PRIVACY AND SECURITY OF

PROTECTED HEALTH INFORMATION, CONFIDENTIAL AND OTHER SENSITIVE INFORMATION

Reference: [42 USC 1320d, Public Law 104-191, Title II, Subtitle F, Administrative Simplification, Health Insurance Portability and Accountability Act of 1996](http://aspe.hhs.gov/admnsimp/pl104191.htm)

Applicable federal and state regulations are referenced in the attached agreement

Protected health, confidential and sensitive information is information that is either protected by law or is of such personal or private nature that it is normally not treated as public record. The *Privacy and Security Agreement* at the end of the procedure briefly describes many of the major laws and regulations pertaining to confidential information.

Western Kentucky University Social Work Students will act as a responsible steward of all information. The Social Work Department will take reasonable precautions to insure the privacy and security of protected health, confidential and sensitive information. All medical information will be handled as required by the applicable Federal, State Laws and Regulations.

Each individual, employee, a volunteer, a co-op, an intern, a practicum student, or a contracted entity and its employees shall give careful attention to safeguarding the confidentiality of protected health information and other protected sensitive information. Each individual or employee shall access or use only the amount of information necessary to accomplish the job task and strive at all times to protect the confidentiality, completeness, honesty and accuracy of that information.

No individual, employee or agent of the Department will obtain, maintain, release, use, disclose or distribute any information in any form in violation of these laws and regulations. An individual, employee, or agent who does violate these standards may be subject to disciplinary action up to and including suspension or dismissal.

The *Privacy and Security Agreement* lists and briefly describes many of the major laws and regulations pertaining to confidential information. There is information not covered specifically by these laws that is also sensitive and must be safeguarded because of the potential for its misuse. Examples include but are not limited to the following: social security number, home address, home telephone number, date of birth, height, weight, race, gender, political affiliation, employment history and any other information of a purely personal nature. In addition, a department or office may also have additional requirements necessary to protect information relevant to that organizational unit’s necessary functions.

**RESPONSIBILITY-**An individual’s responsibility extends to all situations where the individual is accessing, using, circulating, maintaining, disclosing and disposing of reports or documents that contain protected, confidential or sensitive information. Specifically,

1. Individuals shall not release protected health, confidential and sensitive information to themselves or to other persons, entities or employees outside the scope of their duties.
2. Individuals shall not seek access to, or inquire about protected health, confidential or sensitive information in excess of the minimum necessary to efficiently discharge responsibilities within the scope of their duties.
3. Individuals shall familiarize themselves with the laws pertaining to confidential information described on the revised September 2004 Privacy and Security of Protected Health Information, Confidential and Sensitive Security Agreement in order to comply with those restrictions.
4. Individuals shall familiarize themselves with what types of information are considered protected health information, confidential, personal or other sensitive information and do their utmost to protect it. For an example, when documents or reports are circulated that contain such information, the sender will alert the receiver(s) to insure the confidentiality of the data.
5. Individuals shall not include protected health information, confidential, personal or other sensitive information on documents or reports if it is not necessary.
6. Individuals, when sending mail or other correspondence containing protected health information, confidential, personal or other sensitive information to any person, shall indicate “Personal and Confidential” on the envelope to insure that only the addressee opens it.
7. Individuals shall take reasonable and appropriate measures to protect identifying numbers. Of particular concern is the social security number and all individuals shall do their utmost to safeguard it.
8. Whenever reasonable and practical, restricted, protected, internal or privileged reports and documents shall be maintained in a secured container.
9. Individuals shall dispose of documents that contain protected health information, confidential, personal or other sensitive information correctly. The documents or reports shall be placed in a “shred” box that is removed from the work site and destroyed prior to disposal or recycling, rather than placing the documents in a regular solid waste or recycling receptacle.
10. Individuals shall not disclose protected health information, confidential, personal or other sensitive information even after their employment/placement ceases. State and Federal law regarding protected health information, confidential, personal or sensitive information also applies OUTSIDE the employment relationship and criminal or civil penalties including fines and imprisonment could apply.

Individuals shall be aware that disregard of the privacy and security of protected health information, confidential, personal or other sensitive information shall result in disciplinary action, up to and including dismissal from the program. Additionally, individuals may subject themselves to civil and criminal liability for the disclosure of confidential informationto unauthorized persons.

I have read the above, and understand my responsibilities.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_