Alameda County Health

Housing and Homelessness Services
Health Care for the Homeless

POLICY NAME
Patient Access to Electronic Medical Records and Patient Portal

POLICY STATEMENT
Patients have a legal right to access their medical records. HCH provides patients access through Epic's patient portal, MyChart. This ensures compliance with legal and regulatory requirements while promoting transparency and patient engagement in their healthcare.

PURPOSE/SCOPE
To provide patients with secure and convenient access to their health records, enhancing their ability to participate in their healthcare and make informed decisions. This policy applies to all ACHCH patients, healthcare providers, and administrative staff involved in managing electronic health records and patient portal access.

DEFINITIONS

- **Electronic Medical Records (EHR):** Digital versions of patients' paper charts that include medical history, diagnoses, medications, treatment plans, immunization dates, allergies, radiology images, and laboratory test results.
- **Patient Portal:** A secure online platform that allows patients to access their EHR, communicate with healthcare providers, request appointments, and manage their health information.
- **MyChart:** Epic's patient portal platform, which has been branded MyAHS for patients utilizing Alameda Health System's Epic system.

PROCEDURES

1. **Eligibility for Access**
    - All ACHCH consented patients are eligible for access to their EHR via the MyChart portal.
    - Patients must have an email to sign up for MyChart.
    - ACHCH county direct services staff must ask all patients at the time of registration if they wish to sign up for MyChart.

2. **Registration for MyChart**
    - Patients must complete a registration process, which includes:
        - Providing valid identification (e.g., driver's license or government ID).
        - Completing a consent form acknowledging understanding of privacy policies.
        - Setting up secure login credentials (username and password).

- Registration may be completed online, via mail, or in person at healthcare facilities.

3. **Accessing records through MyChart**
    - Patients can log into the patient portal using their secure credentials.
    - Access is available 24/7, allowing patients to view:
        - Medical history
        - Test results
        - Medication lists
        - Upcoming appointments
        - Billing information

4. **Security and Privacy**
    - All patient data is protected in compliance with HIPAA regulations and relevant state laws.
    - Patients are advised to keep their login information confidential and report any suspected breaches immediately.
    - Regular audits of the portal will be conducted to ensure compliance and security.

5. **Requesting Changes to Records**
    - Patients may request corrections to their medical records through the patient portal or by contacting the healthcare provider's office directly.
    - Requests will be reviewed in accordance with legal guidelines and processed within 30 days.

6. **Technical Support**
    - Technical support for the patient portal by calling the AHS MyChart Patient Support Line at 510-437-4108.
    - Patients should receive assistance with login issues, navigation, and any other technical concerns.

7. **Patient Responsibilities**
    - Patients are encouraged to:
        - Regularly review their EHR for accuracy.
        - Update their personal information as needed.
        - Notify healthcare providers of any discrepancies or concerns.

8. **Policy Review and Updates**
    - This policy will be reviewed annually and updated as necessary to reflect changes in laws, regulations, or operational procedures.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA)

REVISION HISTORY

Version	Description of change	Effective Date	Date Approved by ACHCH Commission
0	Original	Effective date	Commission meeting date
1	Revision		

Alameda County Health

Housing and Homelessness Services
Health Care for the Homeless

NAME OF POLICY

Retention, Storage, and Disposal of Medical Records/Protected Health Information

PURPOSE

The purpose of this Policy is to establish a process for the retention, storage, and destruction of medical records/protected health information in accordance with federal and state regulations.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

ABBREVIATIONS

1. EHR – Electronic Health Record
2. HIPAA – Health Insurance Portability and Accountability Act
3. PHI – Protected Health Information

STANDARD OPERATING PROCEDURE & RESPONSIBILITIES

1. Retention of Medical Records

a) Medical records are retained for the period specified by Federal and California State statute.

- Minimum period:
    - Adult patients: 7 years following the patient's last contact date (billable or non-billable).
    - Minor patients: At least one year after patient turns 18, but no less than 7 years following the patient's last contact date (billable or non-billable).

b) Medical records may be retained for longer periods of time when required by law, when necessary for continuity of care, or to meet longer retention periods stipulated for minors.

c) Medical record documentation/PHI entered/uploaded into HCH's EHR should be retained indefinitely.

2. Storage of Medical Records/PHI

a) When feasible, all patient medical record documentation/PHI should be directly input into HCH's EHR.

b) All physical patient medical record documentation/PHI generated outside of HCH's EHR should be entered into HCH's EHR within 24 hours of the patient encounter and no later than 3 business days, if urgent circumstances arose that would prevent staff from completing medical record documentation within 24 hours of the patient encounter.

c) All physical patient medical record documentation/PHI should be secured and stored in accordance with ACH's Privacy and Security Policies and Procedures and HCH's Policy for the Transporting and Off-Site Storage of Protected Health Information.

d) All physical patient medical record documentation/PHI that needs to be uploaded to HCH's EHR must be scanned and securely stored in HCH's S:drive, in the respective secure patient program folders, to be uploaded to HCH's EHR.

e) Storage of medical records/PHI outside of HCH facilities is in approved, HIPAA-compliant facilities with which HCH has signed Business Associates Agreements.

