

 <b>Oakdale Electric Cooperative</b>		<b>Board Policy</b>
<b>Policy Name: HIPAA PRIVACY POLICY</b>		<b>Policy No: 4.04</b>
<b>Last Reviewed/Revised: 05-27-2020, 06-06-2023</b>		<b>Page 1 of 6</b>

HIPAA Compliance – (Health Insurance Portability and Accountability Act OF 1996). Security of Protected Health Information.

## 1. Objective:

To establish the internal policies for controlling documents referenced under HIPAA. This policy is set forth to protect individually identifiable health information about the employee, retiree or Board Member that the Cooperative receives or creates, and to provide employees, retirees and Board Members this notice of legal duties and privacy practices. The Cooperative must comply with the terms of this policy when it uses or discloses Protected Health Information (PHI).

## II. Definitions:

**Protected Health Information (PHI):** All “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. Individually identifiable health information includes many common identifiers (e.g. name, address, birth date, Social Security Number). PHI includes information and demographic data that relates to:

- The individual’s past, present or future physical or mental health or condition
- The provision of health care to the individual,
- The past, present, or future payment for the provision of health care to the individual.

**De-Identified Health Information:** De-identified health information neither identifies nor provides a reasonable identification of the individual. There are no restrictions on the use or disclosure of de-identifiable health information. De-identification is removal of specified identifiers of the individual and of the individual’s relatives, household members, and employers is required and adequate only if the covered entity has verified that the remaining information could not be used to identify the individual.

## III. Policy:

1. It is Oakdale Electric Cooperative’s policy that all Protected Health Information created or received by Oakdale Electric Cooperative is controlled and kept confidential in compliance with the Health Insurance Portability and Accountability Act. Except as otherwise provided in this policy, the Cooperative will not use, disclose or request Protected Health information without the employee’s, retiree’s or Board Member’s valid authorization. All uses of and disclosures of Protected Health Information shall be approved by the Privacy Officer or designee.

2. This policy applies to all Oakdale Electric Cooperative employees, retirees, and Directors. This policy does not apply to and is not binding any organization outside of Oakdale Electric Cooperative.

3. The designated “Privacy Officer” and Contact under HIPAA is the Administrative Asst/HR of the Cooperative. Duties include:

- a. The Privacy Officer shall maintain an inventory and track uses and disclosures of protected health information both inside and outside the Cooperative.
- b. The Privacy Officer may designate a person to control and manage the files.

4. United States Department of Transportation records required by title 49CFR Subpart F (and references therein) for drivers with commercial drivers licenses are exempt from HIPAA requirements and are controlled as required by that Subpart. These records include drug testing, DOT physicals and other DOT related documents.

5. First Report of Injuries (WKC-12) documenting injuries and the United States Occupational Safety and Health Administration 300 log (and related documents), are exempt from HIPAA requirements because they are required by state and Federal laws. These records are released to the insurance carrier, the State of Wisconsin, and OSHA as required.

6. **Permitted/Required Disclosures.** All records relating to the following areas are controlled by the designated Privacy Officer in limited access locked file cabinets:

- Invoices and related documentation relating to protected health information
- All documentation with protected health information and names relating to the Employee Assistance program

All requests for information from company files will be maintained in the HIPAA files.

A record retention schedule will be developed, maintained, and followed.

7. Any records to be permanently removed from the file shall be shredded.

8. Protected Health Information that is maintained on any Cooperative computer is to be controlled according to this policy. Access to this information will be controlled through the use of password protection.

9. Records will be released to a government authority only when the circumstances meet at least one of the following conditions:

- a. The individual relating to the records agrees to the disclosure
- b. A court order or subpoena, signed by a judge in the course of a judicial proceeding in response to an order from a court requires the release.
- c. The disclosure is authorized by law or regulation and either.
  1. The disclosure is necessary to prevent serious harm to the individual,or
  2. The individual is unable to agree to the disclosure he or she is incapacitated but, it is necessary to for immediate enforcement activity and it will not be used to against the individual.
- d. A public health authority is authorized by law to collect and receive information for prevention purposes (i.e. injury, disease, disability).
- e. The designated privacy officer makes a reasonable attempt at notifying the individual about the disclosure if approval is not given by the affected individual.

10. FMLA does not apply to this Cooperative, and thus no records exist that apply to the HIPAA.
11. Time cards and related information including sick leave hours are not considered to include protected health information and are therefore exempt.
12. Psycho-therapy notes are not received or controlled by the Cooperative and are not within the scope of this policy. Such information resides with and is controlled by the original psychotherapy service provider.
13. Employees and Board members will be trained in this policy initially, retrained every three years, and retrained when the policy is upgraded. Training consists of presenting a copy of this policy to the affected person, and discussing the contents. This policy will be made available in the Cooperative Policy Manual. The training and presentation of a copy this policy to employees and board members constitutes the privacy notification for this Cooperative.
14. **Uses and Disclosure of Protected Health Information.** The designated Privacy Officer or designee shall not disclose Protected Health Information to any health plan sponsor until the Plan's documents have been amended to provide relevant information for such a disclosure. It is policy of this Cooperative to furnish the minimum amount of information to accomplish the intended purpose of the use, disclosure, or request. If disclosure is for purposes other than Payment of Health care Operations, an authorization first must be obtained from the individual.
15. **Required Disclosure.** A covered entity must disclose protected health information only under three circumstances:
  - a. To individuals (or their personal representatives) specifically when they request access to, or an accounting of disclosures of their protected health information:
  - b. To Health and Human Services when it undertaking a compliance investigation or review or enforcement action. This action should be limited to in-house review.
  - c. As required by a court proceeding.
16. Oakdale Electric Cooperative cannot authorize the release of protected health information about individuals controlled by other organizations. Such information is controlled by other organization's HIPAA policies.
17. Employees shall complete the form attached to this policy whenever protected medical information is to be released to other organizations. Documents released should be accompanied by a transmittal. All documents released shall be logged into the HIPAA document log.



**My Rights:**

I understand that I may revoke this Authorization in writing at any time earlier than the above stated date. I have read and understand the Cooperative Policy relating to HIPAA and have been given an opportunity to ask questions. I understand the Cooperative cannot guarantee that the recipient will not disclose to a third party. I understand that I can contact the Privacy Officer at any time at the headquarters office.

**SIGNATURE:****DATE:**

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**Patient Signature/Patient Representative**

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**Witness Signature (Required)**

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**Relationship**

# Oakdale Electric Cooperative

## Health Insurance Portability and Accountability Act Log

Subject / Document	Authorization signed (date)	Document Released To	Date	By (sign)