

LOUISIANA HEALTH CARE QUALITY FORUM

POLICY: Compliance with Privacy and Security Laws and Protocol	EFFECTIVE: 10-01-2011
DEPARTMENT: LHCQF; LaHIE	REVISED:

PURPOSE

To outline the protocol used to maintain the confidentiality, privacy and security of individuals' protected health information in accordance with applicable state and federal regulations, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

PROCESS

1. Compliance with Privacy Laws, Regulations and Policies:

- a. All Participants must comply with state and federal laws and regulations, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), related to the use and disclosure of Confidential Health Information.
- b. LaHIE has implemented appropriate operational and technical safeguards to prevent the improper use and disclosure of Confidential Health Information. In the same way Participants must safeguard Confidential Health Information contained in records within their facility, they have the responsibility not to use or disclose information obtained through LaHIE inappropriately.

2. Responsible Parties:

- a. LHCQF's Health IT Director is the designated LHCQF Privacy and Security Officer.
- b. LHCQF's Health IT Director or designee of LaHIE has primary responsibility for execution and revision of the privacy and security policies, for ensuring audits occur by LaHIE staff and that results and corrective actions are undertaken and reported as appropriate. The Health IT Director or his/her designee will oversee the activities of LaHIE to evaluate compliance by Participants with this policy and enforce its terms.
- c. An annual privacy and security internal audit plan will be developed by the Health IT Director or designee based on guidance from ONC and HIPAA regulations. This plan will receive input and direction from LHCQF's HIT Advisory Council and LHCQF's Board of Directors will be the governing body for final approval.
- d. Annually, the results of the privacy and security audits will be presented to the HIT Advisory Council for review and to LHCQF's Board of Directors for final approval.

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- e. Participants will have the responsibility to ensure compliance with state and federal laws and regulations, such as HIPAA, to maintain the confidentiality, privacy and security of individuals' protected health information.

3. Business Associate Agreements:

- a. LaHIE will enter into a Participation Agreement with each Participant, which agreement shall include a Business Associate Agreement as required by 45 C.F.R § 164.502(e). LaHIE will ensure that all its contracts and contracts of any subcontracts include a Participation Agreement and/or Business Associate Agreement to the extent required by 45 C.F.R § 164.502(e).

4. Security Practices:

- a. Tracking. Any access by an Authorized User to Confidential Health Information through LaHIE will be subject to an audit trail function that allows tracking and auditing of such access.
- b. Confidentiality and Re-disclosure. Each Participant shall keep confidential any Confidential Health Information obtained through LaHIE and shall only re-disclose such Confidential Health Information as authorized by law.
- c. Virus Protection Software. Each Participant shall install, maintain and update virus protection software that meets minimum standards established by LaHIE as well as HIPAA regulations on all of its computers used for the purpose of accessing Confidential Health Information through LaHIE.
- d. Notification to LaHIE. Each Participant shall promptly notify LaHIE of any use or disclosure of Confidential Health Information in violation of this policy or any related security breach of which it becomes aware. Notwithstanding the foregoing, notification shall be made within 24 hours of actual knowledge. Each Participant shall, in consultation with LaHIE, take reasonable steps to mitigate the potentially harmful effects of any such incident.
- e. Additional Privacy and Security Measures. Participants shall adopt and implement any other privacy and security policies and procedures relating to the use, maintenance and disclosure of Confidential Health Information obtained through LaHIE that are necessary to assure the Participant's compliance with HIPAA and all other applicable confidentiality laws and regulations. Additionally, LaHIE and Participants will implement "reasonable and appropriate" safeguards to protect the security of PHI.

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5. Participants Responsibility for Authorized User Compliance

- a. Limits on Use. Confidential Health Information obtained by an Authorized User through LaHIE may be used or disclosed by the Authorized User for treatment or health care operations purposes only.
- b. HIPAA Training for Authorized Users. Each Participant is responsible for training of all its Authorized Users on compliance with this policy, the HIPAA regulations, other applicable privacy laws and rules and the Participant's privacy and security policies. Each Participant will require each Authorized User to execute an Authorized User Agreement. Authorized Users will include only those individuals who require access to LaHIE to facilitate use of the Data for a Permitted Use. Participant is responsible for its Authorized Users compliance with the terms and conditions of the Participation Agreement and applicable laws and regulations.
- c. Discipline for Violations. Each Participant shall be responsible for disciplining any of its Authorized Users who violate the terms of this policy, HIPAA or other applicable laws and regulations in accordance with its own policies and procedures. Notwithstanding the foregoing, LaHIE reserves the right, in its sole discretion, to terminate (or cause the applicable Participant to terminate) the access to LaHIE of any Authorized User who violates the terms of this policy, HIPAA or other applicable laws or regulations.
- d. Audits. LaHIE will conduct periodic audits of appropriate access to Confidential Health Information in accordance with LaHIE's audit policies. Participants are also encouraged to conduct periodic audits of appropriate access to their patient's Confidential Health Information in accordance with their privacy and security policies.

6. Access by LaHIE and LHCQF staff

- a. Notwithstanding anything to the contrary set forth in these Policies, LaHIE and LHCQF staff shall not have access to any Confidential Health Information through the LaHIE System other than in connection with the performance of audits in accordance with the Audit Policy, testing the functionality and operational support of LaHIE; provided that LaHIE/LHCQF staff's access to Confidential Health Information shall be limited only to such information as may be reasonably necessary for such auditing, testing and/or operational support functions.

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APPROVAL:

Cindy Munn

Executive Director

Louisiana Health Care Quality Forum