

# HIPAA Privacy & Permitted Disclosures

## Alaska eHealth Network Policy 3.100

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### I. PURPOSE

To comply fully with the requirements regarding disclosure of protected health information as provided in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

### II. SCOPE

This policy is applies to all Alaska eHealth Network (“AeHN”) employees.

### III. DEFINITIONS

For purposes of this policy, the following definitions apply:

**Security/Privacy Officer.** The Security/Privacy Officer for purposes of this Policy oversees all activities related to the development, implementation, and maintenance of AeHN’s policies and procedures covering the privacy of protected health information. This person is the key compliance officer for all federal and state laws that apply to the privacy of protected health information.

**HIPAA.** Health Insurance Portability and Accountability Act of 1996, a federal law pertaining to protected health information of clients.

**“Minimum-Necessary” Standard.** AeHN uses and discloses the amount of PHI that is the minimum necessary to accomplish its intended purposes. In addition, the AeHN Use and Disclosures Procedures identify and provide for the minimum necessary access by AeHN personnel to PHI.

**Participant.** For purposes of this policy, the term “Participant” includes the Participating users of the AeHN Health Information Exchange and the patients of those Participants.

**PHI (HIPAA Protected Health Information).** Information about AeHN Participants becomes “protected” upon its creation or receipt by an AeHN Participant. PHI applies to information in any form—electronic, written or verbal as follows: PHI means information that is created or received by AeHN or a Participant and relates to the past, present, or future physical or mental health or condition of a Participant; the provision of health care to a Participant; or the past, present, or future payment for the provision of health care to a Participant; and that identifies the Participant or for which there is a reasonable basis to believe the information can be used to identify the Participant. HIPAA-PHI includes information of persons living or deceased.

**Use and Disclosure.** AeHN will use and disclose PHI only as permitted under HIPAA. The terms “use” and “disclosure” are defined as follows:

- Use. The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information by any AeHN personnel, or by a Business Associate of AeHN.
- Disclosure. For protected health information, disclosure means any release, transfer, provision or access to, or divulging in any other manner of individually identifiable health information.

US/DHHS. United States Department of Health and Human Services.

## IV. POLICY

### A. General Statement.

It is the policy of AeHN to comply fully with the requirements of HIPAA. To that end, all AeHN employees must comply with this Policy.

No third party rights (including but not limited to rights of AeHN participants/clients, beneficiaries, covered dependents, or Business Associates) are intended to be created by this Policy. AeHN reserves the right to amend or change this Policy at any time without notice. This Policy does not address requirements under other federal laws or under state laws.

### B. Mitigation of Inadvertent Disclosures of PHI

Employees must report any improper use or disclosure of PHI of which they become aware to the Security/Privacy Officer. The Security/Privacy Officer will determine the reasonable and appropriate steps that can be taken which may mitigate the harm to the Participant. The method of mitigation will depend on the facts and circumstances of the unauthorized use or disclosure as determined in the discretion of the Security/Privacy Officer.

### C. Sanctions for Violations of PHI Privacy

All of AeHN's covered workforce must comply with this Policy when using or disclosing PHI. Sanctions for using or disclosing PHI in violation of this Policy will be imposed in accordance with AeHN policies regarding employee disciplinary action. The severity of the sanction will depend on the facts and circumstances of the violation and may include discipline up to and including immediate termination of employment.

### D. Documentation

AeHN shall maintain copies of HIPAA compliance documents for a period of at least six (6) years from the date the documents were created or were last in effect, whichever is later, as described in the AeHN Use and Disclosure Procedures.

### E. Training

All AeHN employees will complete HIPAA training upon employment commencement and thereafter yearly. Proof of training completion will be kept in a separate file.

## V. USES AND DISCLOSURES OF PHI

### A. **Permitted Uses and Disclosures of PHI by AeHN: Treatment, Payment and Health Care Operations**

HIPAA permits disclosure of PHI for Treatment, Payment and Health Care Operations as described in the AeHN Use and Disclosure Procedures. AeHN staff shall review these procedures and shall use and disclose PHI only in accordance with such procedures.

### B. **Mandatory Disclosures**

HIPAA requires disclosure of information in certain circumstances, including but not limited to requests from an individual and requests from the U.S. Department of Health and Human Services. These required disclosures are described further in the AeHN Use and Disclosure Procedures and all AeHN staff shall comply with such disclosure requests.

### C. **Permissive Disclosures**

A covered employee who receives a request for disclosure of an individual's PHI that appears to fall within one of the categories listed in this section must contact the Security/Privacy Officer and consult the AeHN Use and Disclosure Procedures.

### D. **Disclosures of PHI Pursuant to an Authorization**

Any requested disclosure to a third party (i.e., not the individual to whom the PHI pertains) that does not fall within one of the categories for which disclosure is permitted or required under this Policy and the related procedures may be made pursuant to an individual authorization. If disclosure pursuant to an authorization is requested, the AeHN Use and Disclosure Procedures should be consulted for the applicable process.

### E. **Disclosure of PHI to Business Associates or Qualified Service Organizations**

All uses and disclosures by a Business Associate or Qualified Service Organization (defined in the AeHN covered program's Privacy Policy) must be made in accordance with a valid business associate or qualified service organization agreement, subject to the requirements of the AeHN Use and Disclosure Procedures.

## VI. VERIFICATION OF IDENTITY OF THOSE REQUESTING PHI

Employees must take steps to verify the identity of individuals who request access to PHI. They must also verify the authority of any person to have access to PHI, if the identity or authority of such person is not known. The process for verifying an individual's identity is described further in AeHN's Use and Disclosure Procedures.

## VII. COMPLYING WITH INDIVIDUAL RIGHTS

HIPAA provides patients with individual rights that shall be recognized and enforced by AeHN.

The AeHN Security/Privacy Officer shall develop procedures describing these rights and how to recognize these rights. The following rights shall be recognized in accordance with such procedures:

- A. Access
- B. Amendment
- C. Accounting of Disclosures of PHI
- D. Confidential Communications
- E. Requests for Restrictions on Uses and Disclosures of PHI

## VIII. COMPLAINTS

### A. Internal Submission of a Complaint.

Any individual who believes his/her rights under HIPAA have been violated may file a complaint regarding the alleged violation. Any privacy-related complaint made by an individual at any time must be forwarded to the Security/Privacy Officer. The Security/Privacy Officer will investigate the alleged privacy violations. If an AeHN employee is determined to be in violation of this Policy, s/he will be subject to discipline, up to and including termination of employment.

### B. External Submission of a Complaint.

An individual also may file a complaint with the Secretary of the U.S. Department of Health and Human Services (“DHHS”).

<b>HIPAA Privacy &amp; Permitted Disclosures Policy 2.200</b>		
APPROVED BY:	ADOPTED:	
	REVISED:	
	REVIEWED:	