



**COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE**

**No. 14-03 SP 02**

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**EFFECTIVE DATE** June 10, 2016

**POLICY: HIPAA POLICY  
SP: Privacy Officer and Security Officer**

**APPROVED**  
GREGORY C. DEVEREAUX  
Chief Executive Officer

**PURPOSE**

To define and delineate the responsibilities of the County Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer, HIPAA Security Officer and Department Privacy Officer and Department Security Officer.

**DEPARTMENTS AFFECTED**

All County agencies, departments and Board-governed Special Districts that are determined to be covered by HIPAA.

**DEFINITIONS**

*Business Associate:* A person or organization that on behalf of a covered entity, other than a member of the covered entity's workforce creates, receives, maintains, or transmits Protected Health Information (PHI).

*Covered Entity:* A health plan, health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA covered transaction.

*Disclosure:* The release, transfer, provision of, access to, or divulging in any manner of information outside the entity holding the information.

*Electronic Protected Health Information (ePHI):* Protected health information in electronic form.

*Health Care Component (HCC):* County departments or programs that meet the definition of a Covered Entity or Internal Business Associate.

*Health Insurance Portability and Accountability Act (HIPAA):* A federal law designed to provide privacy and information security standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers (45 C.F.R. Parts 160 and 164).

*Hybrid Entity:* A single legal entity: (1) that is a Covered Entity; (2) whose business activities include both covered and non-covered functions; and (3) that designates Health Care Components.

*Internal Business Associate:* A County department or program that provides services to another County department or program covered by HIPAA that if it was a separate legal entity would fall within the definition of a Business Associate.

*Privacy Officer:* The person responsible for developing, implementing, and maintaining the County Privacy Policies and Procedures regarding the use and disclosure of PHI, responsible for receiving complaints under HIPAA, and for compliance with the HIPAA Privacy Rule.

*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 Privacy 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 Privacy 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 (45 C.F.R. Part 164 Subpart E).

*Protected Health Information (PHI):* Individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium (excludes individually identifiable health information in employment records held by Covered Entity in its role as employer).

*Security Officer:* The person responsible for the development and implementation of County policies and procedures as required by the HIPAA Security Rule.

*Security Rule:* Establishes national standards to protect ePHI that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of ePHI.

*Workforce:* Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or internal business associate, is under the direct control of such covered entity or internal business associate, whether or not they are paid by the covered entity or internal business associate.

### **PROCEDURES**

The Chief Executive Officer is responsible for appointing a County HIPAA Privacy Officer and a County HIPAA Security Officer.

#### **A. County HIPAA Privacy Officer**

The HIPAA Privacy Officer, at a minimum, shall:

1. Preside as Chair of the Compliance Oversight Committee,
2. Implement and monitor compliance with the County policies and standard practices adopted to comply with the HIPAA Privacy Rule, including policies and standard practices that address:
  - a. Patient Privacy Rights
  - b. Minimum Necessary Standard
  - c. Administrative, Physical and Technical Safeguards
  - d. Workforce Training
  - e. Complaint Process
  - f. Business Associate Contract Requirements
  - g. Permitted Disclosures
  - h. Breach Reporting

The Privacy Officer shall be responsible for recommending the adoption of new policies and standard practices, or the revision of existing policies and standard practices regarding compliance with HIPAA, when necessary to comply with changes to the law or best practices.

3. Establish, implement, and amend as necessary, a process for individuals to make complaints related to HIPAA, the entity's policies and procedures, or the entity's privacy notices, and designate a person or office to receive those complaints;

4. Ensure subpoenas and requests for amendment to a health record that affect multiple departments are coordinated and disseminated to the appropriate departments;
5. Implement and monitor compliance with workforce training on privacy policies, standard practices and procedures;
6. Implement and monitor compliance with the County policies and standard practices that require management to establish, apply and document sanctions against workforce members who violate the law or the County's privacy policies and procedures;
7. Implement and monitor compliance with the County policies and standard practices that require mitigation of any harmful effects that result from the unlawful disclosure of PHI;
8. Maintain required policies and procedures in written or electronic form;
9. Direct and oversee the County breach reporting process and notification requirements, including performing the required privacy breach notification risk analysis pursuant to law; and
10. Ensure that the following records are kept in writing or electronically, pursuant to statutory requirements:
  - a. Required policies and procedures;
  - b. Communications required to be in writing; and,
  - c. Any action, activity, or designation required to be documented.

**B. County's HIPAA Security Officer**

The HIPAA Security Officer, at a minimum, shall:

1. Implement and monitor compliance with the County policies and standard practices to comply with the HIPAA Security Rule, and recommend amendments to them as necessary to comply with changes in the law;
2. Define and implement the necessary administrative, physical and technical safeguards to ensure the confidentiality, integrity and availability of ePHI the County creates, receives, maintains or transmits;
3. Ensure safeguards are in place to protect ePHI against any reasonably anticipated threats or hazards to the security or integrity of the information;
4. Ensure safeguards are in place to protect ePHI against any reasonably anticipated uses or disclosures that are not permitted or required under the Privacy Rule; and,
5. Require compliance by workforce members.

- C.** The County HIPAA Privacy Officer and the County HIPAA Security Officer shall work together to ensure their respective policies and procedures do not conflict with each other. They will also work with HCC departments to assist the HCC department to comply with the Privacy Rule and Security Rule.

**D. Department Privacy Officer and Department Security Officer**

1. HCC departments shall appoint a privacy officer and a security officer who shall be responsible for the privacy and security program development, implementation, maintenance, oversight and compliance within their departments. In some departments, the Privacy Officer and the Security Officer might be the same person.
2. HCC department privacy officers and security officers are required to submit an annual report to the County HIPAA Privacy Officer detailing the status of the health information privacy and security program within their respective departments. The County HIPAA Privacy and Security Officers will establish the format and deadline for report submissions.

This Standard Practice shall not be construed as relieving departments of their responsibility to develop full and complete departmental policies, procedures, and practices necessary to expand and tailor this overall County Policy to the particular needs of their departments.

**LEAD DEPARTMENT**

Human Resources