

Policy 3.2

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| POLICY TITLE: | HIPAA Security and Privacy | POLICY # 3.2 | REVIEW DATE | |
| Topic Area: | INFORMATION MANAGEMENT | ISSUED BY: Chief Executive Officer APPROVED BY: Board of Directors | 8/21/14 | 10/30/17 |
| Applies to: | LRE Staff and Operations, Member CMHSP, LRE Provider Network | | 9/1/2020 | 02/09/2024 |
| Developed and Maintained by: | CEO and Designee | | | |
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| Supersedes: | N/A | Effective Date: January 1, 2014 | Revised Date: 12/19/24 | |

I. PURPOSE

To protect individually identifiable protected health information and the information systems on which data resides, per the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HITECH act, the Center for Medicaid and Medicare Services security and privacy regulations implementing HIPAA, other federal and state laws protecting confidentiality of protected health information, professional ethics and accreditation requirements.

II. POLICY

Lakeshore Regional Entity (LRE), LRE member Community Mental Health Service Programs (CMHSPs), and the LRE Provider Network will provide for the protection of individually identifiable protected health information. LRE has implemented policies, procedures and plans to safeguard individually identifiable protected health information. The accompanying procedures detail these safeguards.

Per contract with the LRE, it is the responsibility of the CMHSP providing services to offer and provide a Notice of Privacy Practices (NOPP) to all persons whose services are through LRE funding. The NOPP provides that an individual has a right to adequate notice of how their protected health information may be used.

A. This notice is available:

1. Prominently posted and available on the LRE website.
2. Offered/provided by the CMHSP to new enrollees at the time of intake no later than the date of first service delivery.
3. Offered/provided to the individual at least once every three years.
4. Revised and offered/provided to the individual within 60 days of material change.

B. The NOPP must contain:

1. How LRE and it's CMHSPs may use and disclose protected health information.

2. The individual's rights with respect to the information and how the individual may exercise those rights including how to lodge a complaint.
 3. The legal duties with respect to the information, including a statement that the CMHSP and the LRE are required by law to maintain the privacy of the protected health information.
 4. Whom individuals can contact for further information about the privacy policies.
- C. Acknowledgement of receipt of the NOPP must be obtained, or the provider must document efforts to obtain the acknowledgement and the reason it was not obtained.

If any standards specified in the accompanying procedures are violated, immediate sanctions according to the Sanction Procedures will occur.

The HIPAA Security and Privacy Policy is a result of a thorough Security Risk Assessment (a copy of Risk Assessment will be held by the Security Officer). A Risk Assessment will be conducted as new assets are acquired that may pose additional risk. The Executive Operations Team will review any Risk Assessment completed on new assets, to ensure HIPAA Security and Privacy compliance.

III. APPLICABILITY AND RESPONSIBILITY

The policy applies to LRE staff, Member CMHSPs, and the entire LRE Provider Network.

IV. MONITORING AND REVIEW

The CEO and designee will review the policy on an annual basis.

V. DEFINITIONS

HIPAA: Health Insurance Portability and Accountability Act

HITECH: Health Information Technology for Economic and Clinical Health

VI. RELATED POLICIES AND PROCEDURES

- A. LRE Information Management Policies and Procedures
- B. LRE Compliance Policies and Procedures
- C. LRE Compliance Plan

VII. REFERENCES/LEGAL AUTHORITY

- A. Balanced Budget Act 1997
- B. HIPAA Act 1996
- C. HITECH Act 2009
- D. MDHHS Medicaid Specialty Supports and Services Contract

VIII. CHANGE LOG

| Date of Change | Description of Change | Responsible Party |
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| 12/16/21 | Reviewed | CEO and Designee |

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| 12/19/24 | Revised to include description of NOPP standards | CEO and Designee |
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