

Subject: PROTECTED PATIENT HEALTH INFORMATION	Section: Corporate Compliance	Policy Number: CC 730	Page: 1 of 5
	Application: System Wide		Date of Issue: March 2021
	Contact Person: Vice President-Compliance		Supersedes: May 2020
Recommended: <hr/> Joe Gallagher Senior Vice President and Chief Legal Officer	Approved: <hr/> Rick W. Merrill President and Chief Executive Officer		
Source of Policy: Regulatory: 45 CFR §§ 160 , 162 and 164 ; Health Insurance Portability and Accountability Act (HIPAA) Final Omnibus Rule (published January, 2013) 45 CFR §§ 170 – 171 : The 21 st Century Cures Act: Interoperability, Information Blocking and the Office of the National Coordinator for Health Information Technology (ONC) Certification Program	Review: Initial/Date		

POLICY

Cook Children's Health Care System, its affiliated entities and their officers, employees and agents (collectively, CCHCS) are expected to treat all Protected Health Information -- which includes Electronic Protected Health Information (ePHI) and Electronic Health information (EHI), as each of those terms (PHI, ePHI, and EHI) is defined in [CC 870 – Use and Disclosure of Protected Health Information](#) -- as confidential in accordance with government regulations, professional ethics, legal requirements, and accreditation standards.

PURPOSE

To establish a mechanism to protect the confidentiality of individually identifiable patient/member health information from any unauthorized intentional or unintentional use or disclosure in accordance with the privacy standards adopted by the U.S. Department of Health and Human Services, 45 CFR §§ [160](#) and [164](#), subparts A and E (the "Privacy Rule") and the security standards adopted by the U.S. Department of Health and Human Services, 45 CFR §§ [160](#), [162](#) and [164](#), subpart C (the "Security Rule").

DEFINITIONS

Member – Means any individual who is or has been enrolled in a managed care product offered by Cook Children’s Health Plan (CCHP).

Patient – Means any individual who seeks and/or receives services within CCHCS.

REQUIREMENTS

- A. PHI will not be used or disclosed without a complete and valid written consent or authorization signed by the patient, parent, or legally authorized representative unless a disclosure of the PHI is specifically allowed by State and Federal law without a valid authorization. (Refer to [CC 735 - Designated Record Set for Release of Protected Health Information](#) and [CC 870 – Use and Disclosure of Protected Health Information](#)).
- B. PHI will be accessed and/or released only by specifically authorized CCHCS employees, according to their assigned job descriptions, and according to this policy and other CCHCS policies noted in the References section of this policy.
 1. CCHCS employees are authorized to access only those medical records or PHI for patients/members within the employee’s scope of responsibility as defined by their job description.
 2. Employees **are not authorized** to access or release medical records, or PHI belonging to their own children, themselves, family members, other employees, friends, or neighbors. Employees who need to view or obtain copies of their own or their children’s medical records will follow the same release of information process as non-employees.
- C. CCHCS will release only the minimum necessary amount of information required by the requestor when a release is appropriately authorized.
- D. CCHCS will take appropriate steps to prevent unauthorized re-disclosures of PHI received from any source.
- E. De-Identification – Properly de-identified information is not considered PHI. Information will be considered properly de-identified only if:
 1. A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:
 - a. Applying such principles and methods, determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and
 - b. Documents the methods and results of the analysis that justify such determination; or

2. The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:
 - a. Names of the individual and relatives, employers, or household members of the individual;
 - b. Geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if:
 - i. The geographic unit formed by combining all zip codes with the same first three numbers contains more than 20,000; and
 - ii. The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;
 - c. All elements of dates, except year, for dates directly related to an individual including birth date, admission date, discharge date, date of death and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
 - d. Telephone numbers;
 - e. Fax numbers;
 - f. Electronic mail addresses;
 - g. Social security numbers;
 - h. Medical record numbers;
 - i. Health plan beneficiary numbers;
 - j. Account numbers;
 - k. Certificate/license numbers;
 - l. Vehicle identifiers and serial numbers, including license plate numbers;
 - m. Device identifiers and serial numbers;
 - n. Web Universal Resource Locators (URLs);
 - o. Internet Protocol (IP) address numbers;
 - p. Biometric identifiers, including finger and voice prints;
 - q. Full-face photographic images and any comparable images; and
 - r. Any other unique identifying number, characteristic, or code.

and

CCHCS does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

- F. Re-identification – CCHCS may assign a code or other means of record identification to allow information de-identified in accordance with the above requirements to be re-identified, provided that:
 1. Derivation. The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and
 2. Security. CCHCS does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.

