

Policy Name:	HIPAA Policy				
Owner:	Corporate Compliance Officer	Origination Date:	1/1/2003	Published:	6/16/2021
Applies To:	Agency - All				

Policy:

It is the policy of Goodwill Industries of Northern New England (Goodwill or GINNE) and all its entities to maintain the privacy of health information in compliance with all applicable federal and state laws. GINNE meets the definition of Hybrid Entity; its Client Services are a *health care provider* under HIPAA and therefore is subject to the federal statute in its function as a provider. HIPAA does **not** cover health information received by Goodwill in some of its function as employer (such as for workers compensation, short- or long-term disability, information received based upon the Americans with Disabilities Act or Family Medical Leave Act); nor are Retail Services covered under HIPAA.

Definitions:

Business associate is a person to whom GINNE discloses protected health information so that the person can carry out, assist with the performance of, or perform on behalf of, certain administrative functions, activities or services for GINNE.

Minimum necessary requires GINNE to make all reasonable efforts not to use or disclose more than the minimum amount of information necessary to accomplish the intended purpose of the use or disclosure, except in those situations where the law permits more than the minimum necessary (treatment, disclosures to the individual, disclosures required by law, etc.)

Privacy Officer oversees all activities related to the development, implementation, maintenance of, and adherence to the organization’s policies and procedures covering the privacy of protected health information in compliance with federal and state laws. The Corporate Compliance Officer is designated as the Privacy Officer at Goodwill.

Protected healthcare information (PHI) is information that is created or received by GINNE that relates to the past, present, or future physical or mental treatment or condition of the individual; the provision of care to an individual; or the past, present, or future payment for the provision of care to an individual; and that identifies the individual or to which there is a reasonable basis to believe that the information can be used to identify the individual. PHI refers to all modes of information, including verbal, written, and electronic.

Disclosure:

Goodwill provides healthcare services (as defined by HIPAA) and therefore creates and obtains healthcare information as well as bills for its services. To the extent that it creates, maintains, and discloses PHI, Goodwill will do so in confidence, and in accordance with applicable state and federal regulations, including HIPAA. GINNE shall take reasonable measures to secure PHI from unauthorized access. When PHI is disclosed, only the minimum necessary information will be released, except as otherwise permitted or required by law. PHI

will not be disclosed in any marketing communications without prior authorization.

The organization will obtain authorization prior to the disclosure of PHI as required by applicable state and federal laws.

Authorizations:

Written authorization will be obtained prior to the disclosure of PHI in accordance with the agency Policy on Confidentiality.

Rights:

Persons receiving services from Goodwill have the right to access, inspect, and copy their PHI that is maintained in a designated record set, as limited by HIPAA privacy regulations. They have the right to request the amendment of PHI, can request additional restrictions on the uses and disclosures of PHI, and alternative communication of information. However, the organization can decline to comply with such requests.

The person has the right to request an accounting of disclosures of PHI made without prior written authorization in accordance with HIPAA privacy regulations. Questions or concerns about the above should be brought to the Privacy Officer.

Access:

Access to case records containing PHI will be limited to the individual receiving services, their representative(s), the primary case manager, supervisor, individuals providing direct service, persons providing authorized quality assurance functions, others authorized by the Privacy Officer; or as required by law.

Research:

The organization may disclose PHI to researchers when their research has been approved by an institution review board. The Board must have reviewed the research proposal and established protocols to ensure the privacy of PHI. Any disclosure by Goodwill must be approved by the Privacy Officer.

Security:

Goodwill will have in place appropriate administrative, technical, and physical safeguards to protect the privacy of PHI.

Primary case records of persons receiving services will be secured in a central, locked location within each facility. Access will be limited to those involved in providing service to the individual or as identified above. A sign out/sign in log will be maintained at each location, identifying who removed the record, when, for what purpose, and when returned. The record shall be handled so as to maintain the privacy and confidentiality of information at all times. Records regarding PHI will be maintained for persons receiving services and for seven years after discharge (for minors: seven years after the individual reaches the age of 18).

