



## MULTNOMAH COUNTY OREGON

### HEALTH DEPARTMENT ADMINISTRATIVE GUIDELINES

<b>SECTION:</b> Legal	<b>NUMBER:</b> LEG.02.03 <b>PREVIOUS NUMBER:</b> 510(1)
<b>CHAPTER:</b> HIPAA and Confidentiality	<b>ORIGINATED:</b> 08/94 <b>LAST REVIEW DATE:</b> 12/05
<b>TITLE:</b> Confidentiality/Privacy of Client Information	
<b>APPROVED BY:</b>	<b>CONTACT PERSON/S:</b> C.Gates
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<b>Applies to:</b> All personnel	

#### POLICY STATEMENT:

Multnomah County Health Department, its employees, and business associates will respect and protect the confidentiality and privacy of records and information about clients. All individually identifiable information on MCHD clients in any form is confidential and private. This includes written, electronic and oral communications.

Client information shall be maintained in physically secure areas at all times. Access to client information shall be limited to personnel who are carrying out a necessary patient care, billing or health care operations function. Client information shall not be left unattended in areas accessible to unauthorized individuals. Computers used to access client information shall not be accessible to unauthorized individuals. Client records are the property of MCHD. Client records shall not be removed from MCHD facilities unless they are being transferred between facilities, being used in the field in accordance with Clinical Standard AGN.13.10, *Field Record Policy*, or in the archive process.

#### PROCEDURES:

Health Department personnel (including permanent, temporary, on-call, and contract employees; volunteers, students; interns; residents):

- shall not access, use or disclose client information except as needed in the course and scope of their duties.
- shall use or disclose only the minimum amount of information necessary to provide services to clients
- shall not discuss client information with individuals not directly involved with the client's care or health care operations
- shall not conduct client discussions in public areas
- shall not allow any client information to be exposed to view of unauthorized individuals
- shall not use a cordless or cellular phone to communicate client information unless it is encrypted

(digital/PCS)

- shall avoid sending any protected health information in e-mails sent outside of Multnomah County unless encrypted
- shall not transmit protected health information via wireless devices unless encrypted

All personnel (including permanent, temporary, on-call, and contract employees; volunteers; students; interns; residents) shall read this guideline and sign the MCHD Confidentiality Statement (Attachment A) before commencing duties. Employees who violate policies and procedures regarding the safeguarding of client information are subject to disciplinary action up to and including termination and possible legal action by the client. A single violation of this guideline can lead to termination.

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Last review date: December 2005

Attachments:

A. Confidentiality Statement

## CONFIDENTIALITY STATEMENT

1. All information about clients served by MCHD is confidential. This includes oral information as well as information in written or electronic form.
2. Health Department personnel (including permanent, temporary, on-call, and contract employees; volunteers; students; interns; residents) may not access, use or disclose information about clients unless the access, use or disclosure is permitted by law and necessary to perform job duties.
3. Under Oregon law, Multnomah County is required to defend employees who are sued over actions taken in the course and scope of their employment. This duty does not extend to actions taken outside the course and scope of employment. In most cases, disclosures of confidential information not permitted under [Administrative Guideline LEG.02.03](#) will be considered outside the course and scope of employment. As a result, employees sued over such disclosure may have to defend themselves and personally pay any resulting damages. Additionally, employees may face criminal and civil sanctions under the federal Health Insurance Portability and Accountability Act (HIPAA).
4. A single violation of [Administrative Guideline LEG.02.03](#) may result in disciplinary action up to and including termination for employees or exclusion from MCHD sites for contractors, volunteers, students and residents.
5. By signing this statement, I acknowledge that I have read, understand and agree to be bound by the confidentiality requirements set forth in [Administrative Guideline LEG.02.03](#).

EMPLOYEE SIGNATURE

DATE

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(Please print name)

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SUPERVISOR SIGNATURE

DATE

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