

Conflict with other requirements regarding privacy and safeguarding (*Continued*)

- b. DAS staff shall act in accordance with established DAS policy and procedures regarding the safeguarding and confidentiality of Individual information, whether health-related or not, in all DAS programs, services and activities.
- c. In the event that more than one policy applies but compliance with all such policies cannot reasonably be achieved, the DAS employee will seek guidance from supervisors according to established DAS policy and procedures. DAS staff should consult with their supervisor in appropriate circumstances.

III. DAS Notice of Privacy Practices

- a. DAS will provide a copy of the *DAS Notice of Privacy Practices*, (Exhibit A) to all employees.
- b. The *DAS Notice of Privacy Practices* shall contain all information required under federal regulations regarding the notice of privacy practices for protected health information under HIPAA.

IV. Employee Privacy Rights

DAS policies and procedures, as well as other federal and state laws and regulations, outline the employee's right to access their own information, with some exceptions. This policy also describes specific actions that an employee can take to request restrictions or changes to their information, and the method for filing complaints.

V. Uses and Disclosures of Employee Information

DAS shall not use or disclose any information about an employee of DAS programs or Services without a signed authorization for release of that information, from the individual or the individual's personal representative, *unless* authorized by this policy, or as otherwise allowed or required by state or federal law.

- a. DAS will use or disclose only the minimum amount of information necessary to provide services and benefits to employees, and only to the extent provided in DAS policies and procedures.
- b. This policy does not apply to:
 - Disclosures to or requests by a health care provider for treatment
 - Uses or disclosures made to the individual
 - Uses or disclosures authorized by the individual
 - Disclosures made to the Secretary of the United States Department of Health and Human Services in accordance with federal HIPAA regulations at 45 CFR 160, Subpart C.
 - Uses or disclosures that are required by law
 - Uses or disclosures that are required for compliance with federal HIPAA regulations at 45 CFR, Parts 160 and 164.

Uses and Disclosures of Employee Information (Continued)

- c. When using or disclosing an individual's information, or when requesting an individual's information from a provider or health plan, DAS employees must make reasonable efforts to limit the amount of information to the minimum needed to accomplish the purpose of the use, disclosure, or request.

VI. Administrative, Technical and Physical Safeguards

DAS staff must take reasonable steps to safeguard confidential information from any intentional or unintentional use or disclosure.

VII. De-Identification of Employee Information and Use of Limited Data Sets

DAS staff will follow standards under which employee information can be used and disclosed if information that can identify a person has been removed or restricted to a limited data set.

Unless otherwise restricted or prohibited by other federal or state law, DAS can use and share information as appropriate for the work of DAS, without further restriction, if DAS or another entity has taken steps to de-identify the information.

VIII. Business Associate Relationships

DAS may disclose protected health information to business associates with whom there is a written contract or memorandum of understanding.

IX. Enforcement, Sanctions and Penalties for Violations of Individual Privacy

All employees, volunteers, interns and members of the DAS workforce must guard against improper uses or disclosures of DAS employee or participant's information.

STATE OF OREGON DEPARTMENT OF ADMINISTRATIVE SERVICES

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Department of Administrative Services (DAS) provides many types of services. DAS staff must collect information about you to provide these services. DAS knows that information we collect about you and your health is private. DAS is required to protect this information by Federal and State law. We call this information "Protected Health Information" (PHI).

This Notice of Privacy Practices will tell you how DAS may use or disclose information about you. Not all situations will be described. DAS is required to give you a notice of our privacy practices for the information we collect and keep about you. DAS is required to follow the terms of the notice currently in effect.

DAS May Use and Disclose Information Without Your Authorization

For Treatment: DAS may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

For Payment: DAS may use or disclose information to get payment or to pay for the health care services you receive. For example, DAS may provide PHI to bill your health plan for health care provided to you.

For Health Care Operations: DAS may use or disclose information in order to manage its programs and activities. For example, DAS may use PHI to review the quality of services you receive.

As Required by Law and For Law Enforcement: DAS will use and disclose information when required or permitted by federal or state law or by a court order.

For Abuse Reports and Investigations: DAS is required by law to receive and investigate reports of abuse.