3. Destruction of Medical Records/PHI

a) Destruction of Medical Records/PHI in paper-based formats is accomplished through shredding, radiologic film formats through HIPAA compliant destruction.

b) Destruction of devices and/or media storing Medical Records/PHI in digital formats is accomplished through procedures stipulated in ACH's Privacy and Security Policies and Procedures or IT Security Policies and Procedures for protection of electronic patient information.

c) If destruction of Medical Records/PHI in paper-based, radiologic film, or digital formats is accomplished through a contractor, it is one with which HCH has signed a Business Associates Agreement to ensure HIPAA compliant destruction.

REFERENCES AND RESOURCES:

1. ACH's Privacy and Security Policies and Procedures
2. HCH's Policy for the Transporting and Off-Site Storage of Protected Health Information.
3. IT Security Policies and Procedures for protection of electronic patient information.

REVISION HISTORY

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1	Revision			

Alameda County Health

Housing and Homelessness Services
Health Care for the Homeless

ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS
1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

Alameda County Health Care for the Homeless (ACHCH) Guidelines

Title: ACHCH Vehicle Guideline

Guideline Number:

Approved by: Human Resources

Effective date: 5/1/2023

Guideline Owner: ACHCH Director

Revision date(s): 2/3/21, 4/1/21, 4/17/23, 4/17/23, and 6/14/24

PURPOSE

This guide was developed for employees who use County vehicles to conduct ACHCH business.

SCOPE

The use of County vehicles is voluntary and not required. This guideline applies to all ACHCH employees, providing ACHCH services using a County vehicle.

PROVISIONS

I. General

a. Vehicles are used for ACHCH program services, and any unauthorized use of a vehicle is prohibited.
b. Authorized users must obey all current traffic and parking regulations.
c. Turn off vehicle and lock doors when not in use or vacating vehicle for any period of time.
d. Use of hazard lights drains the battery of electric vehicles and routine use should be limited.
e. Smoking is prohibited.

II. Vehicle Incident Reporting

a. All incidents involving authorized users of the vehicle shall be promptly reported to the authorized user's supervisor and to the Health and Safety Coordinator at Alameda County Health Human Resources.

III. Reserving a County Vehicle

a. To reserve a vehicle, select the following link: http://alcoweb/gsa/mv/forms.htm

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IV. Vehicle Repairs and Maintenance

a. Follow and drop off vehicles at GSA MV garage per preventative maintenance scheduled included with each vehicle.
b. Phone Number for GSA MV garage: (510) 272-6403.
c. Contacts for ALCO Parking:
    i. Adrianne.Bareilles@acgov.org;
    ii. AL.Garcia@acgov.org or (510) 272-6403

V. Transporting Patients

a. Car or van:
    i. The maximum number of individuals allowed to ride in a vehicle at any given time should not exceed the maximum number of functioning seatbelts in the vehicle.
    ii. Clean high touch surfaces of vehicle with disinfectant at the beginning and end of each shift, such as steering wheels and seat belt buckles.
    iii. No eating or drinking in vehicles.

Other Safety Considerations When Transporting Patients

a. Two staff members must be present when transporting patients.
b. Staff should not transport patients who are displaying signs of escalating behavior including pacing, pounding fits, pointing fingers, shouting, or screaming.
c. Patients with a known history of violence should not be transported in County vehicles; staff should consult their supervisor for advice on how to proceed with facilitating transport for patients with a known history of violence.
d. Patients (and driver) must wear seatbelts at all times when the vehicle is in motion.
e. Patients should never be left unattended in a vehicle.
f. If transporting a patient by car, the patient's personal property must be transported in the trunk of the vehicle.
g. Personal vehicles should not be used to transport patients.

VI. Transportation of the following is prohibited

a. Weapons of any kind.
b. Alcohol, or illicit drugs.

VII. Vehicle Cleaning

a. General Services Agency has updated their Clean Commute Program.

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b. Vehicles shall be left in the same or better condition than found.
c. Each authorized user holds a personal responsibility to keep vehicle spaces and surfaces clean.
d. Each authorized user who produces trash shall remove their trash upon conclusion of their workday.

VIII. Interior Cleaning for the Purpose of Disinfecting Exposed Surfaces and Limiting Possible Pathogen Exposure

a. Wash your hands before and after using a County vehicle.
b. Use the provided bleach-containing wipes before entering and after exiting the vehicle to wipe down all surfaces, especially high contact areas (e.g., all door handles, steering wheel, seat belts, control panel) at least once during the conclusion of work and whenever contamination is suspected to occur.
c. The van should be taken to DAD Services, Inc for an Environmental Services cleaning at least once per month, and as needed, located at 6681 Foothill Boulevard, Oakland, CA, 94605.
   i. DAD Services, Inc phone number is (510) 568-5951.
   ii. DAD Services, Inc will also clean the van exterior once a month.

