PROCEDURAL GUIDELINES FOR MAINTENANCE, USE, OR TRANSFERRING / TRANSMITTING OF PHI
(OSM-P003)

Clarksville-Montgomery County School System

1.0 SCOPE:

   1.1 This procedure outlines how and when PHI will be maintained, used, transferred or transmitted.

2.0 RESPONSIBILITY:

   2.1 Onsite Clinic Manager

3.0 APPROVAL AUTHORITY:

   3.1 Chief Human Resources Officer

   3.2 Onsite 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.

5.0 PROCEDURE:

   5.1 Employees who have access to PHI must sign a HIPAA confidentiality statement (OSM-F060) Onsite or HUM-F094- Human Resources) and adhere to the guidelines at all times. Business associates of the Onsite Medical Clinic who access PHI must sign the guidelines as stated in the Business Associate Agreement (OSM-F059) and these guidelines should be adhered to at all times.

   5.2 Personnel records and disclosures of PHI will be maintained as required by state and federal law. Records that have been maintained for the maximum interval will be destroyed in a manner to ensure that such data are not compromised in the future in accordance with the CMCSS record destruction policy.

   5.3 Annually or more frequently as necessary, CMCSS performs enrollment, changes in enrollment and payroll deductions; provides assistance in claims problem resolution and explanation of benefits issues; and assists in coordination of benefits with other providers. Some or all of these activities may require the use or transmission of PHI. Thus, all information related to these processes will be maintained in confidence, and employees will not disclose PHI from these processes for employment-related actions, except as provided by administrative procedures approved by CMCSS.

5.4 Use of the online Electronic Health Record (EHR) by the Onsite Medical Clinic requires users to maintain a username and password. Employee is given a username and password. This information is not to be shared with any other individuals.

5.5 The Onsite Clinic Manager will monitor on a monthly basis and verify appropriate access to the EHR by all individuals. When an employee's Onsite relationship is on a hiatus of over 90 days (i.e. employee is a summer employee), their EHR access will be made "inactive" until their relationship is in current use. When an employee's Onsite employee relationship is terminated, the individual's access to the EHR will be terminated.

6.0 ASSOCIATED DOCUMENTS:

6.1 OSM-P002 Procedural Guidelines for PHI Access

6.2 OSM-F059 HIPAA Business Associate Agreement

6.3 OSM-F060 HIPAA / Medical Information Confidentiality Agreement (Onsite)

6.4 HUM-F094 HIPAA / Medical Information Confidentiality Agreement (Human Resources)

6.5 OSM-G014 Role Based Matrix for PHI

6.6 OSM-NOPP Notice of Privacy Practices

7.0 RECORD RETENTION TABLE:

Identification	Storage	Retention	Disposition	Protection
PHI	electronic	as required by law	as required by law	secured electronically

8.0 REVISION HISTORY:

Date:	Rev.	Description of Revision:
12/04/17		Initial Release

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