Other PHI will be maintained in as secure and confidential manner as possible. Oral disclosure shall be made so as to reasonably ensure that only those for whom authorization has been obtained receive the information. Employees should refrain from discussing PHI in public areas. Written information will be maintained in a secure and confidential manner. Precautions will be taken to limit incidental access. Unsecure PHI will not be left unattended in unlocked offices (e.g. left on desks). Paper containing PHI will be shredded **prior** to discarding.

Electronic information:

Access to electronic information shall be limited. The following safeguards shall be in place:

- Access to each computer and network shall be password protected. Employees shall ensure the security and privacy of passwords.
- Each computer shall be configured to have a screensaver appear after a short period of inactivity.
- Monitors should be positioned so as to minimize unauthorized access to PHI.
- Where applicable, all PHI shall be saved to a network server.
- All computers shall be logged off at the end of the workday (except as required for network functions).
- Information stored on the network server shall be backed up regularly. Back up media will be maintained in a secure manner.
- When individual computers or hard drives are “retired”, the hard drive will be erased.
- Electronic media (“thumb drives”, CDs, tapes, etc.) containing PHI shall be maintained in a secure and private manner.
- Passwords shall be provided to new employees as appropriate. Upon termination, the password shall be retired.
- Employees shall ensure the PHI transmitted via email is secure and private.
- Fax machines shall be maintained so as to ensure the security and privacy of faxed materials. When sending a fax, a cover sheet containing a privacy statement shall be used. When receiving a fax, the material shall be removed from the machine as soon as it is received (and immediately delivered to the person for whom it is intended).
- When making copies or printing to a central machine, materials should be removed from the machine immediately. It is recommended that when printing PHI, a cover sheet be used.

Discipline:

The organization will discipline, in accordance with agency policy, employees for improper access, use, or disclosure of PHI or other confidential information.

Notice:

A notice of the organization’s HIPAA privacy practices will be provided to each individual (or guardian) prior to receiving services. No later than the first date of service, each person receiving services will receive a copy of the Notice. Written acknowledgement of the receipt of the Notice will be obtained (if the individual/guardian refuses or is unable to provide written acknowledgement, documentation of reasonable efforts to obtain acknowledgement shall be entered into the case record).

Additionally, copies of the Notice will be posted conspicuously throughout the organization and on its website, and will be available upon request.

Notification of any substantiated breach of privacy of PHI will be made in accordance with the HIPAA Privacy Rule.

Complaints:

Any individual who suspects that GINNE is in violation of HIPAA regulations has the right to file a complaint with the Privacy Officer or the US Department of Health and Human Services. Complaints should be made in writing to the Privacy Officer. The Privacy Officer shall review all complaints in accordance with HIPAA Breach Notification Rule and respond as appropriate.

In addition, any employee, volunteer, or agent of GINNE must report any suspected breach (unauthorized acquisition, access, use, or disclosure of PHI) immediately to the Privacy Officer.

Goodwill will not take any retaliatory action against any person who files a complaint, or assists in an investigation.

Training:

All employees of Goodwill will receive an orientation to the agency's HIPAA policies and procedures. The training will be provided as necessary and appropriate for the employee to carry out his/her job functions.

Amendments:

Goodwill will amend this Policy to comply with HIPAA privacy regulations.

Business Associates:

Goodwill will require all business associates to give the satisfactory assurances required by the law. These satisfactory assurances include using or disclosing PHI only as necessary to perform its function; returning the PHI (where feasible) at the end of the contract; helping Goodwill comply with privacy standards; and binding subcontractors with access to PHI to similar promises.

A written agreement will be developed and signed by both parties. The Privacy Officer will maintain copies of all agreements.

Key Related Policies: Policy on Confidentiality, Notice of Privacy Practices

Revision	Date	Description	Owner
Original	1/1/2003	Original Policy	CCO
	6/5/2019	Updated to reflect Rule changes	CCO