IX. Exterior Cleaning

a. Health Care for the Homeless has an existing contract with High Street Car Wash and Oil Change located at 569 High St., Oakland, CA 94601, for vehicle exterior cleaning.
b. As needed, authorized users shall reasonably attempt to keep the exterior clean by visiting the contracted vendor.
c. When at the vendor location, authorized users must notify vendor to bill Alameda County Health Care for the Homeless.
d. Questions should be directed to supervisor.
e. High Street Car Wash and Oil Change telephone number: (510) 536-4333.

RESOURCES:

1. **https://www.acgov.org/cao/rmu/programs/claims/incident.htm**

REVISION HISTORY

Version	Description of change	Approved by ACHCH Commission	Date

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1	Original		10/17/23
5	Masking Requirement Update		6/14/24

Alameda County Health

Housing and Homelessness Services
Health Care for the Homeless

NAME OF POLICY

Medical Records Request

PURPOSE

The purpose of this Policy is to establish a process for patients to request and received their medical records in a timely manner.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

ABBREVIATIONS

1. HIPAA – Health Insurance Portability and Accountability Act
2. ROI – Release of Information

STANDARD OPERATING PROCEDURE & RESPONSIBILITIES

Requesting Medical Records:

1. Patient requests a ROI by one of the following methods.
    a. Phone: (510) 891-8950
    b. Email: achch@acgov.org
    c. MyChart: Sign in to MyChart (Confirm with Lillawa?)
    d. In person/by mail: 1404 Franklin St. Suite 200, Oakland, CA 94612-3208
2. Patient completes ROI to request that their medical record be released to them or to an authorized third party.
3. Patient submits completed ROI by fax, mail, or in person to ACHCH.
    a. Fax: (510) 832-2104
    b. Administrative Office: ACHCH, 1404 Franklin St. Suite 200, Oakland, CA 94612-3208
4. Additional Requirements:
    a. Photo ID: Must include a legible copy of patient photo ID or other government-issued ID along with the authorization form for identity verification purposes. If picking up the records in-person, patient will be asked to provide photo ID at that time.
    b. If requestor is someone other than the patient: In addition to a Photo ID, please include a copy of valid supporting documentation that gives you authority to request records on behalf of the patient.

i. Acceptable forms of supporting documentation include:
    1. Death Certificate and Executor of the Estate (for deceased patients only)/personal representative of the decedent (i.e., the person under applicable law with authority to act on behalf of the decedent or the decedent's estate)
    2. Power of Attorney (must include a provision that allows medical decision-making and/or release of medical records)
    3. Power of Attorney for Health Care (must include a provision that allows release of medical records)
    4. Some other form of documentation (subject to final review)

Responding to Medical Records Requests:

1. Per the HIPAA Privacy Rule, HCH staff confirm the medical records request includes a HIPAA-compliant authorization (i.e., ROI).
2. Medical records requests will be processes and sent as soon as possible but no later than 15 business days from the date received.
3. All medical records requests will be uploaded to the patient's chart in HCH's EHR and processed through HCH's EHR.
4. For patient medical records requests where no patient medical records exist, HCH will notify requestor as soon as possible but no later than 15 business days from the date received that no medical records exists and shred medical records request.
5. Medical records will be faxed to the requestor or authorized third party unless the requestor or authorized third party request that the medical records be mailed or picked up in person.

REFERENCES AND RESOURCES:

1. **Summary of the HIPAA Privacy Rule | HHS.gov**

2. ROI

REVISION HISTORY

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1	Revision			

Alameda County Health

Housing and Homelessness Services
Health Care for the Homeless

POLICY NAME
Staff Access to EpicCare Electronic Health Record (EHR)

PURPOSE
To establish guidelines for access to the Electronic Health Record (EHR) system to protect patient privacy, ensure data integrity, and comply with applicable laws and regulations.

SCOPE/COVERAGE
This policy applies to all ACHCH employees, contractors, and authorized users who access EpicCare Ambulatory via the Community Connect agreement with Alameda Health System (AHS).

POLICY STATEMENT
Access to the EHR system is limited to authorized personnel based on their role and responsibilities. Access must be granted according to the principles of least privilege and need-to-know. ACHCH must only use the system to access records for consented ACHCH patients.

DEFINITIONS
- **EHR (Electronic Health Record):** A digital version of a patient's paper chart.
- **EpicCare:** Ambulatory Epic module used by county ACHCH providers via a Community Connect agreement with Alameda Health System (AHS)
- **ISLR:** Information System Logon Request (AHS Form)
- **Access Control:** Mechanisms that restrict access to the EHR based on user roles.

ACCESS LEVELS:
Access to the EHR will be categorized into the following levels:
- **Full Access:** For users who require comprehensive access for patient care (e.g., physicians, registered nurses, social workers).
- **Managers/Limited Access:** For users who require specific access to view records and service utilization to perform their duties (e.g., analysts, managers, administrators).