- G. Confidentiality Statement - All employees of CCHCS are required to sign the confidentiality statement, attached hereto as [Attachment A](#), before they are granted access to PHI.
- H. Training - All CCHCS employees are required to be trained on policies and procedures regarding confidentiality and PHI to the extent necessary for each individual member to carry out their assigned functions within CCHCS. This training will be documented and retained with the employee's personnel file. At a minimum, training will occur:
1. Upon hire,
 2. When an employee's functions are changed either in assignment of duties; and/or when there are changes in government regulation or CCHCS policies and procedures.
- I. Sanctions - Significant unauthorized or improper access to and/or release of PHI by a CCHCS employee can result in disciplinary action up to and including termination of employment. Other possible sanctions include civil fines and/or penalties, criminal sanctions and/or lawsuits and judgments against the employee and/or CCHCS or one of its affiliated entities for civil damages.
- J. Reporting - Employees who believe they have observed a violation of this policy will report it to their immediate supervisor, their next level of management, to a member of the compliance committee, or the Compliance Department. An employee can also report a violation anonymously or confidentially to the CCHCS Compliance Hotline (1-800-273-8452) or through the event reporting process. Reports received anonymously will be referred to the appropriate CCHCS department (Compliance, Internal Audit, Human Resources, etc.) for investigation. There will be no retaliation taken against any employee for making such a report in good faith.

REFERENCES

[CC 120 Information Blocking and Exceptions to Requirements of Release of Health Care Information](#)

[CC 700 Amendment of Patient Health and Financial Information](#)

[CC 735 Designated Record Set for Release of Protected Health Information](#)

[CC 870 – Use and Disclosure of Protected Health Information](#)

45 CFR §§ [160](#), [162](#) and [164](#); Health Insurance Portability and Accountability Act (HIPAA) Final Omnibus Rule (published January, 2013)

45 CFR §§ [170](#) – [171](#): The 21st Century Cures Act: Interoperability, Information Blocking and the Office of the National Coordinator for Health Information Technology (ONC) Certification Program

[Texas Health and Safety Code § 241.151](#) et seq

[Texas Health and Safety Code § 420.071](#)

[Texas Mental Health Code Chapter 611](#)

[Texas Occupations Code, Chapter 159](#)

End of Policy

ATTACHMENT A
COOK CHILDREN'S HEALTH CARE SYSTEM
CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGEMENT

As an employee of Cook Children's Health Care System or one of its affiliated entities (collectively "CCHCS"), I understand that I must keep confidential all information about a patient's identity, health, and/or finances [also known as protected health information (PHI)] that I may hear, see or read through my employment at CCHCS. I agree to keep this confidence forever, even after I no longer work at CCHCS.

I understand that legal action may be taken against me if I:

- have, use, access, copy or read PHI, ePHI and EHI which is outside the scope of my assigned duties, or
- give or allow access to any PHI, ePHI and EHI which is not authorized or otherwise allowed by law.

In addition, I understand there are federal and state laws regarding confidentiality of PHI, ePHI and EHI and that if I do not follow the above requirements, it could:

- result in civil fines, penalties and/or criminal sanctions against me and/or Cook Children's Health Care System or one of its affiliated entities; and/or
- result in a civil lawsuit and judgment against me personally and/or Cook Children's Health Care System or one of its affiliated entities.

I understand that if I do not follow these legal requirements, it may result in disciplinary action against me up to and including losing my job, and an entry in my employee record of "not eligible for rehire."

I have read and understand the above statements.

Employee Signature

Date