to the individual. Check the appropriate line that applies and fill in needed denial information.

\_\_\_\_\_ Amendment or Correction Request Granted

Your request to amend or correct your Protected health information has been granted. Itasca will make an appropriate amendment to the designated record set.

You have provided Itasca County with the names of any persons to which you wish to provide the amended information. Itasca County will make reasonable efforts to inform these individuals and the persons that Itasca County knows may have relied or could rely on the information-of the amendment within a reasonable time.

\_\_\_\_\_ Amendment or Correction Request Denied

Itasca County received your request to amend or correct protected health and your request is denied for the following reason:

\_\_\_\_\_ Protected health information is accurate and complete

**Statement of Disagreement**

You have the right to file a written statement disagreeing with the denial of amendment by completing the Itasca County HIPAA Complaint Form and returning the completed form to the Associate Privacy/ Complaint Officer. Call Itasca County at \_\_\_\_\_ (fill in covered entity component's telephone number) to request an Itasca Conty HIPAA Complaint Form.

If you do not submit a statement of disagreement, you may request that Itasca County provide your request for amendment and this denial of amendment with any future disclosures of protected health information that is the subject of this request. You may file a complaint regarding this decision with the Itasca County Associate Privacy/Complaint Officer at:

\_\_\_\_\_  
Name and Title of Associate Privacy/Complaint Officer) (fill in  
\_\_\_\_\_  
address) (fill in  
Grand Rapids, MN 55744  
\_\_\_\_\_  
(fill in telephone #)

**HIPAA POLICY**

or with the U.S. Department of Health and Human Services at:

Medical Privacy Complaint Division  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201

HHS Voice Hotline number at 1-800-368-1019

04/14/2003

HIPAA POLICY

Individual's Last Name	Individual's First Name	Date of Birth	Name of Requestor	Summary/Purpose of Info. Disclosed	Date of Disclosure	Disclosed By	Date of Any Denial	Reason for Denial
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HIPAA POLICY

REQUEST FOR ACCOUNTING OF DISCLOSURES

DISCLAIMER: This form is in general format; the Itasca County covered entity component may modify the form as needed to match individual department uses and services.

Date of Request: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Individual's Name \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Address to send disclosure accounting (if different than above) \_\_\_\_\_

I understand that Minnesota Law and Federal Privacy Regulations require the accounting of disclosures to include all disclosures made except the following:

- a. Disclosures for treatment, payment, operations
- b. Disclosures that have been authorized by the patient
- c. Disclosures made directly to the patient
- d. Incidental disclosures otherwise permitted and meeting minimum necessary rules
- e. Disclosures as part of a limited data set for research, public health and health care operation purposes
- f. Disclosures made to individuals involved in patient's care (family, friends); Minnesota law requires authorization to release data
- g. Disclosures for national security purposes; i.e., counter-intelligence
- h. Disclosures for protective services of the President, or for security clearance
- i. Disclosures to correctional institution or law enforcement, if patient is in custody. Disclosures that occurred prior to 4/14/2003

I would like an accounting of all disclosures for the following time frame. (Please note: No accounting of disclosures will be made prior to 04/14/2003 and the maximum time frame that can be requested is six years prior to the date of the request.)

From: \_\_\_\_\_ To: \_\_\_\_\_

Fees:

First request in a 12 month period: Free

The fee for this request will be: \$ \_\_\_\_\_

Upon receipt of fee, Itasca County will provide accounting of requested disclosures. I understand that there is a fee for this accounting and wish to proceed. I also understand that the



HIPAA POLICY

AUTHORIZATION/CONSENT FOR RELEASE OF

PROTECTED HEALTH INFORMATION AND/OR CONFIDENTIAL INFORMATION

DISCLAIMER: This form is in general format; the Itasca County covered entity component may modify the form as needed to match individual department uses and services.