USER AUTHORIZATION
- **Request for Access:** Upon hire, the supervisor must submit a formal request for access to the EHR by notifying the EHR Manager. EHR Manager submits a service request to the AHS Community Connect Project Manager and copies the ACHCH Deputy Director on the request.
- **Role-Based Access:** Access will be determined based on user roles defined in the organization's job descriptions. EHR Manager will answer checklist items to guide user's specific setup and configurations completed by AHS analyst.
- **Approval:** AHS Community Connect Project Manager submits a ISLR or Information System Logon Request with role-specific information for approval by AHS security team
- **Deactivation:** Supervisor must notify EHR Manager of employee end date, and EHR Manager will submit a deactivation request to AHS Community Connect Project Manager, who will submit the ISLR change request to terminate access on the last date of employment.

UNIQUE USER ID

- Staff are assigned a unique user ID, assigned by the AHS Help Desk, after account approvals have been obtained.
- Staff must not share their unique user ID with any other staff for use and access to the system.

AUTHENTICATION

- Users are required to setup Microsoft 2 factor authentication application once new user credentials have been provisioned by contacting the AHS IS Service Center at (510) 437-4503 (xt44503) or sending an email to isservicecenter@alamedahealthsystem.org.
- Users are required to use 2 factor authentication with each login.

PASSWORD MANAGEMENT

Creating a Strong Password

ACHCH end-users are responsible for creating strong passwords, using these best practices:

- Combine short, unrelated words with numbers or special characters. For example: eAt42peN
- Make the password difficult to guess but easy to remember
- Substitute numbers or special characters for letters. (But do not just substitute) For example:
    - livefish - is a bad password
    - L1veF1sh - is better and satisfies the rules, but setting a pattern of 1st letter capitalized, and i's substituted by 1's can be guessed
    - l!v3f1Sh - is far better, the capitalization and substitution of characters is not predictable

Bad Passwords: Three-Strikes before Account De-Activation

End-users using compromised passwords more than 3 times will be barred from signing into AHS' Epic and any AHS system. After the 3rd strike AHS shall:

1. Disable the account(s)
2. Require ACHCH to re-train the user(s) on how to create a strong, non-compromised password. ACHCH shall email confirmation to AHS that the user training is complete. AHS will re-activate the account(s)
3. If ACHCH staff uses a compromised password for a fourth time, even after 3 strikes and re-training, the user will be banned from ever signing to an AHS system

ACCESS MONITORING

- HCH agrees to abide by AHS' policies and procedures for security and privacy protection of electronic patient records, including user auditing.
- Access to confidential patient records or sensitive patient clinical information is protected through Epic's break-the-glass feature, which requires an user to attest to a need to know the information. AHS reviews regular reports on break-the-glass activity to ensure appropriate use and access of records.

- If HCH has concerns of inappropriate use or potential breaches, Deputy Director or Direct Services Supervisor are required to submit a service request to AHS for an audit report which will be reviewed by the clinical leadership team. If approved, the report request will be assigned to an analyst and the report will be provided to support with an investigation.

TRAINING

- All users must undergo training on EHR access limitations and data privacy as part of their onboarding process.
- System credentials are provided only after user has completed required role based EHR training and HIPAA privacy and security training and has signed the Alameda County Health HIPAA confidentiality agreement and the AHS Epic Community Connect Terms and Conditions.
- Ongoing training sessions will be held annually or whenever significant changes to the EHR system occur.

CONSEQUENCES OF VIOLATIONS

Violations of this policy may result in disciplinary action, up to and including termination of employment, as well as legal action if applicable.

REFERENCES AND RESOURCES:

Frequently Asked Questions https://haveibeenpwned.com/FAQs

REVISION HISTORY

Version	Description of change	Effective Date	Date Approved by ACHCH Commission	HRSA Review Date
0	Original	Effective date (typically after *staff receive training on the new* P&P)	Commission meeting date	Date of Operational Site Visit
1	Revision			

Alameda County Health

Housing and Homelessness Services
Health Care for the Homeless

NAME OF POLICY

Privacy Policy

PURPOSE

The purpose of this policy is to provide guidance to Alameda County Health Care for the Homeless (HCH) staff, contracted providers, students, volunteers, and contractors by setting forth the basic requirements for protecting the confidentiality of patient medical information. It provides an overview of the Health Insurance Portability and Accountability Act (HIPAA), other Federal privacy and security regulations, and State healthcare privacy and security regulations.

STATEMENT OF POLICY

It is the policy of HCH to comply with HIPAA, HITECH Act, 42 CFR Part 2, and other Federal privacy regulations and State healthcare privacy regulations. Each division and unit shall ensure that its policies and procedures are consistent with this department-wide policy and procedure.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements; this policy will refer to these individuals as “HCH employees.”

