



**COUNTY OF SAN
BERNARDINO**
**DEPARTMENT OF PUBLIC
HEALTH**

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Family Health Services Section

SUBJECT:

**Standard Practice on the Custody
and Transportation of Protected
Health Information for Volunteers,
Student Interns and Instructors**

Approved:

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Purpose

The purpose of this standard practice protocol is to outline procedures for providing secured transportation of Protected Health Information (PHI). This protocol serves to ensure that student interns and volunteers apply reasonable and appropriate safeguards when transporting client PHI, as set forth by the Department of Public Health's Administrative, Physical and Technical Safeguards (Policy 5-02) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Additionally, this document serves to ensure that reasonable efforts are made to prevent the loss, misuse and/or unauthorized disclosure of PHI.

Background

HIPAA requires all covered entities to implement administrative, physical and technical safeguards to ensure the proper use and protection of PHI. While HIPAA does not outline specific procedures, covered entities are expected to implement policies that provide reasonable guidelines governing the transportation of PHI. This policy outlines how PHI may be physically transported from a designated site to minimize the risk of loss or compromise. Examples of these circumstances may include: medical records that are mailed to patients and clients at their request, beneficiaries who physically take (or bring in) reports or portions of their medical records outside of the facility to other staff involved in their care, records that are mailed to other physicians at either the request of the client or physician directly involved in their care, and records that are transported during home visitation.

Scope

Student interns and volunteers of Family Health Service Section and representatives of covered entities that work with the Family Health Services Section.

Definitions

Transportation: The act of physically removing PHI from a secured, physical location of one facility to another by an individual.

Disclosure: The release, transfer, provision of access to or the divulging, in any manner, of information outside the entity holding the information.

Individually Identifiable Health Information (IIHI): A subset of health information, including demographic information collected from an individual, and:

- Is created or received from a health care provider, health plan, employer, or health care clearing house; and
- Relates to the past, present or future physical, or mental health condition of an individual; the provision of healthcare or healthcare related services to an

	<p>individual; and</p> <ul style="list-style-type: none">• That identifies the individual or there is reasonable basis to believe the information can be used to identify the individual. <p>Protected Health Information (PHI): Individually identifiable health information transmitted or maintained by a covered entity, regardless of form.</p>
<p>Transportation Guidelines</p>	<p>Paper Records</p> <p>There are specific precautions that should be taken when transporting hardcopies of PHI outside of the offices of the Family Health Services and each secured office location on campus where the PHI is stored. Transportation of paper records will be necessary when instructors meet with students and during client home visitation. All PHI transported should be carried in a locked container or bag at all times during the transportation process. Use the following safeguards to protect documents being transported:</p> <ul style="list-style-type: none">• Transport only the minimum necessary information.• PHI must be in a locked container.• Place locked container in the trunk of a car and lock vehicle if the student has to be away from vehicle. <p>If the vehicle does not have a trunk, the locked container must be hidden from sight inside the locked vehicle. The container should be clearly labeled with the name and address of the volunteer or student intern to whom the container is assigned. Each container should be appropriately labeled with the student's name, name of their school, name of department, address of school and phone number of school. Student interns and volunteers should use the following labeling protocol when transporting PHI:</p> <p>Student's Name Name of School Name of Department Address of School Phone Number</p> <p>Student interns and volunteers are not to take PHI home at the end of the work day, as the risk of compromise increases when PHI is removed from a safe office location.</p> <p>Electronic Records</p> <p>The transportation of electronic records on compact discs, flash drives and other electronic media should follow similar safeguards as those prescribed for transporting paper records. For those institutions capable of encryption, transported CDs and other electronic media containing PHI should be encrypted to prevent unauthorized access to data. This requires the recipient of the data to have corresponding decryption capabilities. If compatible encryption is not available to both parties, CDs/media containing PHI should be password protected. The password should be given to the recipient through a different medium, such as a separate e-mail or a phone call, never in notes or documents accompanying the actual CDs/media. The CD should be secured in such a manner that the PHI cannot be identified if lost during transportation. The CD should bear the recipient's name, correct address and telephone number or the correct information of the Family Health Services Section and designated student. While password protection is an adequate means for safeguarding transported PHI on CDs/media, it is a less desirable method and should only be used if encryption is not available.</p>

	<p>Tracking</p> <p>Instructors should ensure that there is a tracking process in place for the transportation of PHI, whether in paper form or as CDs/media devices and that accountability is strongly emphasized to students. Instructors must submit a written request for a list of patients to be sent to them via fax or email. Each instructor must confirm receipt of lists they receive. Instructors must keep a log and ensure that their students sign for all lists of PHI they are assigned and that they return.</p>
<p>Administrative Safeguards</p>	<p>Instructor will use the following safeguards:</p> <ul style="list-style-type: none">• Determine and document which students requires access or use of PHI to perform their jobs.• Ensure only those students have access to client PHI.• Limit PHI access to only the amount necessary for the students to perform their jobs.• Ensure students read DPH HIPAA Policies and Standard Practices.• Ensure students receive ongoing HIPAA training as may be deemed necessary by either the Department of Public Health or their institution.• Document student participation in all HIPAA training. <p>PHI stored in office locations on campus by instructors must always be kept in a secured office area or in a locked file or cabinet away from access by unauthorized individuals. Instructors must only remove PHI from their office sites for dissemination to students or return to the Family Health Services Section. When a list of PHI is assigned to a student or group of students, that list, including all forms filled and notes recorded during outreach visits must be returned to the instructor daily by the end of the day. No instructor or student should take PHI home at the end of the workday. At the end of each semester or quarter, each instructor must make arrangements with David Yleah, Loretta Schnaus or a designated Volunteer Student Coordinator to return all PHIs, including student notes, forms and outreach logs completed during their community health rotation. This return process must occur within 2 weeks following the end of each semester. Miscellaneous copies of PHIs generated during the quarter that are not deemed necessary for submittal to the Department of Public Health must be destroyed or returned to the Department of Public Health to be destroyed within 2 weeks following the end of each semester.</p>

**COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH
FAMILY HEALTH SERVICES SECTION
ACKNOWLEDGEMENT FORM**

I acknowledge that I have read and received a copy of the **Standard Practice on the Custody and Transportation of Protected Health Information for Volunteers, Student Interns and Instructors** and agree to comply fully with this policy to safeguard all protected health information I am given.

Printed Name

Signature

Date

Public Health Program or Section

Signature Program Manager or Designee

Date