

<b>Approved By:</b> Governing Body/Owner	<b>Policy Name:</b> Health Insurance Portability and Accountability Act and Confidentiality of Patient Health Information
<b>Date Effective:</b> 02/2025	<b>Date(s) Revised:</b>
<b>ACHC Standard:</b> HH2-5A	

## Policy

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will protect the confidentiality of patient, staff, and business entity information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state laws, regulations, and standards.

### Definitions:

#### The Privacy Rule

The Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes. The Privacy Rule requires appropriate safeguards to protect the privacy of patients' Protected Health Information (PHI) and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Privacy Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their medical records, and to request corrections.

#### The Security Rule

The HIPAA Security Rule has national standards to protect individuals' electronic PHI (E PHI). The Security Rule requires covered entities to implement appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of E PHI. It also requires contracts or arrangements between covered entities and their business associates to ensure that the E PHI created, received, maintained, or transmitted on behalf of the covered entity will be safeguarded.

#### The Breach Notification Rule

The Breach Notification Rule requires HIPAA-covered entities and their business associates to provide notification following a breach of unsecured PHI. A breach is, generally, an impermissible use or disclosure of information under the Privacy Rule that compromises the security or privacy of the PHI. An impermissible use or disclosure of PHI is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors:

#### Protected Health Information

Protected Health Information (PHI) is any individually identifiable health information—electronic, paper, or oral—that a covered entity creates or receives about an individual related to his or her past, present, or future health conditions or the past, present, or future payment for the provision of health care to the individual. E PHI refers to patient data stored in electronic forms that are collected and shared for healthcare delivery and public health purposes.

## Procedures

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will follow all Health Insurance Portability and Accountability Act (HIPAA) regulations in regard to securing and releasing patient information.

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will only use or disclose PHI as follows.

1. To the individual who is the subject of the information.
2. For treatment, payment, or healthcare operations.
3. Uses and disclosures with valid authorization, agreement, or as otherwise permitted by HIPAA.
4. Incidental use and disclosure as permitted by HIPAA.
5. Public interest and benefit activities as permitted by HIPAA.

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will disclose PHI, if required, to the following:

1. Individuals who are the subject of the information when required by HIPAA provisions.

The Secretary of the U.S. Dept. of Health and Human Services (HHS) when determining a covered entity's compliance with HIPAA.

When using, disclosing, or requesting PHI from another entity, **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will make reasonable efforts to use, disclose, and request only the minimum amount of PHI needed to accomplish the intended purpose of the use, disclosure, or request, unless the disclosure of the PHI is to healthcare providers for treatment; individuals as permitted, required, or authorized per HIPAA; the Secretary of the U.S. Dept. of HHS; HIPAA compliance requirements; or required by law.

Some conditions that warrant the release of PHI without the patient or representative's authorization include audits by CMS, surveyors, attorney/legal actions, and patient request.

If information is requested for any purpose other than treatment, payment, or operations, a separate authorization form listing the specific information to be released will be obtained and signed by the patient or appropriate representative prior to releasing the information requested. Admission staff will obtain the signed authorization form from the patient or appropriate representative that will allow **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** to release confidential information for treatment, payment, and operations, including licensing, regulatory, and accrediting bodies.

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will adhere to the Privacy Rule when disclosing PHI information that has been requested for any purpose other than treatment, payment, or operations. All requests for release of information will be given to the Administrator, and only the Administrator may release the information.

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will document what health information was requested and released, to whom it was released, and who requested its release.

Patients or their representative will be given a copy of the Home Health Agency's (HHA's) Privacy Notice during the admission visit and will sign an Acknowledgement Form confirming receipt and understanding of the HHA's privacy policies and procedures regarding confidentiality.

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** and agents acting on behalf of the HHA in accordance with a written contract will ensure the confidentiality of all patient-identifiable information contained in the clinical record, including Outcomes and Assessment Information Set (OASIS) data, and may not release patient-identifiable OASIS information to the public.

All business associates that may have access to PHI will have a Business Associate Agreement (BAA) signed before the initiation of care/services.

## **Safeguards**

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will implement safeguards to protect patient confidential information. Policies and procedures are written in regard to the securing and releasing of confidential and protected health information (PHI and EPHI).

To maintain confidentiality of patients' health information, **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will limit access to the patient information. Only authorized individuals will have access to PHI and/or be allowed to disclose PHI. Access to patient information will be limited by job duties and requirements. Access to a patient's health information will be limited to:

Supervisors/managers overseeing direct care staff and coordinating care.