ABBREVIATIONS

1. HIPAA – Health Insurance Portability and Accountability Act
2. PHI – Protected Health Information

BACKGROUND

HIPAA was established to protect the privacy of individuals receiving health care services. HIPAA establishes a national standard for the minimum level of protection for medical information. The intent of the statute and the regulatory rule is to expand consumer control over their medical information. The HIPAA Privacy Rule protects all “individually identifiable health information” held or transmitted by a covered entity in any form or media, whether electronic, paper, or oral. The HIPAA Privacy Rule calls this information "Protected Health Information" or "PHI." PHI is information relating to an individual’s health, the care received, and/or payment for services plus patient identifying data. See Appendix A for a list of patient

identifiers.

PHI is information, including demographic data, that relates to:

- the 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, and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. Individually identifiable health information includes many common identifiers such as name, address, date of birth, and Social Security number.

Examples of PHI include a medical record, claim or bill, assessment form, and sign-in sheet for a group therapy session. The basic tenet of HIPAA is that providers may use and disclose PHI without the individual's authorization only for treatment, payment, and health care operations. A patient's authorization is not required for certain public interest related purposes such as public health reporting. Other uses and disclosures of PHI generally require the written authorization of the individual.

HIPAA also includes the concept of "minimum necessary." This requirement mandates that when using or disclosing PHI, or when requesting PHI from external providers or entities, providers will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose. HIPAA does recognize that providers may need to use an individual's health information in the provision of patient care and/or public health purposes. However, access to PHI by the workforce must be limited based on job scope and the need for the information.

HIPAA includes a set of rights for consumers of health care services. Examples include the right to obtain a written notice explaining how their information will be used and disclosed, as well as how they can access and receive copies of their health information, and request that information be communicated in particular ways to protect confidentiality.

This policy provides an overview of the requirements of HIPAA. HIPAA contains a separate address of electronic data generation and transmission, called the Security Rule. The Security Rule focuses on ensuring that protected health information in an electronic format (ePHI) remains secure, while allowing covered entities to adopt new technologies to improve quality and efficiency of patient care. Examples of ePHI are the electronic medical record, datasets from data systems which contain PHI and any PHI sent electronically such as via email.

COMPARISON WITH EXISTING STATE LAWS

California also has a privacy statute known as the California Confidentiality of Medical Information Act (CMIA). CMIA defines who may release confidential medical information and under what circumstances. CMIA prohibits the sharing, selling, or otherwise unlawful use of medical information. CMIA also imposes requirements on the written authorization used for

disclosure of medical information. The Lanterman- Petris-Short Act ("LPS Act") applies to Psychiatric Emergency Services (PES), and inpatient psychiatry. Further, other Federal and State statutes provide additional protection for medical, behavioral health and substance use disorder information in situations where laws conflict or overlap, HCH must comply with the law that provides the patient with the greatest protection.

STANDARD OPERATING PROCEDURE & RESPONSIBILITIES

I. Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations

1. HCH employees, affiliates, and contract providers may use PHI for treatment, payment, and health care operations without an individual's authorization.

2. Treatment, payment, and health care operations are defined as follows:

   (1) **Treatment** means providing, coordinating, or managing a patient's care and related services among health care providers. Treatment includes patient education and training, as well as consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

   (2) **Payment** means activities related to being paid for services rendered. Payment encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care. In addition to the general definition, common examples of payment activities include, but are not limited to, the following:

      - Determining eligibility or coverage under a plan and adjudicating claims;
      - Risk adjustments;
      - Billing and collection activities;
      - Reviewing health care services for medical necessity, coverage, justification of charges, and eligibility determinations;
      - Utilization review activities; and
      - Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the covered entity).

   (3) **Health care operations** are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core

functions of treatment and payment. These activities, which are limited to the activities listed in the definition of "health care operations" at 45 CFR 164.501, include:

- Conducting quality assessment and improvement activities, population- based activities relating to improving health or reducing health care costs, and case management and care coordination;
- Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims;
- Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs;
- Business planning and development, such as conducting cost- management and planning analyses related to managing and operating the entity; and
- Business management and general administrative activities, including those related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

Looking at patient information without having a permitted and legitimate business purpose is against the law; HCH may restrict, suspend, or permanently revoke a user's access to any confidential information and/or data systems, initiate and/or recommend disciplinary action (including termination), and, if applicable, report a user to regulatory bodies including professional boards.

II. Minimum Necessary Uses and Disclosures

1. When using or disclosing PHI, or when requesting PHI from a non-HCH provider or entity, HCH providers and staff shall make reasonable efforts to limit the PHI requested, used, or disclosed to the minimum necessary to accomplish the patient's care.

2. HCH shall identify those in its workforce who need access to PHI and limit access based on job scope and the need for the information. This includes limiting access in the Electronic Health Record (EHR).

3. The *minimum necessary* requirement does not apply to the following:

    e. Disclosures to, or requests by, a HCH health care provider for treatment purposes;
    f. Uses or disclosures made to the individual who is the subject of the information;
    g. Uses or disclosures made pursuant to the individual's authorization;
    h. Disclosures made to the Secretary of the Department of Health and Human Services when disclosure is required for enforcement purposes; and
    i. Other uses or disclosures such as those required by law, made pursuant to a subpoena or court order for workers' compensation purposes.

III. Enforcement

a. Each HCH employee is responsible for understanding and complying with this policy and HIPAA.

b. Each HCH employee is required to complete the annual compliance and privacy training every calendar year, which includes verifying agreement and compliance with the HCH User Agreement for Confidentiality, Data Security, and Electronic Signature. In addition, every calendar year, each HCH employee is required to acknowledge that they have read and understand the standards included in the HCH Code of Conduct and agree to comply fully with these standards.

c. HCH employees who violate HIPAA and other privacy regulations may be disciplined through the civil service process, up to and including termination, and in accordance with any applicable Memorandum of Understanding.

d. The Federal Office for Civil Rights ("OCR") of the Department of Health and Human Services will enforce HIPAA on behalf of the Federal government. HCH employees, patients, and clients may file a complaint with the OCR and are not required to use the HCH complaint process.

e. There are both civil monetary penalties and criminal sanctions for violations of HIPAA and CMIA, and other federal and state privacy and security rules.

f. Criminal sanctions, including larger fines and imprisonment, may be imposed for knowingly disclosing or obtaining PHI in violation of HIPAA.

Appendix A
HIPAA 18 Patient Identifiers

HIPAA specifies 18 elements in health data that are considered patient identifiers. If any are present, the health information is considered PHI and **cannot** be released without patient authorization.

• Name	• Social Security Number (SSN)
• Postal Address	• Account numbers
• All elements of dates, except year	• License numbers
• Telephone numbers	• Health plan beneficiary numbers
• Fax numbers	• Device identifier and their serial numbers
• Email address	• Vehicle identifiers and serial numbers
• URL address	• Biometric identifier (including finger and voice prints)
• IP address	• Full face photo and other comparable images
• Medical record number	• Any other unique identifying number, code or characteristic

REFERENCES AND RESOURCES:

1. The HIPAA Privacy Rule: Privacy | HHS.gov

REVISION HISTORY

Version	Description of change	Effective Date	Date Approved by ACHCH Commission	HRSA Review Date
0	Original	Effective date (typically after staff receive training on the new P&P)	Commission meeting date	Date of Operational Site Visit

1	Revision			

Alameda County Health

Housing and Homelessness Services
Health Care for the Homeless

NAME OF POLICY

Informing Materials

PURPOSE

The purpose of this Policy is to ensure that all patients of Alameda County Health Care for the Homeless (ACHCH) health center are informed of their rights and limits to confidentiality as ACHCH health center patients and that procedures are in place for ensuring patient consent is documented in patients' records.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the ACHCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

STANDARD OPERATING PROCEDURE & RESPONSIBILITIES

ABBREVIATIONS

1. NPP – Notice of Privacy Practices
2. ROI – Release of Information
3. TPO – Treatment, Payment, and Health Care Operations

DEFINITIONS

1. Informing Materials
    a. Consent to Treatment and Services
    b. NPP
    c. Authorization for Use and Disclosure of Protected Health Information by Unsecured Means of SMS Mobile Phone Test Messaging

Provisions and Responsibilities:

1. Staff must review "Informing Materials" with the patient (and/or legal representative, if applicable) during the initial ACHCH health center intake/registration process and offer the patient (and/or legal representative, if applicable) hard copies of the "Informing Materials."
2. "Informing Materials" must be reviewed with the patient (and/or legal representative, if applicable) in their preferred language or communication method, and in enough detail for the general content to be understood.

