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Owner **David Lane: Chief Compliance Officer**

Policy Area **Privacy**

Applicability **Providence Systemwide + PGC**

## PSJH-RIS-850 General Privacy Policy

<b>Executive Sponsor:</b>	Sheryl Vacca, SVP, Chief Risk Officer
<b>Policy Owner:</b>	David Lane, VP, Chief Compliance Officer
<b>Contact Person:</b>	Cambria Haydon, Executive Director, Compliance/Chief Privacy Officer

### Scope:

This policy applies to the not-for-profit, non-profit entities of Providence and its Affiliates<sup>1</sup> (collectively known as "Providence") and their workforce members (caregivers, volunteers, trainees, interns, apprentices, students), independent contractors, vendors and all other individuals working at the ministry, whether they are paid by or under the direct control of the facility; employees of affiliated organizations (collectively, "workforce members"). Where an organization is not wholly or majority owned, exceptions may apply.

☒ Yes ☐ No Is this policy applicable to Providence Global Center (PGC) caregivers?

This is a management level policy reviewed and recommended by the Policy Advisory Committee (PAC) to consider for approval by senior leadership which includes vetting by Executive Council with final approval by the President, Chief Executive Officer or appropriate delegate.

### Purpose:

Providence is required to have written policies and procedures reasonably designed to promote compliance with state, federal, and international privacy laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. Specifically, Providence will ensure that operational policies, standards and procedures are made available to the workforce that address, at least, the policy statements reflected in this policy to ensure that an individual's health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care for the individual.

# Policy Statements:

## Information that Is Protected

Providence will protect all individually identifiable health information that it holds or transmits directly or through an authorized third party, in any form or media, whether electronic, paper, or oral 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.

## Uses and Disclosures – General, Permitted and Authorized

Providence will not use or disclose individually identifiable health information except either as the Privacy Rule permits or requires; or as the individual, who is the subject of the information (or the individual's personal representative), authorizes in writing. Where required, Providence will use and disclose individually identifiable information without an authorization in accordance with the Privacy Rule. Providence will obtain the written authorization of an individual for any use or disclosure that is not for treatment, payment, or health care operations, in accordance with the Privacy Rule. Providence will not directly or indirectly receive remuneration, including non-financial benefits such as in-kind benefits, in exchange for individually identifiable health information that is considered Protected Health Information (PHI), unless an individual authorizes in writing or an applicable exception applies.

Refer to: [PSJH-RIS-850.05](#); [PSJH-RIS-850.06](#); [PSJH-RIS-850.15](#); [PSJH-RIS-850.16](#)

## Minimum Necessary

Providence will make reasonable efforts to use, disclose, and request only the minimum amount of individually identifiable health information that is needed to accomplish the intended purpose of the use, disclosure, or request. Providence will implement the appropriate internal safeguards to comply with the minimum necessary standard.

## Business Associates

Providence will impose specified written safeguards on the individually identifiable health information used or disclosed by its business associates prior to making it available to the business associate and will not contractually authorize its business associate to make any use or disclosure of individually identifiable health information that would violate the Privacy Rule.

Refer to: [PSJH-RIS-850.05](#) Privacy and Security Glossary; [PSJH-RIS-850.10](#) HIPAA Business Associate Agreement Standard

## Notice of Privacy Practices and Other Individual Rights

Providence will maintain and comply with its Notice of Privacy Practices and deliver or otherwise make available such Notice to individuals in accordance with the Privacy Rule. Providence will ensure that the Notice describes the individuals' rights, including the right to make a complaint to the United States Department of Health & Human Services (HHS) and to Providence if the individual believes their privacy rights have been violated. The Notice of Privacy Practices will describe the right that individuals have to amend their information in a designated record set when the information is inaccurate or incomplete; the right to obtain an accounting of disclosures;

the right to request a restriction on use or disclosure of information; the right to request alternative means or location for receiving communications. Absent situations where the individual's best interest is not represented, Providence will treat a personal representative the same as the individual, with respect to use and disclosures of the individual's information, as well as the individual's rights under the Privacy Rule.

Refer to: [PSJH-RIS-850.05](#); [PJSH-RIS-850.07](#); [PSJH-RIS-850.08](#)

### **Administrative Requirements**

**Policies and Procedures:** Providence will develop and implement written privacy policies and procedures consistent with the Privacy Rule and reviewed and updated as needed to comply with changes in the law.

**Privacy Personnel:** Providence will designate a privacy official responsible for developing and implementing its privacy policies and procedures, and a contact person or contact office responsible for receiving complaints and providing individuals with information on Providence Privacy Practices.

**Training:** Providence will train all workforce members on its privacy policies and procedures, as necessary and appropriate for them to carry out their functions.

**Sanctions:** Providence will have and apply appropriate sanctions against workforce members who violate Providence privacy policies and procedures or the Privacy Rule.

**Mitigation:** Providence will mitigate, to the extent practicable, any harmful effect it learns was caused by use or disclosure of individually identifiable health information by its workforce or its business associates in violation of its privacy policies and procedures or the Privacy Rule dependent on the facts of the situation.