I, \_\_\_\_\_ authorize Itasca County \_\_\_\_\_ (covered entity) and the following persons/agencies to:

\_\_\_\_\_ give information to \_\_\_\_\_
\_\_\_\_\_ receive information from \_\_\_\_\_
\_\_\_\_\_ exchange information with \_\_\_\_\_
each other \_\_\_\_\_

RE: \_\_\_\_\_ DOB \_\_\_\_\_ as follows:
\_\_\_\_\_ Social History Information \_\_\_\_\_ Vocational
\_\_\_\_\_ Psychological Testing Results \_\_\_\_\_ Educational
Information
\_\_\_\_\_ Adaptive Behavior Assessment Results \_\_\_\_\_ Socialization
\_\_\_\_\_ Medical Reports \_\_\_\_\_ Everyday Living Skills
\_\_\_\_\_ Dental Reports \_\_\_\_\_ Vision Testing Results
\_\_\_\_\_ PT/OT Reports \_\_\_\_\_ Financial Information
\_\_\_\_\_ Other
(Specify) \_\_\_\_\_
for the purpose of: \_\_\_\_\_

I understand that my consent termintes on \_\_\_\_\_
(month/day/year) (maximum of one year) unless I choose to revoke
it earlier.

To revoke, send your request in writing to: \_\_\_\_\_
(fill in covered entity's information)

I understand that Itasca County cannot release information
disclosed by this consent to anyone other than listed above,
unless I have given written permission. Your information may be
re-disclosed as allowed by the federal Privacy Rule.

I hereby acknowledge that I have received and read a copy of the
"Notice of Privacy Practices" for Itasca County \_\_\_\_\_.
(fill in covered entity name)

I give my voluntary consent for Itasca County \_\_\_\_\_ (fill in
covered entity name) to use and disclose health/medical
information for the purposes of treatment, payment and health
care operations. Treatment, payment, enrollment, or eligibility
of benefits may not be conditioned on obtaining the individual's
authorization.





HIPAA POLICY

REQUEST FOR ALTERNATIVE MEANS OF COMMUNICATION

DISCLAIMER: This form is in general format; the Itasca County covered entity component may modify the form as needed to match individual department uses and services.

I am requesting communications between Itasca County and me be done at an alternative phone number, location or other means described below.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_
Social Security #: \_\_\_\_\_
Address: \_\_\_\_\_
Phone #: \_\_\_\_\_

Requested alternative means:
Please use alternative methods for communicating with me:
\_\_\_\_\_ alternative phone number: \_\_\_\_\_
\_\_\_\_\_ alternative mailing address: \_\_\_\_\_
\_\_\_\_\_ other alternative means: \_\_\_\_\_

Time period of request:
\_\_\_\_\_ Communications on these specific dates: \_\_\_\_\_

Please note:

- 1. Itasca County must comply with any reasonable request to receive communications by alternative means or at alternative locations.
2. If alternative means of communication creates an unreasonable cost or administrative burden, Itasca County will not provide the requested accommodation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_ day of \_\_\_\_\_, 20\_\_

By \_\_\_\_\_ Notary Public
My commission expires \_\_\_\_\_

\*\*\*\*\*
Itasca County to complete and to send copy to requestor:
\_\_\_\_\_ Itasca County will comply with your request.
\_\_\_\_\_ Itasca County will not comply with your request because:
\_\_\_\_\_
\_\_\_\_\_

Itasca County signature: \_\_\_\_\_ Date: \_\_\_\_\_
04/14/2003

**HIPAA POLICY**

**BUSINESS ASSOCIATE AGREEMENT**

This agreement is made effective the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between \_\_\_\_\_, herein referred to as "Covered Entity", and \_\_\_\_\_, herein referred to as "Business Associate", (individually as a "Party" and collectively, the "Parties").

