

<b>Policy Title:</b> Employee Rights Relating to PHI			
<b>Department Responsible:</b> THN Compliance & Integrity	<b>Policy Number:</b> SEC-109	<b>THN's Effective Date:</b> January 1, 2022	<b>Next Review/Revision Date:</b> September 30, 2024
<b>Title of Person Responsible:</b> THN Director of Compliance & Privacy	<b>THN Approval Council:</b> THN Compliance and Privacy Committee	<b>Date Committee Approved:</b> <b>June 9, 2023</b>	<b>Date Approved by THN Board of Managers:</b> August 15, 2023

- I. **PURPOSE.** To provide guidance regarding how Triad HealthCare Network employees protected health information (PHI) is used and stored.
  
- II. **POLICY.** The privacy and security mandates under HIPAA and HITECH place certain restrictions on the acquisition, use, and disclosure of PHI. This policy establishes the minimum care with which PHI in the custody of THN personnel must be accorded.
  
- III. **PROCEDURE.**
  - A. **General:** PHI shall not be obtained, used, or disclosed except as permitted or required by law.
  - B. **Permitted and Required Uses and Disclosures:** PHI may or shall be disclosed to the following:
    1. The patient.
    2. To anyone in the hospital who is directly involved in carrying out treatment, payment, and healthcare operations activities related to the patient as allowed under HIPAA and/or pursuant to and in compliance with a current and valid authorization.
    3. As allowed under a Business Associate Agreement.
    4. To others as allowed or required in the Privacy & Security Mandates under HIPAA and HITECH.
  - C. **Minimum Necessary:** Generally, when obtaining, using, or disclosing PHI, or when requesting PHI from another entity, reasonable efforts must be made to limit the PHI used or disclosed to the minimum necessary to accomplish the intended purpose. However, HIPAA was not intended to severely complicate business processes, and THN may, where appropriate, use a single format to provide data containing PHI for various services.
  - D. **Accounting of Disclosures:** An employee/patient has the right to an accounting disclosure of his/her PHI for up to 6 years following a service.
  - E. **De-identified PHI:** Health information may not be patient-identifiable in the following circumstances:

1. A person with appropriate knowledge and experience with generally acceptable statistical and scientific principles and methods determines that the risk is very small that the information could be used, along or with other reasonable available information, to identify the employee/patient who is the source of the information.
  2. The following identifiers of the employee/patient (and the relatives or household members) are removed:
    - i. Names;
    - ii. Information relating to geographic subdivision if the subdivision contains fewer than 20,000 people;
    - iii. Elements of dates (except year) directly related to the employee/patient;
    - iv. All ages and elements of dates that indicate age for patients over 89 years, unless aggregated into a single category of age 90 years and older;
    - v. Telephone numbers;
    - vi. Fax numbers;
    - vii. E-mail addresses;
    - viii. Social Security numbers;
    - ix. Medical record numbers;
    - x. Health plan beneficiary numbers;
    - xi. Account numbers;
    - xii. Certificate or license numbers;
    - xiii. Vehicle identifiers and serial numbers, including license plate numbers;
    - xiv. Device identifiers and serial numbers;
    - xv. Web Universe Resource Locators (URLs);
    - xvi. Internet Protocol (IP) address numbers;
    - xvii. Biometric identifiers; full face photographic images; and
    - xviii. Any other unique identifying number, characteristic, or code.
  3. As allowed in HIPAA regulation, THN shall provide a number of longitudinal identifiers in the de-identified data. These identifiers shall not allow identification of the employee/patient who is the subject of this data in that:
    - i. These identifiers will be encrypted using industry level encryption techniques; and
    - ii. The method of encryption shall not be divulged to the receiver of the de-identified data.
- F. **Complaint Process:** THN must put into place a process for patients to make complaints about its HIPAA policies and procedures and/or its compliance with those policies and procedures.
- G. **Documentation:** THN must maintain written or electronic copies of all policies and procedures, communications, actions, activities, or designations as are required to be documented in accordance with RR-001, but in no case, for a period of less than 10 years.



H. **Enforcement:** Any workforce member found to have deliberately violated this policy shall be subject to disciplinary action up to and including termination of employment. In the case where inappropriate access, use, or disclosure of PHI was or may have been involved, such workforce members may additionally be reported to the appropriate enforcement agencies.

Date	Reviewed	Revised	Notes
January 1, 2022			Originally Published for DCE
May 2023	X		Reviewed for REACH – no changes