**Safeguards:** Providence will maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of individually identifiable health information in violation of the Privacy Rule and to limit its incidental use and disclosure pursuant to an otherwise permitted or required use or disclosure.

**Complaints:** Providence will have a process for receiving and investigating privacy complaints made by individuals and, in doing so, will promote a culture and process that is free from retribution, reprisal or retaliation. Providence will promptly respond to such complaints and mitigate to the extent possible any harmful effect that is known or resulting from an unauthorized or improper access, use or disclosure of individually identifiable health information. Providence will assure awareness by individuals by explaining its complaint filing process in its Notice of Privacy Practices.

**Retaliation and Waiver:** Providence will not retaliate against a person, including a member of the workforce, for exercising rights provided by the Privacy Rule, for assisting in an internal or external investigation (i.e. HHS) or for opposing an act or practice that the person believes in good faith violates the Privacy Rule. Providence will not require an individual to waive any right under the Privacy Rule as a condition for obtaining treatment, payment, and enrollment or benefits eligibility.

**Monitoring:** Providence will have risk-based, adaptable, processes in place to verify and validate that privacy policies, procedures, and laws are being followed including procedural mechanisms that record and examine activity in information systems that contain or use electronic Protected Health Information. Monitoring of privacy compliance will consist of proactive, random, complaint-driven, and focused audits which will be documented and retained in accordance with Providence retention policies.

## Breach Management

Providence will promptly respond to actual or suspected breaches of individually identifiable health information caused by Providence and/or its business associate and will follow established policies and procedures governing investigation, containment, notification to oversight agencies and affected individuals or others, mitigation and sanctions.

Refer to: [PSJH-RIS 850.05](#); [PSJH-RIS 850.14](#)

Applicability: All Providence Workforce

## State, International and Other Federal Laws

**State Laws:** State laws that are contrary to the Privacy Rule are preempted by the federal requirements which means that Providence will apply the federal requirements except where state laws relating to the privacy of individually identifiable health information provide for greater privacy protections or privacy rights with respect to such information; provide for the reporting of disease or injury, child abuse, birth, or death, or for public health surveillance, investigation, or intervention, or require certain health plan reporting such as for management or financial audits.

**European Union General Data Protection Act:** As a general matter, the data processing activities of Providence are not subject to GDPR because Providence does not have facilities or employees in the EU and therefore none of Providence's data processing takes place in the context of an establishment in the EU; Providence does not provide health care services to patients located in the EU nor does Providence offer other goods or services to data subjects in the EU or monitor behavior taking place in the EU; and Providence does not process personal data in any place where public international law would cause EU member state law to apply (GDPR, Article 3 (Territorial Scope))

## Policy Standards:

The following standards are an extension of this policy:

Standard Number	Standard Name
<a href="#">PSJH-RIS-850.05</a>	Privacy and Security Glossary
<a href="#">PSJH-RIS-850.06</a>	General Uses and disclosures of PHI Standard
<a href="#">PSJH-RIS-850.07</a>	Rights of individuals with Respect to PHI
<a href="#">PSJH-RIS-850.08</a>	Notice of Privacy Practices Standard
<a href="#">PSJH-RIS-850.09</a>	Administrative Requirements of Protected Health Information Standard
<a href="#">PSJH-RIS-850.10</a>	HIPAA – Business Associate Agreement Standard
<a href="#">PSJH-RIS-850.14</a>	Protected health Information Breach Notification Standard
<a href="#">PSJH-RIS-850.15</a>	Uses and Disclosures PHI Authorized by Law Standard
<a href="#">PSJH-RIS-850.16</a>	Protected Health Information Health Oversight Activities Standard
<a href="#">PSJH-RIS-850.17</a>	Social Security Number Collection – Use, Disclosure and Management

## Applicability:

<sup>i</sup> For purposes of this policy, “Affiliates” is defined as any not-for-profit or non-profit entity that is


wholly owned or controlled by Providence St. Joseph Health (PSJH), Providence Health & Services, St. Joseph Health System, Western HealthConnect, Kadlec, Covenant Health Network, Grace Health System, Providence Global Center\*, NorCal HealthConnect, or is a not-for-profit or non-profit entity majority owned or controlled by PSJH or its Affiliates and bears the Providence, Swedish Health Services, St. Joseph Health, Covenant Health, Grace Health System, Kadlec, or Pacific Medical Centers names (includes Medical Groups, Home and Community Care, etc.).

\*Policies, standards and/or procedures may vary for our international affiliates due to regulatory differences.

## Approval Signatures

Step Description	Approver	Date
PSJH President/CEO	Cynthia Johnston: Compliance Spec PSJH	04/2020
PSJH Executive Council	Cynthia Johnston: Compliance Spec PSJH	04/2020
PSJH Policy Advisory Committee	Cynthia Johnston: Compliance Spec PSJH	04/2020

### Standards



No standards are associated with this document