WHEREAS, the Federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, Administrative Simplification provision directed the U.S. Department of Human Services to develop standards to protect security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services has issued regulation modifying CFR Parts 160 and 164 (the "HIPAA Privacy Rule", and "the HIPAA Security Rule"); and

WHEREAS, pursuant to the Health Information Technology for Economic and Clinical Health (HITECH) Act was adopted as part of the American Recovery and Reinvestment Act (ARRA) of 2009 and the Secretary of Health and Human Services has engaged in Rulemaking that conforms HIPAA's enforcement regulations to these statutory revisions that are currently effective under section 13410(d) of the HITECH Act; and

WHEREAS, the parties wish to enter into or have entered into an agreement whereby Business Associate will provide certain services to the Covered Entity or perform functions for the Covered Entity, and, pursuant to such agreement, Business Associate may be considered a "business associate" of Covered Entity as defined in the HIPAA Privacy Rule (the agreement evidencing such agreement is entitled Business Associate Agreement, dated \_\_\_\_\_, and is hereby referred to as the "Agreement"); and

WHEREAS, Business Associate may have access to Protected Health Information (as defined below) in fulfilling its responsibility under such agreement; and

WHEREAS, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Privacy Rule the HIPAA Security Rule, and the HITECH Business Associate Provisions and to protect the interest of both Parties.

## HIPAA POLICY

### 1. Definitions:

- (a) Catch-all Definition: Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the HIPAA Regulations 45 CFR Parts 160-164.
- (b) Electronic Protected Health Information: "Electronic Protected Health Information" shall have the same meaning as Protected Health Information that is created, received, maintained, or transmitted in an electronic form.
- (c) HITECH Act Compliance: The HITECH Act and its implementing regulations impose new requirements on Business Associates with respect to privacy, security, and breach notification. These provisions of the HITECH Act and the regulations applicable to Business Associates are collectively referred to as the "HITECH BA Provisions." The HITECH BA Provisions shall apply commencing on February 17, 2010. As a Business Associate of Covered Entity, Business Associate will comply with the HITECH BA Provisions and with the obligations of a Business Associate as proscribed by HIPAA and the HITECH Act commencing on the Applicable Effective Date of each such provision. Business Associate and the Covered Entity further agree that the provisions of HIPAA and the HITECH Act that apply to business associates and that are required to be incorporated by reference in a business associate agreement are incorporated into this Agreement between Business Associate and Covered Entity as if set forth in this Agreement in their entirety and are effective as of the date of this agreement and as amended.
- (d) Individual: "Individual" shall have the same meaning as the term "individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
- (e) Privacy Rule: "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E. Agreements will specify which subcontractors or agents or business associates would have access to protected health information that comes from Itasca County.
- (f) Security Rule: "Security Rule" shall mean the

## HIPAA POLICY

Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 160 and Part 164, Subpart C. Agreements will specify which subcontractors or agents or business associates would have access to electronic protected health information that comes from Itasca County.

- (g) Protected Health Information: "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR § 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- (h) Required By Law: "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR § 164.501.
- (i) Secretary: "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
- (j) Health Care: "Health Care" shall mean care, services or supplies relating to the health of an individual. It includes diagnostic, therapeutic, rehabilitative care as well as counseling or assessments of physical and mental conditions, and sale or dispensing of drugs, devices, or other equipment with a prescription, and as otherwise set out in 45CFR § 160.103.
- (k) Availability: "Availability" means that data or information is accessible and useable upon demand by an authorized person.
- (l) Administrative Safeguards: "Administrative Safeguards" are administrative actions, policies, and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the covered entity's workforce in relation to the protection of that information.
- (m) Physical Safeguards: "Physical Safeguards" are the physical measures, policies, and procedures to protect a covered entity's electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.

## HIPAA POLICY

- (n) Technical Safeguards: "Technical Safeguards" means the technology and the policies and procedures for its use that protect electronic protected health information and control access to it.

### 2. Obligations and Activities of Business Associate

- (a) Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.
- (b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement. To the extent that Business Associate is conducting electronic transactions as described in 45 CFR § 162.923, on behalf of Covered Entity, Business Associate will comply, and will require each subcontractor or agent involved with the conduct of such standard transactions to comply with each applicable requirement of 45 CFR, Part 162, including the Electronic Data Interchange (EDI) regulations set out in 45 CFR §§ 162.100 through 162.182, which includes signing a trading partner agreement with Itasca County, if applicable.
- (c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- (d) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
- (e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- (f) Within 10 days of request by Covered Entity, Business Associate agrees to provide a written report of Protected Health Information in a Designated Record

## HIPAA POLICY

Set, to Covered Entity or, as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR § 164.524.

