

Your Rights & Responsibilities

Under The

Clayton County Privacy Rule

& Health Insurance Portability & Accountability Act of 1996

The Health Insurance Portability & Accountability Act (HIPAA) of 1996 was designed to provide civil rights to individuals in regards to personal health and medical matters. This privacy rule is to protect the confidentiality of health and medical information. The law specifically explain ways in which you may interact with others and conduct normal business practice. Clayton County is committed to

protecting the privacy of employees' health and medical information. While doing so, we have to stress more now than ever how important it is for us all to work as a team while balancing the requirements of the law and the civil rights of individuals. This poster outlines specific information that will assist in your success in meeting what is required by law and Clayton County's privacy rule.

Is PHI/ePHI the same as Private Health Information?

The County considers protected health information (PHI) or *any* health and medical information that can identify an individual, even by means of electronic form (ePHI), to be private health information. For example, conversation about the nature of treatment (diagnosis, prognosis, medications, codes, location of health care, etc.) and information on prepared documents (payroll registers, health bills, explanation of benefits, computers and/or software programs that may expose information, sick leave forms and attachments) could involve protected health information. If you have any questions about what information can be shared without authorization, please contact the appropriate privacy official.

Roles and Responsibilities

All employees are required to adhere to the County's privacy rules. In order to comply everyone should:

- Treat *all* health and medical information as "TOP SECRET."
- Safeguard all PHI and ePHI by setting up firewalls (i.e. placing passwords on computers and/or documents, locking offices, file cabinets and drawers, noting confidential on all incoming and outgoing inter-office mail envelopes, emails, and faxes, shred documents no longer needed, getting computers scrubbed when no longer used, etc.)
- Disclose information only for the treatment, payment, or health care operations. Otherwise, a written authorization must be obtained from the individual who owns the information. Authorization forms are available from the Insurance Office.
- Not discuss any private health information or ePHI unless it is on a "need to know" basis and give the "minimum necessary" amount of information to meet the recipient's need.
- Error on the side of "caution" if you are unsure whether to disclose or not by limiting or denying the disclosure, then check with the appropriate deputy official.
- Know that supervisors and ultimately department directors always fall under "need to know" and "minimum necessary" rules when dealing with employment issues.
- Not gossip about someone's health (physical and/or mental) condition on or off duty. Gossip does not meet the "need to know" or "minimum necessary" rule and should be avoided.
- Attend a training session about HIPAA-Plan.

Complaint Procedure

If you believe that your privacy rights are being violated or if you disagree with a decision made by the "Plan" or someone acting on behalf of the "Plan," then you may file a complaint with the appropriate Deputy Privacy Official. The HIPAA law does not permit anyone to take retaliatory action against you if you make such a complaint.

Who are the Privacy Officials?

Privacy Official (County-wide)	Jeffrey E. Turner, Chairman Board of Commissioners 770-477-3208
Deputy Privacy Official (County-wide)	E. Charles Reed, Jr., County Staff Attorney 770-477-3220
Deputy Privacy Official (Provider, EAP, and any employment issues)	Pamela R. Ambles, Director Human Resources Department 770-477-3240
Deputy Privacy Official (Any Insurance Plan & Workers' Comp issues)	Karen Bohannon, Human Resources Employee Benefits/Worker's Comp 770-477-3743
Security Officer (Any computer security issues)	Jason Brookins, Director Information Technology 770-477-3727

Enforcement/Penalties

- If an employee is found violating the County and HIPAA privacy rules, there may be disciplinary action taken [up to and including termination] in accordance with County policy.
- The Privacy Official and Deputy Privacy Officials listed above are authorized to investigate and make recommendations for disciplinary actions.
- The U.S. Department of Health and Human Services/Office of Civil Rights is authorized to investigate and resolve complaints of HIPAA violations.
- **Civil and criminal sanctions apply.** Civil penalties include \$100 per incident up to \$25,000 per person per year per standard; criminal penalties include for knowingly and improperly disclosing information (\$50,000 and one year imprisonment), obtaining information under false pretenses (\$100,000 and up to five years imprisonment), and obtaining and disclosing with intent to sell, transfer or use for commercial advantage, personal gain or malicious harm (up to \$250,000 and up to 10 ten years imprisonment).
- HIPAA does not affect any federal or state laws prohibiting discrimination.
- HIPAA does not supersede any federal or state laws that have stronger confidentiality restraints.

For Additional Information

Classes on HIPAA and the County's privacy policy will be given on an on-going basis. For class registration information call the Human Resources Department at 770-473-5787. For all other inquiries contact your supervisor, department head or Deputy Privacy Official responsible for area in question.