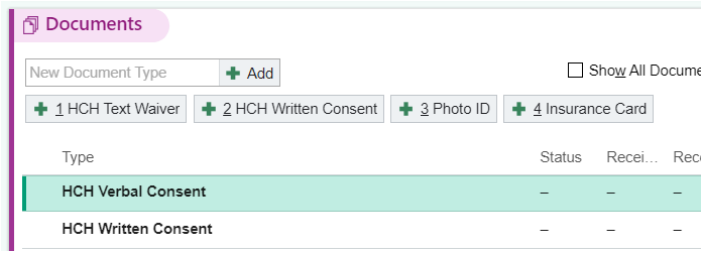
3. Staff must ask the patient (and/or legal representative, if applicable) if they have any questions about the "Informing Materials" and provide answers to patient's (and/or legal representative, if applicable) questions.
2. Staff must ask the patient (and/or legal representative, if applicable) to sign and date the Consent to Treatment and Services, and Authorization for Use and Disclosure of Protected Health Information by Unsecured Means of SMS Mobile Phone Test Messaging (if applicable).
3. Staff must sign and date the Consent to Treatment and Services on the "Signature of Witness" line and initial and indicate if the patient was given or declined a copy of the Consent to Treatment and Services.
4. When ACHCH Street Health and Shelter Health services are provided and a "wet" signature (which includes an e-signature collected via the Topaz Electronic Signature Pads) for Consent to Treatment and Services cannot be obtained from the patient, verbal Consent for Treatment and Services from the patient must be obtained.
    a. Patient Verbal Consent to Treatment and Services can be obtained via face-to-face encounters in the field or by the use of non-public facing audio or video communication products.
    b. Patient Verbal Consent to Treatment and Services must be documented in the patient's Epic chart on the ACHCH Consent to Treatment and Services form (via the Topaz Electronic Signature Pads or hard copy form), which must be signed and dated by the staff obtaining patient verbal Consent to Treatment and Services on the Signature of Witness/Interpreter line.
    c. In addition to the above, the following information must be collected when obtaining patient verbal Consent to Treatment and Services and documented in the patient's Epic chart in the patient Progress Note using the smartphrase **".HCHVERBALCONSENT":**
        i. Date verbal treatment consent was provided by the patient
        ii. Method of encounter when patient verbal treatment consent was obtained
        iii. Patient's location when verbal treatment consent was obtained
        iv. Provider's location when patient verbal treatment consent was obtained
        v. Patient's contact information
        vi. Documentation that details how the patient was provided with the information on the ACHCH Consent to Treatment and Services form, including where to locate the Notice of Privacy Practices, which details how the patient's PHI may be used and disclosed (i.e., TPO), and the limits to confidentiality.
5. As soon as it is feasible, ACHCH staff should follow up with the patient to obtain a "wet" signature (which includes an e-signature collected via the Topaz Electronic Signature Pads) for Consent to Treatment and Services and documented in the patient's Epic chart.

Important Note: Obtaining patient verbal consent for a Release of Information (ROI) is NOT permitted. A ROI requires a patient's "wet" signature to be valid; an e-signature does not constitute a "wet" signature.

Two versions of the HCH consent

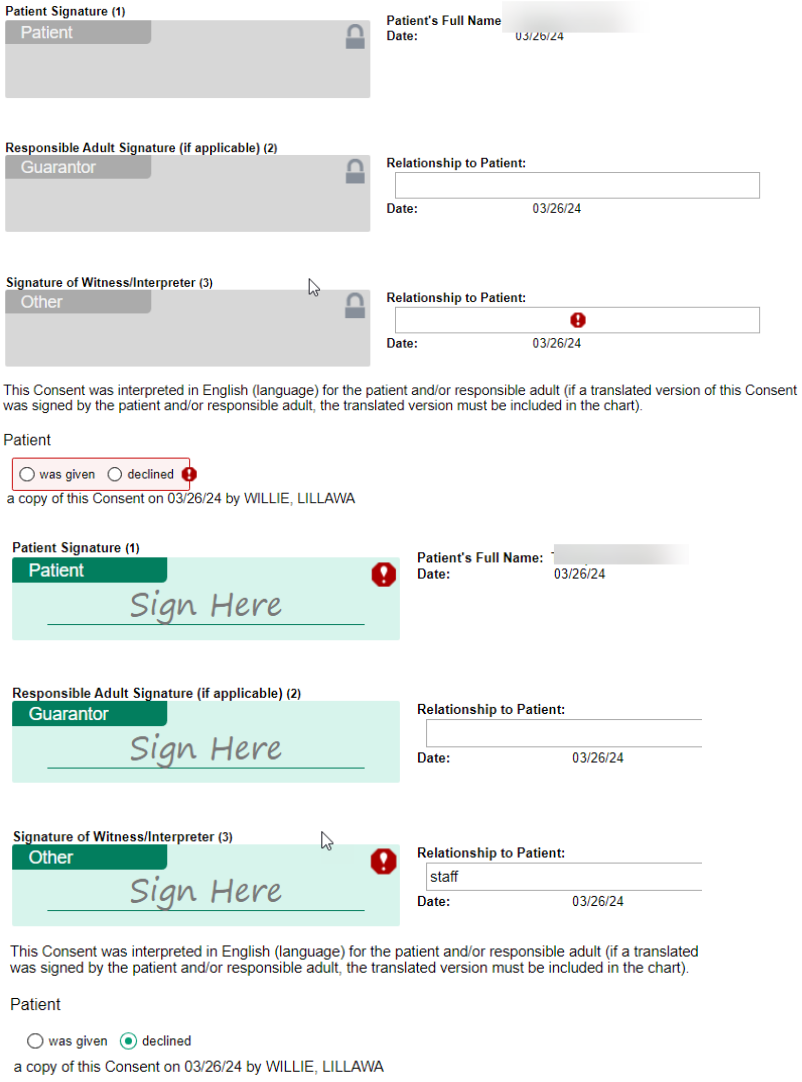
- ✓ Written and verbal

- ✓ The checklist on the right will only require one of these to be signed at check in
- ✓ Each version of the form has different required fields, indicated by the red exclamation symbol