- (g) Within 30 days of request by Covered Entity, Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR § 164.526. Business Associate agrees to provide Covered Entity with written documentation of this.
- (h) Within 10 days of request by Covered Entity, Business Associate agrees to make internal practices, books, and records, including policies and procedures and protected health information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity or to the Secretary.
- (i) Business Associate agrees to document such disclosures of protected health information and information related to such disclosure as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.
- (j) Within 30 days of request by Covered Entity, Business Associate agrees to provide written information collected in accordance with Section 2. (i) of this Agreement, to Covered Entity or an Individual, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.
- (k) Business Associate shall comply with any applicable HIPAA Electronic Security regulations as set out in 45 CFR Part 164 Subpart C, including but not limited to the following:
  - i) Business Associate may create, receive, maintain, or transmit electronic protected health information on the Covered Entity's behalf only if the Business Associate provides satisfactory assurances, in accordance with 45 CFR § 164.314(a) that the Business Associate will appropriately safeguard the information. See 45 CFR § 164.308 (b) (1) and (2).
  - ii) Business Associate will implement

## HIPAA POLICY

administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic PHI that it creates, maintains, or transmits on behalf of the Covered Entity.

iii) Business Associate shall ensure that any agent including a subcontractor, to whom it provides such information, agrees to implement reasonable and appropriate safeguards to protect the information.

iv) Business Associate shall immediately report to the Covered Entity any security incident of which it becomes aware.

v) Business Associate understands that Covered Entity may terminate the contract with the Business Associate if the Covered Entity determines that the Business Associate has violated a material term of this agreement or the agreement for services between parties.

### 3. Permitted Uses and Disclosures by Business Associate

(a) Except as otherwise limited in this Agreement, Business Associate may use or disclose protected health information on behalf of, or to provide services to, Covered Entity for the following purposes, if such use or disclosure of Protected Health Information would not violate the Privacy Rule and/or the Security Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity:

1. Treatment
2. Payment
3. Health Care Operations
4. Public Policy as allowed for by 45 CFR 164.512
5. Opportunity to Object Exceptions as allowed for by 45 CFR 164.510

(b) Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in contract provided that such use or disclosure would not violate the Privacy Rule and/or the Security Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

### 4. Specific Use and Disclosure Provisions

## HIPAA POLICY

- (a) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- (b) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (c) Except as otherwise limited in this Agreement, Business Associate may use protected health information to provide Data Aggregation services to Covered Entity as permitted by 45 CFR § 164.504(e) (2) (i) (B) .
- (d) Business Associate may use protected health information to report violations of law to appropriate Federal and State authorities, consistent with § 164.502(j) (1) .
- (e ) Reporting of Security Incidents. The Business Associate shall track all security incidents as defined by HIPAA and shall periodically report such security incidents in summary fashion as may be requested by the Covered Entity, but not less than annually within sixty (60) days of the anniversary of this Agreement. The Covered Entity shall not consider as security incidents, for the purpose of reporting, external activities (port enumeration, etc.) typically associated with the "foot printing" of a computing environment as long as such activities have only identified but not compromised the logical network perimeter, including but not limited to externally facing firewalls and web servers. The Business Associate shall reasonably use its own vulnerability assessment of damage potential and monitoring to



## HIPAA POLICY

define levels of Security Incidents and responses for Business Associate's operations. However, the Business Associate shall expediently notify the Covered Entity's Privacy Officer of any Security Incident which would constitute a Security Event as defined by this Agreement within FORTY-EIGHT (48) HOURS of any unauthorized acquisition including but not limited to use, disclosure, modification, or destruction of PHI by an employee or otherwise authorized user of its system of which it becomes aware. The Business Associate shall likewise notify the Covered Entity within FORTY-EIGHT (48) HOURS of event.

