

HIPAA COMPLIANCE



In order to ensure that we are taking all steps necessary to protect our clients' confidentiality, please review the following guidelines, and sign the acknowledgement below.

1. I am aware that all paperwork that includes Protected Health Information (PHI) needs to be kept confidential. When disposing of any paperwork that includes PHI, this paperwork needs to be shredded. This is done by putting these papers in the locked blue shredder bins located at each site.

If I have a small shredder/recycle bin in my office, I will safeguard any PHI that I put in this small bin via the following: (a) I will empty the small bin into the large locked bin every night before leaving the office; and, (b) I will ensure that my office is locked whenever I leave the small bin unattended; or (c) I will not put PHI in my small recycle/shredder bin.

2. I understand that I must safeguard my computer screen from view by others, to ensure that PHI is not visible. I also understand that my computer screen should not be visible from the hallway or client areas. If this is not possible, I will alert my Program Director for further directions.

I will add password protection to my screensaver as it is required by BHN. (Not applicable to Billing System users.)

3. I understand that I should have no PHI in any unsecured place in my office. PHI such as therapy/process notes, appointment books, personal notes, or other types of documentation not kept in a secured place, must contain only initials or first names or otherwise be unidentifiable to anyone other than myself.
4. I understand that no PHI is to be stored on my computer's hard drive. All such Information is to be stored on my network personal drive.
5. I further understand that my failure to adhere to the above will result in disciplinary action up to and including termination.
6. I will abide by all necessary regulations, under 42 CFR Part 2 and 45 CFR Parts 160 and 164 (HIPAA).

Signature

Date: