



Standard Operating Policies - SOP # 4: HIPAA Protection, Safeguards and Verification

Title:	HIPAA Protection, Safeguards, and Verification	Effective Date:	10/03/2014
Author:	Privacy Officer	Last Review Date:	12/01/2021
Location:	All Locations	Last Revision Date:	12/01/2021
Functional Area:	ADMINISTRATION		

POLICY

Liberty shall identify the PHI it maintains and shall institute the following protections so that the information is not used or disclosed for any purposes other than those purposes permitted by law.

PROCEDURE

Printed and Hard Copy documentation:

1. Liberty has designated Liberty Workforce members who will have access to PHI and will direct all incoming documentation that includes PHI to the relevant Liberty Workforce member, generally by interoffice mail.
2. Liberty implements a “clean desk” practice so that all PHI shall be put away each time Liberty’s Workforce members are away from his/her desk and shall be placed in locked drawers or cabinets at the end of each work day and when the Liberty Workforce member leaves their office.
3. PHI in paper format will be destroyed by shredding following a period of six (6) years from the date of the document creation or the date it was last in effect whichever is later.

E-mail and electronic storage:

1. Workstations – Refer to Workstation Use & Security SOP.
2. Facsimiles- Refer to Information Security SOP.
3. Acceptable use for electronic information - Refer to Information Security SOP.

Oral Communication:

1. All oral conversations shall be limited in content in conformance with the minimum necessary standard.
2. All conversations shall be made with authorized individuals.
3. If a conversation cannot be reasonably made private or not overheard, Liberty’s Workforce members shall refrain from holding the conversation until it can be moved to a secure location. Speaker phone shall not be used under any circumstances, except if there is a closed door in the office.
4. Voicemail messages shall only be used when necessary and should not contain PHI.

Verification:

1. Liberty shall reasonably determine the identification and authority of any individual requesting PHI. In general, Liberty shall interface only with Covered Entity clients seeking PHI. If at any time Liberty’s Workforce member verifying the information is uncomfortable or suspects there is an issue, the verification shall be escalated to their supervisor.
2. If an individual requests PHI and has not previously been identified as a Liberty Workforce member or vendor of the Covered Entity, the identity and authority of such individual shall be established and, if necessary approved by Liberty’s Privacy Officer prior to the disclosure of any PHI.

3. Liberty generally does not need to disclose PHI to personal representatives or executors of estates. If such a request is made it shall be sent to Liberty's Privacy Officer and General Counsel for a determination.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	10/03/2014	Judith Ann Shields	Initial ISF release – refactor and update of previous security policies into distinct documents
#2	12/22/2015	Judith Ann Shields	Annual review, Attorney reviewed no changes. Added inactivity lock requirement
#3	01/18/2016	Judith Ann Shields	Annual review, Attorney reviewed directing mail. Added inactivity lock requirement
#4	12/22/2017	Judith Ann Shields	Annual review, Attorney reviewed no changes. Added inactivity lock requirement
#5	12/22/2018	Judith Ann Shields	Annual review, Attorney reviewed no changes. Added inactivity lock requirement
#6	12/22/2019	Judith Ann Shields	Annual review, Attorney reviewed © LHC. Added inactivity lock requirement
#7	11/02/2020	Judith Ann Shields	Annual review, Attorney reviewed Information Security SOPs - electronic. Added inactivity lock requirement
#8	12/01/2021	John Beck	Annual review and added other minor changes. Added inactivity lock requirement