ASPIN POLICY AND PROCEDURE MANUAL

SECTION/CATEGORY: Health Navigator AUTHOR: Ruth Case, PI Coordinator

PROCEDURE: Confidentiality of Health Navigator Information APPROVED: 9-23-13

PROCEDURE #: XV-001 INDIVIDUAL(S) RESPONSIBLE
FOR APPROVAL: Executive Committee

PAGE: 1 of 3

1.0 <u>Policy</u>: ASPIN will keep all applicable Health Navigator information confidential in accordance with HIPAA, 42 CFR, and additional state and federal privacy laws.

2.0 Purpose:

2.1 To keep confidential all applicable Health Navigator information.

3.0 Definitions:

3.1 <u>PHI</u>: Protected Health or Other Personal Information: Any and all individually identifiable health information protected by HIPAA, in addition to any other Personal Information (e.g. social security number, etc.) that is protected under state and federal law

4.0 <u>Procedures</u>:

- 4.1 ASPIN shall keep confidential all appropriate information associated with the Navigator program in accordance with HIPAA, 42 CFR, and additional state and federal privacy laws. This includes, but is not limited to:
 - .1 Information obtained by navigators in order to assist individuals with selection of a Qualified Health Plan.
 - .2 Information used for tracking outreach and health navigation activities.
 - .3 Information obtained in order to facilitate referrals of individuals to appropriate state agencies.
- 4.2 Only staff specifically associated with the Health Navigator program shall have access to information and only for the purpose of facilitating selection of Qualified Health Plans, referrals, and required monitoring and ongoing compliance for the program.
- 4.3 All confidential information, whether in paper or electronic, shall be kept at triple level security.
 - .1 Paper information shall be kept in a locked file cabinet, in a locked office, in a secured building.
 - .2 Electronic information shall be stored in a secured server, behind a firewall, with two levels of user access control (network and file/database specific).
 - .3 Electronic information stored on portable electronic devices, such as laptops, smart phones or tablets shall be encrypted with a minimum of 128 bit AES encryption with password protection.
- 4.4 Staff with access to Health Navigator information shall keep information confidential.
- 4.5 Staff are informed of ASPIN's confidentiality policies and procedures at hire and annually through staff training. Contract staff shall be informed of the confidentiality policies and procedures via their contract and held to the same level as regular staff.
- 4.6 No confidential Health Navigator information shall be released by ASPIN other than for the purposes of facilitation selection of a Qualified Health Plan or referral to a state agency.
- 4.7 In the event that any PHI is inappropriately accessed or released, ASPIN shall:
 - .1 Immediately attempt to stop the breach and/or acquire the information that was inappropriately accessed or released.
 - .2 Notify the individual(s) whose information was breached.
 - .3 Notify all appropriate government and legal entities.
 - .4 Take appropriate action to protect the individual(s) from any harm as a result of the breach.
 - .5 Conduct an internal investigation and complete any identified corrective actions as a result of the incident.
- In the event that PHI is requested by an external source (such as for an audit, in response to a subpoena, search warrant or court order), ASPIN staff shall respond in accordance to ASPIN's policy and procedure: I-109 Response to External Investigations.
- 4.9 ASPIN shall inform individuals who are seeking assistance with selecting a Qualified Health Plan of the organization's policies and procedures regarding confidentiality of information via a statement on the Health Navigation Website.

ASPIN POLICY AND PROCEDURE MANUAL

PROCEDURE: Confidentiality of Health Navigator Information **PAGE:** 2 of 3

PROCEDURE#: XV-001

5.0 <u>Review Responsibilities</u>: This procedure will be reviewed at least annually by the ASPIN CEO. Any policies that are modified substantially or expanded, shall be taken to the Executive Committee for review and then to the full Board for approval.

- 6.0 <u>Supersedes</u>: None
- 7.0 <u>Attachments</u>:
 - 7.1 Health Navigation Confidentiality Plan
 - 7.2 Conflict of Interest Attestation Form (A 018 10/13)
 - 7.3 Disclosure of Conflict of Interest Form (A 017 10/13)