



VOLUME 6: HEALTH INFORMATION MANAGEMENT	Effective Date: 01/2002
CHAPTER 2	Revision Date: 02/2017
6.2.2 SECURITY AND PRIVACY PROCEDURE	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. PROCEDURE OVERVIEW

California Correctional Health Care Services (CCHCS) Health Information Management (HIM) shall ensure all employees are informed of and follow established rules, guidelines, and statutes that protect patient privacy, security, access to, use, and disclosure of Protected Health Information (PHI). As new technologies evolve with the use of computerized patient health records, HIM staff shall implement and reinforce procedures for authorizing access to PHI.

II. RESPONSIBILITY

Under the direction of the Deputy Director, Medical Services, HIM Headquarters, Institution Health Records, and Health Record Center staff are responsible for the oversight, implementation, monitoring and evaluation of this procedure.

III. DEFINITIONS

Protected Health Information: Information created or received by CCHCS which identifies or can be used to identify an individual as it relates to past, present, or future health conditions; health care services provided to the individual; or health care related payments. This applies to information that is transmitted or maintained in verbal, paper, or electronic form.

IV. PROCEDURE

A. PHI Identifiers

Any of the following personal data identifiers, used in combination with a medical condition, becomes PHI and shall not be disclosed without proper authorization or approval.

1. Names.
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes. However, the initial three digits of a zip code may remain on the information if, according to current publicly-available data from the Bureau of the Census, the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits for all such geographic unit containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) directly relating to the patient, including birth date, dates of admission and discharge from a health care facility, and date of death. For persons age 90 and older, all elements of dates (including year) that would indicate such age must be removed, except that such ages and elements may be aggregated into a single category of “age 90 and older.”
4. Telephone numbers.

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5. Fax numbers.
6. Electronic mail addresses.
7. Social security numbers.
8. Health record numbers.
9. Health plan beneficiary numbers.
10. Account numbers.
11. Certificate or license numbers.
12. Vehicle identifiers and serial numbers, including license plate numbers.
13. Device identifiers and serial numbers.
14. Web Universal Resource Locators.
15. Internet Protocol address numbers.
16. Biometric identifiers, including fingerprints and voiceprints.
17. Full face photographic images and any comparable images.
18. Any other unique identifying number, characteristic, or code.

B. Accountability

1. All CCHCS/CDCR health care employees shall ensure PHI is covered or unable to be viewed at all times when information is not in use.
2. All computerized systems shall be protected with a unique user ID and a complex password.

C. Backup and Storage of PHI

1. All CCHCS/CDCR health care employees shall ensure that any tampering of PHI is identified and reported to the Information Security Officer.
2. HIM, Health Records, and Information Technology Units shall ensure:
 - a. The use of appropriate technical safeguards, as stated in 45 Code of Federal Regulations Part 164, Subpart C, to restrict access to, protect the integrity of, and guard against the unauthorized access to electronic PHI.
 - b. Any tampering of PHI is identified and reported, as appropriate.
 - c. Availability of health information is readily accessible to the extent possible.
 - d. Capability of storing information pursuant to retention requirements.
 - e. Availability of backup and restore operation.
 - f. Management review of security periodically for necessary changes as a result of technology evolution.
 - g. Periodic risk assessments conducted by management in accordance with State Administrative Manual, Section 5305.6, Risk Management, to ascertain the threats and vulnerabilities that impact CCHCS and HIM assets, and implement appropriate mitigations.

IV. REFERENCES

- Code of Federal Regulations, Title 45, Part 164, Subpart C
- Health Insurance Portability and Accountability Act, Summary of HIPAA Privacy Rules
- Health Insurance Portability and Accountability Act, Summary of HIPAA Security Rules
- Health Insurance Portability and Accountability Act, Protected Health Information
- California Civil Code, Sections 56-56.37, Medical Information Confidentiality
- California Health and Safety Code, Sections 1275-1289.5, Health Facilities Data Breach
- State Administrative Manual, Section 5305.6, Risk Management

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- Clark M., Gregg C., Hughes G., Lessig R., Morris D., & Wieland L. (2001) Documentation for ambulatory care (Revised ed.). American Health Information Management Association. Chicago, IL
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 13, Privacy