

**ADAMH BOARD OF FRANKLIN COUNTY
HIPAA Privacy Policy H.01.140**

ADMINISTRATIVE REQUIREMENTS

A. PURPOSE STATEMENT

The purpose of this policy is to identify ADAMH's administrative requirements for the implementation of HIPAA, which include identifying responsible personnel, providing training, and documenting safeguards.¹²

B. SCOPE

This policy applies to all ADAMH workforce members, including Board of Trustees members, employees, volunteers, trainees, and other persons whose conduct, in the performance of work for ADAMH, is under the direct control of ADAMH, regardless of whether they are paid by ADAMH.

C. POLICY STATEMENT

1. Personnel designations
 - a. ADAMH must designate and document designations of the following:
 - i. Privacy Officer: ADAMH shall designate a Privacy Officer to be responsible for the development and implementation of agency-wide policies and procedures relating to the safeguarding of protected health information (PHI).
 - ii. Contact Person for Complaints or Information: ADAMH shall designate a position title that will be responsible for receiving complaints relating to protected health information and for providing information about ADAMH's privacy practices.
2. Training
 - a. ADAMH must train all members of its workforce on the policies and procedures with respect to protected health information, as necessary and appropriate for the members of the workforce to carry out their functions within ADAMH.
 - b. ADAMH must document the following training actions:
 - i. To each member of ADAMH's workforce no later than ADAMH's compliance date: Prior to April 14, 2003, the effective date of the HIPAA privacy regulations, all ADAMH employees and other workforce members received training on applicable policies and procedures relating to protected health information as necessary and appropriate for such persons to carry out their functions within ADAMH.
 - ii. To each new member of the workforce within a reasonable period of time after the person joins ADAMH's workforce;
 - iii. To each member of ADAMH's workforce whose functions are affected by a material change in the policies and procedures, within a reasonable period of time after the material change becomes effective.
3. Safeguards
 - a. ADAMH must have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information.

¹ CFR Title 45, Section 164.530 Administrative Requirements

² Ohio Revised Code 3798.03 Duty of covered entities.

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4. Complaints to ADAMH
 - a. ADAMH must provide a process for individuals to make complaints concerning ADAMH's policies and procedures required 1) to protect the privacy of individually identifiable health information and 2) to provide notification in the case of a breach of unsecured protected health information; or ADAMH's compliance with such policies and procedures or requirements.
 - b. ADAMH must document all complaints received, and their disposition, if any.
5. Sanctions
 - a. ADAMH must have and apply appropriate sanctions against members of its workforce who fail to comply with ADAMH's privacy policies and procedures or the requirements to protect the privacy of individually identifiable health information and provide notification in the case of a breach of unsecured protected health information. This standard does not apply to a member of ADAMH's workforce with respect to actions that are covered by and that meet the conditions of disclosures by whistleblowers and workforce member crime.
 - b. ADAMH must document the sanctions that are applied, if any.
6. Mitigation
 - a. ADAMH must mitigate, to the extent practicable, any harmful effect that is known to ADAMH of a use or disclosure of protected health information in violation of its policies or procedures or the requirements to protect the privacy of individually identifiable health information by ADAMH workforce members or ADAMH business associates.
7. Refraining from intimidating or retaliatory acts
 - a. Neither ADAMH nor any workforce member may intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual (ADAMH workforce member or ADAMH consumer) for the exercise of by any individual of a right established, or for participation in any process provided for by the requirements to protect the privacy of individually identifiable health information and provide notification in the case of a breach of unsecured protected health information, including the filing of a complaint; and
 - b. ADAMH and its workforce members must refrain from intimidation and retaliation if a complaint has been filed with the Secretary of Health and Human Services.
 - c. This includes any issues relating to HIPAA compliance, or against any person for reporting a compliance issue or filing a complaint with the Secretary of the U.S. Department of Health and Human Services, participating in a HIPAA related investigation, compliance review, proceeding or hearing, or engaging in reasonable opposition to any act or practice that the person in good faith believes to be unlawful under HIPAA regulations as long as the action does not involve disclosure of protected health information in violation of the regulations.
8. Waiver of rights
 - a. Neither ADAMH nor any workforce member may require individuals to waive any of their rights under HIPAA as a condition of treatment, payment, enrollment in a health plan, or eligibility for benefits.
9. Policies and procedures
 - a. ADAMH must implement policies and procedures with respect to protected health information that are designed to comply with the standards, implementation specifications, and other requirements related to the privacy of individually

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identifiable health information and notification in the case of breach of unsecured protected health information.

- b. Changes to policies and procedures: ADAMH must change its policies and procedures as necessary and appropriate to conform to changes in law or regulation. ADAMH also may make changes to policies and procedures at other times as long as the policies and procedures are still in compliance with applicable law. Where necessary, ADAMH must make correlative changes in its privacy notice. If a revision affects the disclosures in the privacy notice, the revised policy may not be implemented until the privacy notice is revised, unless otherwise required by law.
- c. Changes in law: Whenever there is a change in law that necessitates a change to ADAMH's policies or procedures, ADAMH must promptly document and implement the revised policy or procedure. If the change in law materially affects the content of the notice of privacy practices, ADAMH must promptly make the appropriate revisions to the notice.
- d. Changes to privacy practices stated in the notice: See H.01.080 – Notice of Privacy Practices for details.
- e. Changes to other policies and procedures: ADAMH may change, at any time, a HIPAA policy or procedure that does not materially affect the content of the notice of privacy practices, provided that:
 - (i) The policy or procedure, as revised, complies with the standards, requirements and implementation specifications of the appropriate subpart; and
 - (ii) Prior the effective date of the change, the policy or procedure, as revised, is documented as required by the next section of this policy.

10. Documentation

- a. ADAMH must maintain the required policies and procedures in written or electronic form and must maintain written or electronic copies of all communications, actions, activities or designations as are required to be documented here under, or otherwise under the HIPAA regulations, for a period of six years from the later of the date of creation or the last effective date. (This is the documentation requirement under HIPAA, but does not necessarily reflect any longer retention period for particular documentation that may be mandated by state or federal law on another basis or ADAMH's records retention schedule.)