

**San Bernardino County
Department of Behavioral Health**

Transportation of Protected Health Information (PHI) Policy

Effective Date 01/08/2016
Approval Date 01/08/2016  CaSonya Thomas, Director

Policy It is the policy of the Department of Behavioral Health (DBH) for staff to utilize safeguards when physically transporting client protected health information (PHI) for business operations within the DBH system, including limiting transportation of original documents, tracking information transported, and ensuring PHI reaches its intended destination for intended use.

Purpose To ensure client PHI is safeguarded when physically transported and to minimize the risk of PHI being misplaced or lost in transition resulting in a privacy breach according to the HIPAA Privacy Rule.

Definitions **HIPAA Privacy Rule:** The Health Insurance Portability and Accountability Act Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

Privacy Breach: An impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information. An impermissible use or disclosure of protected health information is presumed to be a breach unless the covered entity demonstrates that there is a low probability that the protected health information has been compromised based on a risk assessment of at least the following factors: the nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification; the unauthorized person who used the protected health information or to whom the disclosure was made; whether the protected health information was actually acquired or viewed; and the extent to which the risk to the protected health information has been mitigated.

Protected Health Information (PHI): Individually identifiable health information relating to the past, present or future physical or mental health or condition of a client; the provision of health care to a client; or the past, present or future payment for provision of health care to a client transmitted or maintained in any form or medium (electronic, paper, microfiche or verbal).

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Misplaced or Lost PHI

As indicated in the [Privacy or Security Incident Policy](#), misplaced or lost medical records or any other PHI is considered a privacy incident which makes client PHI vulnerable to unauthorized access, including inappropriate/impermissible entry, contact, review, opening or viewing of client PHI and any other unlawful use not permitted by state or federal laws governing the use or disclosure of confidential information. Based on the information missing, the misplaced/lost PHI may result in a reportable privacy breach to the state and/or federal government.

A misplaced or lost medical record, after thorough search with no discovery, is also subject to disallowance of payment claims for Medi-Cal services, as a medical record is required for claiming payment of services rendered.

Transportation of PHI

Examples of when transportation of PHI, including all or parts of a medical record, may occur include the following, but not limited to:

- Files transported from DBH clinic to Quality Management for auditing
- Files transported from Medical Records to DBH clinic for review in response to a valid authorization to release information or a bona fide Subpoena Duces Tecum
- Files transported to Medical Records from a DBH clinic for storage
- Files transported between Quality Management and a DBH clinic for review by DBH Psychiatrist/Physician

DBH staff is to minimize physical transportation of PHI within the DBH system to when absolutely necessary for performance of required business operations. Sending records/documents containing PHI via email should be considered if possible as directed in the [Electronic Transfer of Client PHI Policy](#) (encryption must be used when sending outside of the DBH system/Network); and/or facsimile should be considered if possible according to the [Sending Confidential Information by Facsimile Policy](#).

Requests and Tracking Transported PHI

Requests for physically transporting PHI within the DBH system must be submitted through the DBH Facilities and Project Management (FPM) Repair/Service Requests to ensure tracking of records, and must follow the appropriate protocols until the intended job is complete. See [Transportation of Protected Health Information Procedure](#) for appropriate protocols.

Note: If transportation is required and the FPM Storekeeper cannot meet time constraints, it is at the discretion of the Program Manager or direct supervisor to authorize transportation by designated staff. Records must be transported in a locked bag or locked/sealed box while in transition and [Transportation of Protected Health Information Procedure](#) must be followed. Security bags and/or boxes are to be purchased by the individual clinic/program.

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DBH Quality Management

Quality Management (QM) Admin will maintain a daily process in which the DBH FPM Storekeepers pickup/dropoff PHI records twice daily. The process will include QM clerical staff logging records out and in on a log maintained in QM; Storekeeper's will sign when records are picked up and dropped off on this same log. In instances when physicians drop off records on their person, they shall sign in records on the QM log and transport records in a locked bag and/or locked/sealed box.

Record Maintenance within Clinic

Each DBH clinic is to maintain medical records according to the [Medical Records Security to Outpatient Services Policy](#) and the respective clinic's chart room check-in/check-out process.

For clinics that do not have an existing chart room log, the [General Chart Room Log](#) can be used.

Non-compliance

If a DBH staff member does not follow this Policy and related Procedure, it is the expectation of the Department that the staff member's direct supervisor take appropriate action, including disciplinary action if appropriate.

For instances in which a privacy/security incident has occurred, the DBH staff member and/or his supervisor must report to the DBH Office of Compliance according to the [Privacy or Security Incident Policy](#).

References

Title 45 of the Code of Federal Regulations, Sections 160 and 164 et al., Health Insurance Accountability and Portability Act of 1996

Related Policy or Procedure

DBH Standard Practice Manual:

- COM0948-1: [Transportation of Protected Health Information \(PHI\) Procedure](#)
 - COM0905: [Confidentiality of Protected Health Information \(PHI\) Policy](#)
 - COM07-0904: [Medical Records Security Policy for Outpatient Services](#)
 - COM0944: [Privacy or Security Incident Policy](#)
 - COM0931: [Access and Amendment of Medical Records Policy](#)
 - COM0931-01: [Access and Amendment of Medical Records Procedure](#)
 - COM0909: [Electronic Transfer of Client PHI Policy](#)
 - COM0901: [Sending Confidential Information by Facsimile](#)
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