Personnel assigned to provide care and treatment.

Administrative staff who assist with scheduling and coordinating care.

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will provide specific areas in the office for personnel to discuss patient information in regard to the treatment and care. Personnel will not discuss patient information in the public areas of the agency or in public locations outside of the agency. When discussing patient information on the telephone/cell phone, communications will be made in a private, confidential manner. Personnel will not text patient information to anyone in the agency, physician's office, or patient family members unless they are using a HIPAA-compliant texting program approved by the Administrator. When faxing PHI, the sender will verify the fax number prior to sending the fax to ensure it is correct and secure.

Personnel are required to maintain patient confidentiality when reviewing clinical records and any health and/or confidential information. Personnel will be trained upon hire regarding HIPAA regulations and patient confidentiality. All personnel will be required to sign a confidentiality statement adhering to the requirement to maintain patient confidentiality upon hire; a copy of the signed confidentiality statement will be kept in their personnel file.

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will limit access and store patient records and confidential information in a secure manner to prevent loss, destruction, unauthorized use, or tampering of information. Paper documents/records and confidential patient information will be kept in a locked file or cabinet. Electronic records/patient information will be stored in a manner that adheres to the Privacy Rule.

## **Breach Notification**

Following a breach of unsecured PHI, **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will provide notification of the breach to affected individuals, the Secretary of the U.S. Dept. of HHS, and, in certain circumstances, to the media. A breach is considered an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the PHI.

### **1. Notification to Individuals**

- » **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will notify affected individual(s) following the discovery of a breach of unsecured PHI. The HHA will provide the individual(s) notice in written form by first-class mail, or, alternatively, by email if the affected individual(s) has agreed to receive such notices electronically. If **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** does not have sufficient or current contact

information for 10 or more of the individuals, the HHA will provide substitute individual notice by either posting the notice on the home page of its website for at least 90 days or by providing the notice in major print or broadcast media where the affected individuals likely reside. **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will include a toll-free phone number that remains active for at least 90 days where individuals can learn if their information was involved in the breach. If **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** has insufficient or out-of-date contact information for fewer than 10 individuals, the HHA will provide substitute notice by an alternative form of written notice, by telephone, or other means. Notification will be provided without unreasonable delay and within 60 days following the discovery of a breach.

- » The notification will include:
  - A brief description of the breach.
  - A description of the types of information that were involved in the breach.
  - The steps affected individuals should take to protect themselves from potential harm.
  - A brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches.
  - **LAWSON'S BRIDGE HOME HEALTH CARE, LLC'S** contact information.

#### **Notification to the Secretary of the U.S. Dept. of HHS**

- » **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will notify the Secretary of the U.S. Dept. of HHS by visiting the HHS website and filling out an electronic breach report form. <https://www.hhs.gov/hipaa/for-professionals/breach-notification/breach-reporting/index.html>. If a breach affects 500 or more individuals, the HHA will notify the Secretary without unreasonable delay and within 60 days following a breach. If the breach affects fewer than 500 individuals, the covered entity may notify the Secretary of such breaches on an annual basis. Reports of breaches affecting fewer than 500 individuals are due to the Secretary no later than 60 days after the end of the calendar year in which the breaches are discovered.

#### **Notification to the Media**

- » In addition to notifying the affected individuals, **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** is required to provide notice to prominent media outlets serving the state or jurisdiction if a breach affects more than 500 individuals of a state or jurisdiction. Notification would be provided in a form of a press release to appropriate media outlets serving the affected area. Media notification must be provided without unreasonable delay and within 60 days following the discovery of a breach.

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will evaluate the breach to determine the risk and probability in regard to whether the PHI has been compromised. The risk assessment will include the following factors:

1. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification.

The unauthorized person who used the PHI or to whom the disclosure was made.

Whether the PHI was actually acquired or viewed.

The extent to which the risk to the PHI has been mitigated.

If **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** determines that the impermissible use or disclosure of PHI demonstrates a low probability that the PHI has been compromised based on the risk assessment, the breach does not need to be reported.

**LAWSON'S BRIDGE HOME HEALTH CARE, LLC** will document all breaches whether they were reportable or determined a low probability/low risk of compromised PHI to the governing body/owner. Information to be documented will include a brief description of the breach, what types of information was involved in the breach, and what actions **LAWSON'S BRIDGE HOME HEALTH CARE, LLC** took to investigate the breach, mitigate the harm, and prevent further breaches.