

While this document will focus primarily on Protected Health Information (PHI), the principles apply to all confidential information. Contracted employees may be exposed to PHI or other confidential information in the course of providing services at County facilities.

You may encounter confidential patient information while working in a County HIPAA-covered facility. All patient information you see or hear must be kept confidential. It is your responsibility to avoid patient information whenever possible and to report any patient information you are exposed to.

Your Role	<p>When you work in a location that has PHI or confidential information it is your duty to avoid accessing, looking at, talking about, or removing any information that you may encounter that does not relate to your job duties.</p> <ol style="list-style-type: none"> 1. Read this document to learn how to comply. 2. Contact your direct supervisor with any questions or to report that you have encountered PHI or confidential information. 3. Sign the form on the last page.
Recognize Protected Health Information (PHI) and confidential information	<p>You may see or hear information related to County patients (such as charts and other paper and electronic records, demographic information, conversations, admission/discharge dates, names of attending physicians, patient financial information, etc.). You may see a patient that you know.</p> <p>PHI is in medical records, billing records, insurance/benefit enrollment, case or medical management records, prescriptions, charts, chart labels, phone messages, unlocked computers, USB drives, faxes, etc. PHI can include conversations or even the fact that you recognize a patient at a location where they are receiving treatment.</p>
What to do if you come across PHI or confidential information?	<p>County employees who work in locations where patient information is found are responsible for keeping PHI and confidential information away from individuals who are not authorized to access that information. However, people make mistakes and you may encounter information that you are not authorized to see or hear.</p> <ul style="list-style-type: none"> • If you find PHI or confidential information on the floor, in trash, or in recycle receptacles please remove it and place it face-down on the nearest desk. <u>Immediately report it to your supervisor.</u> • Never disclose anything about patients to anyone. If you happen to see a friend at a County health services facility, you must not disclose that to anyone else – not to other friends, or your family, or to your friend’s family. • If you gain confidential information, even accidentally, in the course of performing your job duties or as a result of your employment relationship with the County, you must not share it.

What <u>not</u> to do	<ul style="list-style-type: none"> • Do not attempt to view or access any PHI or other confidential information in the County facility. • Do not open desk or file drawers. • Do not remove any PHI or other confidential information from the County facility. • Do not turn over papers to see what is written on them. • Do not put PHI in the trash or recycle bin. • Do not remove any electronic device or equipment from the County facility. • Do not listen in on or disclose any conversations between employees who handle PHI (if you overhear information about patients).
Facility Safeguards	<p>Protect confidential information, equipment and County buildings from unauthorized access.</p> <ul style="list-style-type: none"> • Always report ASAP missing, lost or stolen access cards, badges, metal keys, access codes or keypad-cipher lock combinations. • Always wear and display your County ID badge in the workplace to identify that you're authorized. • Always report any suspicious activities or unknown people in the facility. • Always report any broken locks, doors or windows. • Never share access cards, keys or codes to enter the facility. • Never allow another employee to enter the facility behind you unless that individual has used a valid access card. Tailgating is <u>not</u> allowed.
Sanctions: The Consequences of Violating HIPAA	<p>Covered health care entities are required to develop a system of sanctions for those who violate the entity's HIPAA policies. Sanctions for contractors may include disciplinary action up to and including immediate termination of employment and/or reporting to government agencies. These sanctions are not applicable to: whistleblowers (a member of the workforce who discloses information about a covered health care component); a member of the workforce who is a crime victim; or a workforce member filing a complaint with the Office for Civil Rights (OCR), testifying, assisting or participating in an investigation, compliance review or similar proceeding.</p> <p>Examples of HIPAA Violations:</p> <ul style="list-style-type: none"> • Any negligent or intentional violation of the County HIPAA Policies and Procedures may result in such corrective action as deemed appropriate by the County. • Any unauthorized, willful or malicious release of any information associated with PHI may result in personal civil or criminal liability. <p>Violations may result in notification to law enforcement officials and regulatory, accreditation and licensure organizations.</p>

All patient Protected Health Information (PHI—which includes patient medical and financial information), employee records, financial and operating data of County of Sacramento and any other information of a private or sensitive nature is considered confidential. Examples of inappropriate disclosures include:

- Discussing or revealing confidential information to friends or family members.
- Removing any patient or confidential information from County locations.
- The disclosure of a patient’s presence in the office, hospital, or other medical facility, without the patient’s consent, to an unauthorized party without a legitimate need to know and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of confidential information can subject an individual and the individual’s employer to liability. Disclosure of confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, may result in your immediate removal from the premises and/or revocation of current and future working privileges of the individual and/or company, and may lead to legal action and/or a duty for you to mitigate damages.

Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that patient PHI and other confidential information in County of Sacramento facilities which I may see or hear or otherwise gain knowledge of in the course of my work with County of Sacramento is to be kept confidential, and this confidentiality is a condition of my privilege to work with County of Sacramento. This information shall not be used or disclosed to anyone unless reporting to your supervisor that you have encountered PHI or confidential information. The unauthorized use or disclosure of patient PHI is possible grounds for: immediate removal from the premises; revocation of all future working privileges; legal action; and/or a duty to mitigate damages.

Print First and Last Name, Company and Position:

Sign and Date:

Signature

Date