

**TO: ALL COUNTY PERSONNEL**

**FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR**

**PREPARED BY: ADMINISTRATION**

**SUBJECT: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY  
ACT (HIPAA) OF 1996**

**PPM #: CW-P-072**

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**ISSUE DATE**  
**April 14, 2003**

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**EFFECTIVE DATE**  
**April 14, 2003**

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**PURPOSE:**

To assure compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**AUTHORITY:**

Board Policy and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**POLICY:**

This policy establishes the Board's commitment to complying with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, which regulates and defines the use and disclosure of protected health information (PHI). It is the responsibility of all County Departments with employees that have access to PHI to establish procedures to ensure compliance with HIPAA and the County's Policies and Procedures.

**PROCEDURES:**

- 1. Definition of Protected Health Information** -The term Health Information means any information oral or recorded in any form or medium that is created or received by a health care provider, health plan, employer, health care clearing house; and relates to the past, present or future physical or mental health condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

2. **Privacy Requirements -**
  - a) Ensure privacy of PHI.
  - b) Disclose PHI as allowed but limited to the minimum amount of information necessary to accomplish the purpose of the use and disclosure.
  - c) Implement necessary policies, procedures, forms and audit trail as necessary to ensure privacy.
  
3. **Individual Rights -** County employees' individual rights include:
  - a) Receive notice of privacy practices
  - b) Inspect and copy own PHI
  - c) Request amendment of record
  - d) Obtain and accounting of disclosures
  - e) Request restriction of use and disclosures
  
4. **Training Program -** It is the responsibility of each County Department to develop a training program for their employees with access to PHI as specifically outlined in their respective Department Policy and Procedures. It is the Department's responsibility to coordinate and facilitate the training in a timely manner.
  
5. **Business Associate Agreement -** A Business Associate is defined as an outside party that receives or discloses PHI. A Business Associate Agreement will be completed if it is determined that this shared health information is necessary.
  
6. **Confidentiality Agreement -** All County employees with access to PHI will be required to sign a confidentiality agreement.
  
7. **Complaint Procedures -** If a County employee feels their rights have been violated, the individual has the right to file a written complaint to the County's Privacy Officer or to the U.S. Department of Health & Human Services as follows:

Brad Merriman, Assistant County Administrator  
301 N. Olive Avenue, 11<sup>th</sup> Floor  
West Palm Beach, FL 33401  
(561) 355-4019  
Or  
U.S. Department of Health & Human Services  
Hubert H. Humphrey Building  
200 Independence Ave. S.W.  
Washington, D.C. 20201
  
8. **Mitigation of Inadvertent Disclosures of Protected Health Information -** The County shall mitigate, to the extent possible, any harmful effects that become known

to it of a use or disclosure of an individual's PHI in violation of the policies and procedures set forth in this Policy. As a result, if an employee becomes aware of a use or disclosure of protected health information, either by an employee of the County or an outside consultant/contractor, that is not in compliance with this Policy, immediately contact the Privacy Official so that the appropriate steps to mitigate the harm to the participant can be taken.

- 9. No Intimidating or Retaliatory Acts; No Waiver of HIPAA Privacy** - No employee may intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals for exercising their rights, filing a complaint, participating in an investigation, or opposing any improper practice under HIPAA. No individual shall be required to waive his or her privacy rights under HIPAA as a condition of treatment, payment, enrollment or eligibility.
- 10. Consequences of Non-Compliance** - Violations of Departmental or Countywide PPM's relating to HIPAA will be subject to disciplinary action as described in the disciplinary guidelines of the Palm Beach County Merit Rules up to and including termination.
- 11. Privacy Officer** - The privacy officer will serve as the contact person for questions, concerns or complaints about the privacy of their PHI. The Privacy Officer is designated by the County Administrator.

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**ROBERT WEISMAN**  
**COUNTY ADMINISTRATOR**