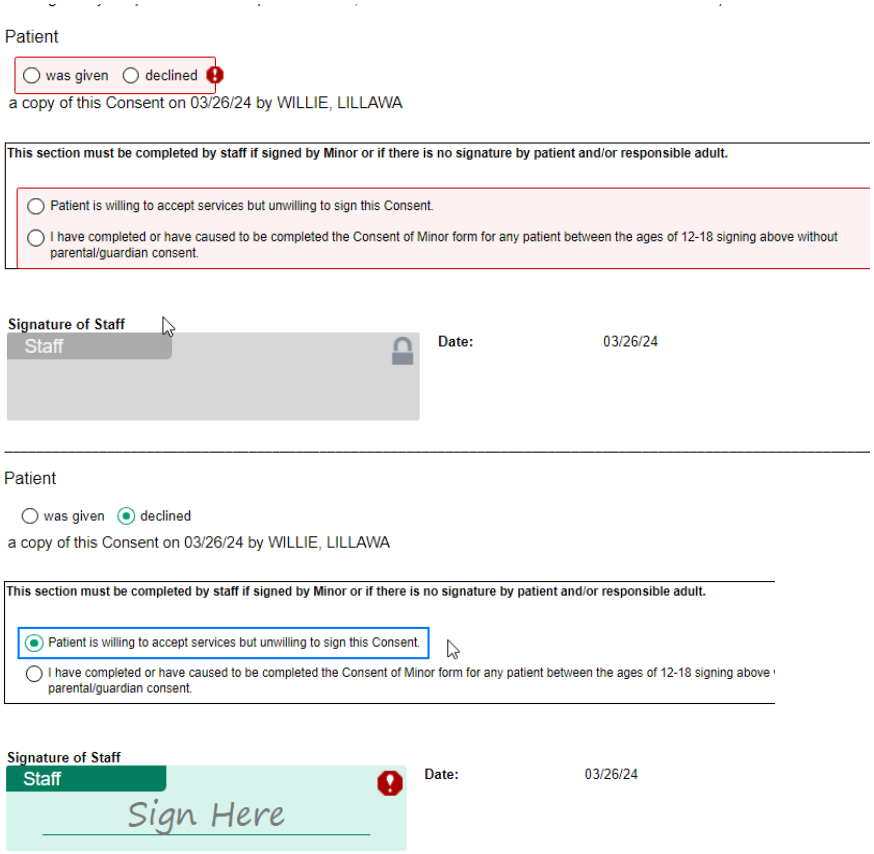
Written Consent

1. Fill in “relationship to patient” next to witness signature
2. Select “was given” or “declined” copy
3. Have patient sign in “patient signature” (or, if applicable, have legal representative, sign in “responsible adult signature”)
4. Staff must sign in “witness signature”



Verbal Consent

1. Select “was given” or “declined” copy
2. Select “patient willing to accept services but unwilling to sign consent”
3. Staff sign in “signature of staff” at the very bottom of the document



REFERENCES AND RESOURCES:

1. Consent for Treatment and Services
2. Notice of Privacy Practices
3. Notice of Privacy Practices Summary

REVISION HISTORY

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1	Revision			

Alameda County Health

Housing and Homelessness Services
Health Care for the Homeless

NAME OF POLICY

Authorization for Use and Disclosure of Protected Health Information by Unsecured Means of SMS Mobile Phone Test Messaging

PURPOSE

The purpose of this Policy is to ensure increased access to successful linkage to care by providing patients with the option of using unsecured SMS mobile phone text messaging to communicate PHI with providers to remain connected to/facilitate care.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

STANDARD OPERATING PROCEDURE & RESPONSIBILITIES

1. Staff must offer and review the Authorization for Use and Disclosure of Protected Health Information by Unsecured Means of SMS Mobile Phone Test Messaging with the patient (and/or legal representative, if applicable) during the initial ACHCH health center intake/registration process and anytime a patient requests to communicate PHI via unsecured SMS mobile phone text messaging and a signed Authorization for Use and Disclosure of Protected Health Information by Unsecured Means of SMS Mobile Phone Test Messaging is not already on file in the patients chart.
2. Authorization for Use and Disclosure of Protected Health Information by Unsecured Means of SMS Mobile Phone Test Messaging must be reviewed with the patient (and/or legal representative, if applicable) in their preferred language or communication method, and in enough detail for the general content to be understood.
3. Staff must ask the patient (and/or legal representative, if applicable) if they have any questions about the Authorization for Use and Disclosure of Protected Health Information by Unsecured Means of SMS Mobile Phone Test Messaging and provide answers to patient's (and/or legal representative, if applicable) questions.
4. Staff must ask the patient (and/or legal representative, if applicable) to sign and date the Authorization for Use and Disclosure of Protected Health Information by Unsecured Means of SMS Mobile Phone Test Messaging prior to communicating with the patient via unsecured SMS mobile phone text messaging.

REFERENCES AND RESOURCES:

Add Link to Authorization for Use and Disclosure of Protected Health Information by Unsecured Means of SMS Mobile Phone Test Messaging

REVISION HISTORY

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