

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

2.3.2 Security and Privacy

(a) Policy

California Correctional Health Care Services (CCHCS) Health Information Management (HIM) shall adhere to established rules, guidelines, and statutes that protect patient privacy, confidentiality, security, access to, use, and disclosure of Protected Health Information (PHI). HIM, Health Records, and Information Technology Units shall ensure:

- (1) The use of appropriate technical safeguards, as stated in 45 Code of Federal Regulations Part 16.4, Subpart C, to restrict access to, protect the integrity of, and guard against the unauthorized access to electronic PHI.
- (2) Any tampering of PHI is identified and reported, as appropriate.
- (3) Availability of health information is readily accessible to the extent possible.
- (4) Capability of storing information pursuant to retention requirements.
- (5) Availability of backup and restore operation.
- (6) Management review of security periodically for necessary changes as a result of technology evolution.
- (7) 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.

(b) Purpose

To ensure protection of patient, privacy, security, access to, use, and disclosure of PHI.

(c) Policy Responsibility

- (1) The Chief Executive Officer, or designee, Health Record Technician III (HRT III), and Health Record Technician II (HRT II) of each institution are responsible for the implementation, monitoring, and evaluation of this policy.
- (2) The CCHCS Information Security Officer shall validate the security component for access to electronically stored PHI.

(d) Procedure Overview

CCHCS 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 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.

(e) Procedure Responsibility

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

(f) Procedure

(1) 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:

- (A) Names.
- (B) 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.
- (C) 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."
- (D) Telephone numbers.
- (E) Fax numbers.
- (F) Electronic mail addresses.
- (G) Social security numbers.
- (H) Health record numbers.

Home Health Operations Manual

ML Morrison



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