- (f) Business Associate shall identify in writing key contact persons for administration, data processing, Marketing, Information Systems and Audit Reporting within thirty (30) days of execution of this Agreement.
- (g) Contact for Security Event Notice. Notification for the purposes of Sections 2.5, 3.4 and 3.5 shall be in writing made by certified mail or overnight parcel within FORTY-EIGHT (48) HOURS of the event, with supplemental notification by facsimile and/or telephone as soon as practicable, to:  
Privacy Officer  
Itasca County  
1209 SE 2<sup>nd</sup> Ave  
Grand Rapids, MN 55744  
Phone: (218) 327-2941  
Facsimile: (218) 327-5567

### 5. Obligations of Covered Entity Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

- (a) Covered Entity shall notify Business Associate of any limitation in its notice of privacy practices of Covered Entity in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use and disclosure of Protected Health Information.
- (b) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose protected health information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
- (c) Covered Entity shall notify Business Associate of any

## HIPAA POLICY

restrictions to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

### 6. Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule and/or the Security Rule if done by the Covered Entity.

### 7. Term and Termination

(a) Term. The Term of this Agreement shall be effective as of the date of this agreement and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.

(b) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

1. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement and the Purchase of Service Agreement if Business Associate does not cure the breach or end the violation within time period specified by Covered Entity;
2. Immediately terminate this Agreement if Business Associate has breached a material term of this agreement and cure is not possible; or
3. If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.

(c) Effect of Termination

1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for

## HIPAA POLICY

any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

2. In the event that Business Associate determines that returning or destroying Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible by a written statement within 30 days. Business Associate shall extend the protections of this Agreement to, such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

### 8. Indemnification Clause

Business Associate shall indemnify and hold Itasca County harmless from and against all claims, liabilities, judgments, fines, assessments, penalties, awards or other expenses, of any kind or nature whatsoever, including without limitation attorney fees, expert witness fees and cost of investigation, litigation or dispute resolution, related to or arising out of any breach or alleged breach of this agreement by Business Associate.

### 9. Disclaimer

Itasca County makes no warranty or representation that compliance by Business Associate with this Business Associate Agreement Addendum or the HIPAA Regulations will be adequate or satisfactory for Business Associate's own purpose or that any information in Business Associate's possession or control or transmitted or received by Business Associate is or will be secure from unauthorized use or disclosure, nor shall Itasca County be liable to the Business Associate for any claim, loss or damage relating to the unauthorized use or disclosure of any information received by Business Associate from Itasca County or from

## HIPAA POLICY

any other source. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of Protected Health Information. Business Associate will comply with all security regulations mandated by Federal regulations to keep the Protected Health Information safe.

Effective on Agreement: Except as specifically required to implement the purposes of this addendum, or to the extent inconsistent with this addendum, all other terms of the Agreement shall remain in force and effect.

### 10. Miscellaneous

- (a) Regulatory References. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended; a reference in this Agreement to a section in the Security Rule means the section as in effect or as amended; a reference in this Agreement to a section in the HITECH Business Associate Provisions means the section as in effect or as amended.
- (b) Amendment. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule, the Security Rule, HITECH Business Associate Provisions and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
- (c) Survival. The respective rights and obligations of Business Associate under Section 7(c) of this Agreement shall survive the termination of this Agreement.
- (d) Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule, the Security Rule or the HITECH Business Associate Provisions.
- (e) More Restrict Laws Preempt. The parties agree that, in the event that any documentation protected by this agreement is subject to more restrictive privacy laws, the provisions of the more restrictive privacy laws will control.
- (f) Choice of Law. This agreement will be governed by the Laws of the State of Minnesota. All proceedings

**HIPAA POLICY**

related to this agreement shall be venued in the State of Minnesota.

IN WITNESS WHEREOF, the parties have executed this Agreement: Covered Entity: Business Associate:

By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Covered Entity Department

By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Associate

Board Approved: 04/14/2003; 08/26/2003; 11/23/2004; 4/12/2005;  
6/26/2012

HIPAA POLICY

ITASCA COUNTY

HIPAA COMPLAINT FORM- PAGE 1

Directions: Itasca County complaint procedure provides for step I review by the covered entity Associate Privacy/Complaint Officer. Complete the HIPAA Complaint Form.