For Government Programs: DAS may use and disclose information for public benefits under other government programs. For example, DAS may disclose information for the determination of Supplemental Security Income (SSI) benefits.

To Avoid Harm: DAS may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

For Research: DAS uses information for studies and to develop reports. These reports do not identify specific people.

Disclosures to Family, Friends, and Others: DAS may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

Other Uses and Disclosures Require Your Written Authorization

For other situations, DAS will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. DAS cannot take back any uses or disclosures already made with your authorization.

Other Laws Protect PHI: Many DAS Programs have other laws for the use and disclosure of information about you. For example, you must give your written authorization for DAS to use and disclose your mental health and chemical dependency treatment records.

Your Protected Health Information (PHI) Privacy Rights

When information is maintained by DAS, the public health records are governed by other State and Federal laws and are not subject to the rights described below.

Right to See and Get Copies of Your Records: In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

Right to Request a Correction or Update of Your Records: You may ask DAS to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.

Right to Get a List of Disclosures: You have the right to ask DAS for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

Right to Request Limits on Uses or Disclosures of PHI: You have the right to ask that DAS limit how your information is used or disclosed. You must make the request in writing and tell DAS what information you want to limit and to whom you want the limits to apply. DAS is not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.

Right to Revoke Permission: If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

Right to Choose How We Communicate with you: You have the right to ask that DAS share information with you in a certain way or in a certain place. For example, you may ask DAS to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

Right to File a Complaint: You have the right to file a complaint if you do not agree with how DAS has used or disclosed information about you.

Right to Get a Paper Copy of this Notice: You have the right to ask for a paper copy of this notice at any time.

**How to contact DAS to Review, Correct, or
Limit Your Protected Health Information (PHI)**

You may contact the DAS Personnel Office at the address listed at the end of this notice to:

- Ask to look at or copy your records
- Ask to correct or change your records
- Ask to limit how information about you is used or disclosed
- Ask for a list of the times DAS disclosed information about you

DAS may deny your request to look at, copy or change your records. If DAS denies your request, DAS will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with DAS or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to File a Complaint or Report a Problem

You may contact any of the organizations listed below if you want to file a complaint or to report a problem with how DAS has used or disclosed information about you. Your benefits will not be affected by any complaints you make. DAS cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

State of Oregon Department of Human Services

Governor's Advocacy Office

500 Summer St. NE, E17

Salem, Oregon 97301-1097

Phone: 1-800-442-5238 Fax: 503-378-6532 E-mail: GAO.info@state.or.us

Office for Civil Rights

Medical Privacy, Complaint Division

U.S. Department of Health and Human Services

200 Independence Avenue, SW, HHH Building, Room 509H

Washington, D.C. 20201

Phone: 866-627-7748 TTY: 886-788-4989 Email: www.hhs.gov/ocr

For More Information

If you have any questions about this notice or need more information, please contact the DAS Privacy Officer.

State of Oregon Department Administrative Services

Personnel Office

155 Cottage Street NE

Salem, Oregon 97301

Phone: 503-378-3622 Email: www.das.state.or.us/operations/personnel

For More Information

In the future, DAS may change its Notice of Privacy Practices. Any changes will apply to information DAS already has, as well as any information DAS receives in the future. A copy of the new notice will be posted at each DAS site and facility and provided as required by law. You may ask for a copy of the current notice from the DAS Personnel Office, anytime you visit a DAS facility, or get it on-line at www.hr.state.or.us/hipaa

DEPARTMENT OF ADMINISTRATIVE SERVICES
NOTICE OF PRIVACY PRACTICES

Statement of Receipt

Effective Date: _____

PLEASE REVIEW CAREFULLY

The Department of Administrative Services is required to give you a notice of our privacy practices for the information we collect and keep about you. The Notice of Privacy Practices tells you how DAS may use or disclose information about you. Not all situations will be described.

I, _____ (*Print Name*), have been given a copy of DAS Notice of Privacy Practices. (Please contact the DAS Personnel Office if you have any questions.)

Signature

Date

Personnel Office: Please have this document completed and signed by the individual receiving the Notice of Privacy Practices. Provide one copy to the individual; file the original in their Personnel/Case File.