



BASICS OF HANDLING AND DISPOSING OF PHI

What is PHI?

Protected Health Information (PHI) is defined as: Health information that identifies a patient or member, or there is a reasonable basis to believe that the information can be used to identify the patient. The following are common examples that could be used to identify patients or members:

- ✓ Name
- ✓ Address
- ✓ Phone Number
- ✓ Photographs
- ✓ Social Security Number
- ✓ Date of Birth
- ✓ E-mail Address
- ✓ CHG Membership Number or Unique ID (i.e. Medi-Cal number)

Handling PHI

Files and documents containing PHI are either shredded or secured in filing cabinets. In high traffic areas, PHI should never be left out in the open unattended.



All EPHI (Electronic Protected Health Information) data is located in data folders that have limited access using Windows user authentication. Access to these folders is determined based on the user's job responsibilities.

E-mail containing PHI should be encrypted before sending outside of CHG. Email messages leaving CHG domain have a disclaimer that states the message may contain PHI and should be handled accordingly. The following is the CHG e-mail disclaimer:

"This e-mail communication that you have received may contain Protected Health Information (PHI) as defined by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). Federal law mandates that you not use or disclose the information contained herein in any way that will compromise the privacy, security or confidentiality of the individual to whom the information pertains. If this e-mail communication has been misdirected to you, please notify the sender of this e-mail immediately, delete the e-mail and destroy any copies of the e-mail."

Disposing of PHI

All personnel must strictly observe the following standards relating to disposal of hardcopy and electronic copies of PHI:

- 1) PHI must NOT be discarded in trash bins, unsecured bags, or other publicly-accessible locations. This information must be personally shredded or placed into secure SHREDDING containers for proper disposal of confidential documents.
- 2) Printed material and EPHI is disposed of in a manner that ensures confidentiality.
- 3) It is the individual's responsibility to ensure that the document has been secured or destroyed. It is the manager's and supervisor's responsibility to ensure that all employees are adhering to the policy.



HIPAA Compliance



Complying with HIPAA policies and procedures is a team effort. If you are unsure of your departmental procedures regarding HIPAA, please contact your supervisor or manager.

Thank you for your cooperation.
- CHG HIPAA COMPLIANCE TEAM