La Crosse County Health Department  
300 4th St N, La Crosse WI 54601

<table>
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<tr>
<th>Policy #: (issued by Office Supervisor)</th>
<th>20</th>
<th>Date:</th>
<th>11/1/12</th>
<th>Review Frequency:</th>
<th>Every 3 years</th>
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<td>Title: Confidentiality and HIPAA</td>
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<td>Description: Policy on confidentiality and is intended to comply with HIPAA Law and other State and Federal regulations.</td>
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<td>Domain / Standard / Measure:</td>
<td>11.1.2</td>
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<td>Statutory Authority / Evidence Base / Links:</td>
<td>Public Law 1902 (9) 7 of the Social Security Act and Code of Federal Rule 45 CFR 250.50 (a) b</td>
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<tr>
<td>Author / Originator / Reviewer:</td>
<td>Diane Panzer</td>
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<td>11/1/12 NEW</td>
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Procedure and Attachment follow:
POLICY

La Crosse County Health Department has a legal and ethical responsibility to safeguard the privacy of all clients and to protect the confidentiality of their health information. Additionally, La Crosse County Health Department must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems and management information (collectively “Confidential Information”). La Crosse County Health Department employees, interns and volunteers will receive, review, understand and agree to the La Crosse County Policy on Confidentiality. As the housing agency for the Greater La Crosse Area Medical Reserve Corps (MRC), this policy will apply to all members volunteering under the auspices of the MRC.

PROCEDURE/STEPS:

- All Health Department employees, interns and volunteers will receive a copy of La Crosse County Policy on Confidentiality (Attachment A) upon start of their relationship with the La Crosse County Health Department.
  - Note: Active employees, interns and volunteers of the Health Department will receive and comply with this Policy & Procedure within 30 days of the effective date.
- All Health Department employees, interns and volunteers must review Attachment A. Once reviewed, the employee/intern/volunteer will date and sign the receipt of policy form (Attachment B). MRC volunteers will date and sign the receipt of policy form (Attachment C).
- The signed Attachment B/Attachment C will be forwarded to the Office Supervisor.
- The Office Supervisor will track receipt of Attachment B/Attachment C and file form in the Health Department employee personnel file, intern file or volunteer file, as applicable.
- All Health Department employees, interns and volunteers will comply with IT e-mail policy http://countyview/personnel/policies/EMailPolicy.pdf

ATTACHMENTS:

- Attachment A
- Attachment B
- Attachment C
LA CROSSE COUNTY
POLICY ON CONFIDENTIALITY

PURPOSE
This is the policy on confidentiality and is intended to comply with the HIPAA Law and other State and Federal regulations. Any information or records that are very personal in nature should be kept confidential.

WHAT DOES CONFIDENTIAL MEAN?
Keeping information or records confidential means that these things will not intentionally, negligently or carelessly be released to any person who does not have a proper business reason to know such information, or not be released without prior permission given by the person affected. A violation is called a “breach of confidentiality.”

EXAMPLES OF RECORDS
Some examples of very personal records are: medical records, medical treatment and billing information, medical condition or leave status, pregnancy information, birth dates and age, disabilities, social security numbers, addresses, names of family members, racial or ethnic group, religious beliefs, sexual preference, and other confidential information.
We need to maintain confidentiality for the records of customers, clients and residents of La Crosse County as well as for the records of La Crosse County employees. Some County business information is confidential as well, like the bids of contractors on a contract.

WHAT INFORMATION IS COVERED?
This confidentiality policy applies to all information and records, whether on paper, electronically recorded, or shared orally, related to the operations of La Crosse County including, but not limited to:
- client/resident names and other identifying information
- client/resident personal and medical information, inmate medical information
- client/resident financial and billing information
- employee medical information

Employee personnel records and other employee personal information are confidential records, except as defined by the Wisconsin Statutes to be open records.

In addition, any information that has been marked “confidential” by La Crosse County, or other agencies is covered by this policy.

Reading, use, or release of confidential and medical information without permission is strictly forbidden and may result in immediate disciplinary action up to and including discharge.
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Keeping protected information confidential is the responsibility of all La Crosse County employees. Employees must comply with County, State, Federal and HIPAA policies for confidentiality. Non-County employees, working at La Crosse County and contractors and vendors providing or having access to confidential information, must comply also. Non-employees working with La Crosse County must be told that they must comply with La Crosse County confidentiality policies and must agree to fitting penalties if they fail to follow the La Crosse County Confidentiality Policy. Contracts, when appropriate, must refer to the policy and penalties.

Documents agreeing not to disclose confidential information and ‘business associate agreements’ should be used to make sure there is compliance with La Crosse County policy and compliance with the HIPAA law requirements.

WHAT IS THE PROCEDURE IF THERE IS A BREACH?
If you truly believe that a breach of confidentiality has occurred, you should report the incident as soon as possible to the closest supervisor available. If they are not available, report to any of the following:

- your immediate supervisor
- your department head
- your departmental Privacy Officer (Hillview, Lakeview, Human Services, Health Dept)
- the County Personnel Director
- the County Corporation Counsel
- the County Administrator

Complaints, concerns, or reports of a breach of confidentiality of HIPAA protected Personal Health Information or other personal confidential information under this policy must be reported to the Department Privacy Officer, in addition to your supervisor. Personal Health Information means any “individually identifiable health information” kept or transmitted by electronic or other means.

MUST I REPORT A BREACH?
Yes. Employees who truly believe that a breach of confidentiality has occurred but do not report it are subject to disciplinary action.

WHAT WILL BE DONE AFTER I REPORT A BREACH?
An investigation may be conducted by the person responsible for supervising the person suspected of breaching confidentiality. All information gathered will be reviewed to determine what corrective action is to be taken. Discipline may be recommended to the supervisor of the person who caused a breach. That person may be disciplined up to and including termination of employment, depending on how serious the breach is. If the breach concerns personal confidential information such as social security, driver’s license, or financial account information of a person, the County shall make reasonable efforts to notify each person who is the subject of the breach regarding the unauthorized release as required by state law.

CAN I BE RETALIATED AGAINST?
No. Under no circumstances will the County allow retaliation or intimidation of a person who reports a breach. If there is retaliation by someone, that person may be further disciplined up to and including termination.

For more information regarding specific confidentiality requirements, please contact the Department Head or Privacy Officer.

Personnel:Policies:HIPPA: Distributed March 2003; Revised 2/05; Revised 3/08; Revised 09/13
AGREEMENT TO KEEP

RECORDS CONFIDENTIAL

I, ____________________________________________, understand that in the performance of my duties at the La Crosse County Health Department I must hold client record information in confidence. Further, I understand that intentional or involuntary violation of confidentiality may result in prosecution according to Public law 1902 (9) 7 of the Social Security Act and Code of Federal Rule 45 CFR 250.50 (a) b.

With this understanding, I hereby agree to maintain the confidentiality of client information.

__________________________________________
Signature

__________________________________________
Date
VOLUNTEER AGREEMENT TO KEEP RECORDS CONFIDENTIAL

I, ________________________________, understand that in the performance of my duties as a Greater La Crosse Area Medical Reserve Corps member/volunteer, I must hold client record information in confidence. Further, I understand that intentional or involuntary violation of confidentiality may result in prosecution according to Public law 1902 (9) 7 of the Social Security Act and Code of Federal Rule 45 CFR 250.50 (a) b.

With this understanding, I hereby agree to maintain the confidentiality of client information.

I understand that I may be asked to sign additional confidentiality agreements with the other agencies which partner with the Greater La Crosse Area MRC, per their own confidentiality documentation requirements.

____________________________________
Signature

____________________________________
Date