Inter-Office Memorandum
Office of the Vice-President of Administration

To: The College Community
From: Vice President for Administration & Finance
Subject: SUNY Orange HIPAA Policy

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and with Federal Privacy Rule 45C.F.R., Section 164.520, the College must maintain the privacy of all protected health information (PHI) and give you this notice that describes our legal duties and privacy practices concerning your PHI, as well as the PHI of our students.

Attached you will find a copy of the College’s policy and procedures regarding the privacy of individual healthcare information, and also the workforce confidentiality agreement, which has been approved by the Board of Trustees. We must follow the privacy practices described in this policy. However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes would apply to all protected health information we maintain.

The Policy also describes how medical information may be disclosed, and how you may get access to your health information maintained by the College. It should be noted that the College, as your employer, does not have access to protected health information maintained by your health insurance plan.

Please review the Policy carefully, then sign and date the workforce confidentiality agreement, and return it to the Human Resources office.

Questions regarding this Policy should be directed to the VP of Administration & Finance / HIPAA Compliance Officer at 845-341-4905.

Questions on protected health information should be directed to the Director of Wellness at 845-341-4870.

---

ORANGE COUNTY COMMUNITY COLLEGE
Policy and Procedure

Subject: Confidentiality of Health Information

Statement of Policy:
Orange County Community College is committed to protecting the privacy and confidentiality of health information for the population it serves. Health information is strictly confidential and should never be disclosed, or confirmed to anyone who is not specifically authorized under college policy or applicable law to receive the information. Failure to adhere to state and federal law or Orange County Community College policies and procedures regarding the confidentiality of protected health information, will be considered a breach of confidentiality and will result in the imposition of appropriate sanctions.

Definition of Protected Health Information:
For the purpose of this policy, the term “protected health information” means any information, including very basic information such as an individual’s name and address, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual, and identifies or contains information that could be reasonably used to identify the individual. This policy applies to protected health information obtained in any form, including verbal, written and electronic forms.

Uses and Disclosures of Protected Health Information:
Federal law limits the use and disclosure of protected health information without authorization from that individual. This authorization must be obtained in writing. Appropriate “Disclosure of Protected Health Information” forms will be available and utilized in any authorized campus health provider’s office including Health Services, the Dental Hygiene Clinic and Human Resources. Permitted disclosures are limited to the individual, to those persons authorized by the individual to receive their health information for purposes of treatment, payment or healthcare operations, and those persons otherwise authorized by law. For example, employees and students may be required to meet statutory public health requirements prior to employment and/or enrollment. Protected health information disclosures without the individual’s authorization are limited to emergencies, to avert a serious threat to health or safety, and to those disclosures required by law which include disclosures about victims of abuse, neglect, or domestic violence, disclosures for judicial proceedings, and disclosures for law enforcement purposes. Healthcare professionals may share information necessary to provide care to patients, but safeguards should be taken to avoid unintentional disclosure. Conversation about patients in public areas should be limited; files and charts should be properly secured.
Confidential information containing personal health information should be hand delivered and not placed in interoffice mail, unless sealed, addressed to a specific recipient, and stamped confidential. Copies of documents containing personal health information should be shredded and never placed in a regular trash bin. Individual consent or authorization is not required by law for releases of protected health information that is required by worker’s compensation laws. This information is excluded from the general rule against disclosure of protected health information.

Scope:
This policy applies to all members of the Orange County Community College workforce, whether directly employed by the college or serving under an alternative arrangement. It shall include, but not be limited to:

- Employees
- Volunteers
- Student Aides
- All students participating in a health related program
- Agency and contracted staff (including temporary staff)
- Consultants
- Contractors and subcontractors
- Faculty and credentialed staff

Education and Training:
Orange County Community College is responsible for providing job appropriate training to its workforce regarding the need for confidentiality; types of information that are considered confidential; sanctions associated with a breach of confidentiality; and Orange County Community College’s confidentiality agreement.

Confidentiality Agreement:
Each member of Orange County Community College’s affected workforce will be expected to review Orange County Community College’s “Confidentiality of Health Information” policy and sign the college’s “Workforce Confidentiality Agreement”. For all current employees this agreement should be reviewed and returned to Human Resources as soon as possible, but not later than December 1, 2003. For new hires, this should occur at the time of hire. This signed statement will be maintained in the appropriate employee personnel file. Students in the Health Professions shall sign the “Student Confidentiality Statement”, which shall be maintained in the appropriate department chair’s student files.

Suspected Breach:
Anyone who knows of, or has reason to believe that another person has violated this policy, should report the matter immediately to their department supervisor or department chair, or the college’s Privacy Officer. The Privacy Officer shall investigate all reports of breach of this policy. Failure to report a breach will be considered a violation of this policy.

Sanctions:
Upon a finding of a breach of confidentiality by an employee in a collective bargaining unit, the college shall initiate action pursuant to the applicable collective bargaining agreement to implement an appropriate disciplinary penalty. Such penalty may include, but is not limited to the following:

- Letter of reprimand
- Suspension
- Fine
- Loss of accrued leave credits
- Demotion
- Termination

For employees not represented by a collective bargaining unit, sanctions may include actions up to and including termination of employment. For students, violations of this policy shall be considered a serious offense and appropriate disciplinary action will be taken as outlined in the Student Code of Conduct. Penalties may include, but are not limited to the following:

- failure of the course in which violation occurred
- suspension
- expulsion from the program

Effective Date: November, 2003

Rev 7/9/15
ORANGE COUNTY COMMUNITY COLLEGE
Workforce Confidentiality Agreement

IMPORTANT: Please read all sections. If you have any questions, please seek clarification before signing.

1. Confidentiality of Protected Health Information:
   I understand and acknowledge that:
   a. All health services that provided to students, faculty, staff and/or visitors are private and confidential.
   b. Students, faculty and staff provide personal health information to the college with the expectation that it will be kept confidential and only be used by authorized persons as necessary;
   c. All personally identifiable information provided by individuals regarding health or medical services provided to them in whatever form such information exists, including oral, written, printed, photographic and electronic (collectively the “Protected Health Information”) is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure; and
   d. In the course of my employment/affiliation with Orange County Community College, I may be given access to certain Confidential and Protected Health Information.

2. Disclosure, Use and Access
   I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including, but not limited to co-workers, friends and family members), without appropriate authorization. I understand that this obligation remains in full force during the entire term of my employment/affiliation and continues in affect after such employment/affiliation terminates.

3. Confidentiality Policy
   I agree that I will comply with confidentiality policies that apply to me as a result of my employment/affiliation with Orange County Community College.

4. Return of Confidential Information
   Upon termination of my employment/affiliation for any reason, or at any other time upon request, I agree to promptly return to Orange County Community College any copies of Confidential Information then in my possession or control (including all printed and electronic copies), unless such retention is specifically required by law or regulation.

I have read and understand the above policy of the Orange County Community College Board of Trustees.

__________________________________________
Signature

__________________________________________
Date

__________________________________________
Printed Name

__________________________________________
Department/Job Title