POLICY & PROCEDURE

TITLE: Transport of Protected Health Information (PHI) Outside of Facilities				
Scope/Purpose: Protected Health Information (PHI) must be maintained in a secure environment to reduce risk of unauthorized access. This same standard applies if information must be taken outside of facilities.				
Division/Department: All clinics and departments			**Policy/Procedure #:**	
Original Date: December 3, 2014			**_X_New ___Replacement for:**	
Date Reviewed:	**Date Revised:**	**Implementation:**	**CPIC Approved:**	**Board Approved:**
			January 16, 2015	
Responsible Party: Director of Compliance/QA				

DEFINITIONS:

Protected Health Information (PHI) – Individually identifiable information held or transmitted by a covered entity or business associate, in any form or media, whether electronic paper or oral. PHI includes: demographic data that relates to an individual's past, present or future physical or mental health or condition; the provision of health care to the individual; or the past, present, or future payment for the provision of health care to the individual.

PHI Identifiers – there are eighteen identifiers that must meet the HIPAA Privacy and Security Rules: Names, Geographical identifiers smaller than a state, All elements of dates for dates directly related to an individual, fax numbers, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers, device identifiers and serial numbers, web universal resource locators (URLs), electronic mail addresses, internet protocol (IP) address numbers, biometric identifiers (finger & voice prints), full face photographic images, and any other unique identifying number.

POLICY:

Documents or equipment containing PHI must be maintained in a secure environment. Every effort should be made to contain PHI within the HealthPoint clinics and administrative offices. Transport of these items outside of the facilities is discouraged. However, in the event it is necessary to transport documents or equipment containing PHI outside of the facility, specific security measures must be utilized to ensure all information is protected.

PROCEDURE:

I. Transporting Documents and Other Materials Containing PHI

A. Documents or other materials containing PHI must be placed in a lockable container when leaving the HealthPoint premises.

B. Lockable cases are assigned to each Clinic Manager and departments with the likelihood of PHI transport (i.e. Medical Records).

C. The HealthPoint Courier will secure documents, medications, and any other materials with patient information in a lockable container for delivery to the various facilities.

II. Equipment Containing PHI

A. Equipment under HIPAA restrictions includes laptops, tablets, flash drives or any other portable devices used outside of the facility and may contain protected health information.

B. PHI must not be stored on unencrypted equipment. This includes flash drives.

C. Encrypted equipment and encrypted flash drives are issued when indicated. Management of these devices is coordinated through the Director of Information Technology.

III. Notification of Potential Loss of PHI

A. In the event of accidents, theft, or other potential loss or breach of PHI HealthPoint Administration must be notified immediately.

B. When necessary, such as auto accident, personnel will be dispatched as soon as possible to retrieve the secured container.

C. An occurrence report must be completed and submitted in accordance to the Occurrence Report policy and procedure.

RELATED POLICY:

Management of Medical Records
Occurrence Report

REFERENCES:

HIPAA / HITECH Regulations

REQUIRED BY:

HIPAA/HITECH Regulations

ATTACHMENTS/ENCLOSURES:

POLICY/PROCEDURE TRACKING FORM

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Date of Revision	**Description of Changes**