Please be specific and complete when filling out the form. If a question does not apply to your complaint, write "N/A" in the space provided. If you need more space, attach additional pages as necessary. Please know that the data supplied may be classified as private data under the Minnesota Government Data Practices Act as well as considered protected health information under HIPAA; Itasca County will use the data for purposes necessary for the administration of the HIPAA Privacy Rule and/or the policies of Itasca County.

Return the completed Complaint Form to:

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covered entity department to fill in the above information BEFORE giving out/using this form

In the event of questions, please call:

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covered entity department to fill in the above information BEFORE giving out/using this form

Complainant's name: \_\_\_\_\_

Complainant's mailing address: \_\_\_\_\_

Home telephone #: \_\_\_\_\_ work telephone #: \_\_\_\_\_

Is someone other than the complainant representing the complainant? \_\_\_\_ Yes \_\_\_\_ No

If yes, please identify his/her name, relationship to the complainant, mailing address and telephone number: \_\_\_\_\_

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HIPAA POLICY

ITASCA COUNTY HIPAA COMPLAINT FORM-Page 4

Please attach a copy of all relevant information for the HIPAA Privacy/Complaint Officer to use in investigating your complaint. Do NOT attach a copy of your original documents unless asked to provide them.

Have you attached copy of relevant information? \_\_\_\_ Yes \_\_\_\_ No

What other relevant information should Itasca County know in order to investigate your complaint? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What remedy are you requesting of Itasca County? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You have a right to file a complaint with the U.S. Secretary of Health & Human Services.

\_\_\_\_\_  
Signature of individual (or representative) alleging Date  
complaint

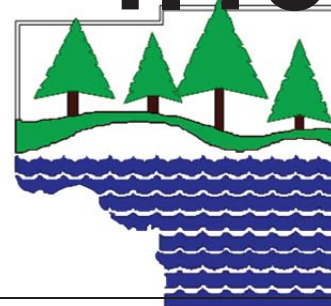
Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

By \_\_\_\_\_ Notary Public  
My commission expires \_\_\_\_\_

Equal Opportunity Employer

04/14/2003

I:\USERS\CHR\wpdata\Itcopol new\HIPAA Compliance.doc



## ITASCA COUNTY

### REQUEST FOR BOARD ACTION

**County Board Work Session**

**County Board Meeting**

**Health & Human Services Board**

**Date:** 06/20/2013

**Date:**

**Date:**

**Originating Department:**

Health & Human Services (HHS)

**Presenter:**

Brett Skyles & Lynn Hart

**Item:**

Updated HIPAA Policy

**Estimated Amount of Time Needed for Discussion:**

<input checked="" type="checkbox"/>	< 5 minutes	<input type="checkbox"/>	5 minutes	<input type="checkbox"/>	10 minutes
<input type="checkbox"/>	15 minutes	<input type="checkbox"/>	30 minutes	<input type="checkbox"/>	> 30 minutes

**Board Action Requested:**

Approve updated Itasca County HIPAA Policy

**Background:**

ARRA and HITECH provisions will affect HIPAA compliance. American Recovery and Reinvestment Act of 2009 (ARRA) was signed into a law. The Health Information Technology for Economic and Clinical Health Act (HITECH) provisions of ARRA include important changes in Health Insurance Portability & Accountability Act (HIPAA). These changes are included in the updated policy.

**Supporting Documentation:**

Attached  None

**County Attorney Review Complete:**

Yes  No  N/A

**Item Classification for County Board Meeting:**

- Consent Agenda
- Regular Agenda
- Refer to
- Table until
- Other

**Item History:**

6/19/2012 Work Session; Item 4.5

**Date:** 06/13/2012

**Signature:**

*Lester Kachinske*

**Board Action:**

**Approved as Requested:** 6/26/2012

**Denied** \_\_\_\_\_

**Tabled** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Distribution / Filing Instructions:**

Brett Skyles, Sarah Duell, Louise Koglin-Fideldy, Candy Carsella-Key, Lynn Hart, Laura Grover, Mary Evenhouse, Barb Hayes