



PROCEDURAL GUIDELINES FOR PHI ACCESS (OSM-P002)

Clarksville-Montgomery County School System

1.0 SCOPE:

- 1.1 This procedure outlines the process of employee access to PHI (protected health information) of employees and/or their dependents. This procedure is strictly limited to individuals with job duties requiring access to PHI in the course of their jobs or to business associates who agree to comply with all requirements regarding PHI as permitted by law.

The online version of this procedure is official. Therefore, all printed versions of this document are unofficial copies.

2.0 RESPONSIBILITY:

- 2.1 Onsite Clinic Manager

3.0 APPROVAL AUTHORITY:

- 3.1 Chief Human Resources Officer
3.2 Onsite Clinic Administrator

4.0 DEFINITIONS:

- 4.1 PHI: Protected Health Information refers to individually identifiable health information received by the CMCSS / County group health plan or received by a health care office, health care provider, health plan or health care clearinghouse that relates to the past or present health of an individual or to payment of health care claims. PHI information includes medical conditions, health status, claims experience, medical histories, physical examinations, genetic information and evidence of disability. This information may also include medical records; billing and payment records; insurance information; clinical laboratory test results; medical images, such as X-rays; wellness and disease management program files; and clinical case notes; among other information.
- 4.2 EHR: An electronic health record (EHR) is a digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users.

5.0 PROCEDURE:

- 5.1 Employee or Business is identified to the Onsite Clinic Manager as a necessary individual required to access PHI due to employment with Onsite Employee Health and Wellness and / or in the CMCSS Human Resources Department.
- 5.2 HIPAA / Medical Information Confidentiality Agreement (OSM-F060- Onsite Medical) or (HUM-F064- Human Resources) should be completed by employee. For Business Entities, the HIPAA Business Associate Agreement (OSM-F059) must be completed and signed by all parties.
- 5.3 Access to PHI (i.e. access to EHR) is given to the employee and maintained with a username and password, which is not to be shared with any other individuals.
- 5.4 Access is monitored on a monthly basis by the Clinic Manager and access is verified or "made inactive" or terminated.



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6.0 ASSOCIATED DOCUMENTS:

- 6.1 [OSM-A002](#) PHI / HIPAA Policy
- 6.2 [OSM-F059](#) HIPAA Business Associate Agreement
- 6.3 [OSM-F060](#) Onsite Medical HIPAA / Medical Information Confidentiality Agreement
- 6.4 [HUM-F094](#) Human Resources Medical HIPAA / Medical Information Confidentiality Agreement
- 6.5 [OSM-G014](#) Role Based Matrix for Access to PHI
- 6.6 [OSM-NOPP](#) Notice of Privacy Practices

7.0 RECORD RETENTION TABLE:

<u>Identification</u>	<u>Storage</u>	<u>Retention</u>	<u>Disposition</u>	<u>Protection</u>
PHI	electronic	as required by law	as required by law	secured electronically

8.0 REVISION HISTORY:

<u>Date:</u>	<u>Rev.</u>	<u>Description of Revision:</u>
12/4/17		Initial Release
07/30/24		Updated wording in 5.1
2/17/25	A	Updated wording in section 5.1 to "required to."

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