

 SACVALLEY MEDSHARE	POLICY: <i>Breaches of Protected Health Information</i>	POLICY NUMBER: <i>SVMS-016.001</i>
Compliance Requirement	Author: Elizabeth L Steffen	Origination Date: 01/08/2015
42 USC §13402, 45 CFR 164.404, 508, 528(a)(2); CA Civil Code §1785.11.2, 1798.29, 82, 84; CA Health & Safety Code §1280.15; CMAA (Civil Code 56.06)	Revised By:	Revised Date:

Purpose and Principles:

The purpose of the Breaches of Protected Health Information Policy is to ensure that all possible laws and regulation are followed should a breach of protected health information (PHI) occur.

Scope and Accountability:

This policy applies to SacValley MedShare, all Participants and their Business Associates and/or contractors.

Policy Statement:

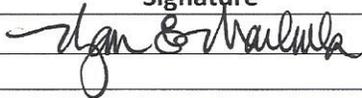
SacValley Medshare (SVMS) shall, per all applicable state and federal regulations, in the case of a breach of unsecured protected health information (PHI), as a business associate of the Participant, notify the Participant of the individual(s) who/whose unsecured PHI has been, or is reasonably believed by SVMS to have been accessed, acquired or disclosed as a result of such breach. SVMS shall cooperate in any investigation with a Participant in any investigation of the Participant’s privacy and/or security compliance, including those conducted by state or federal agencies. Participants shall cooperate with SVMS in any investigation of SVMS’s privacy and/or security compliance, including those conducted by state or federal agencies.

Duty to Investigate: Participants shall promptly investigate reported or suspected privacy breaches implicating privacy or security safeguards deployed by SVMS (or its contractors or business associates). Participants shall promptly notify SVMS as outlined in the Breaches of Protected Health Information Procedure (SVMS-PRO-003), and any other necessary Participant, should they have reason to believe that a breach was associated with Health Information Exchange (HIE) data. SVMS need not be notified of specific workforce disciplinary actions. Participant shall share summaries of its internal investigation with SVMS. SVMS will ensure that each investigation is fully documented.

Incident Response: SVMS shall implement an incident response program to handle known or suspected privacy breaches, whether reported by a Participant, Patient, or discovered by SVMS. The incident response system shall include the following elements:

- Cooperation in any investigation conducted by the Participant or a direct investigation by SVMS,
- Notification to other Participants or authorized users as needed to prevent further harm, or to enlist cooperation in the investigation, and/or mitigation of the breach,
- Cooperation in any mitigation steps initiated by the Participant,
- Furnishing audit logs and other information needed for the investigation,
- Developing and disseminating remediation plans to strengthen safeguards or hold Participant’s accountable, AND,
- Any other step(s) mutually agreed to as appropriate under the specific circumstances.

 SAC VALLEY MEDSHARE	POLICY: <i>Breaches of Protected Health Information</i>	POLICY NUMBER: <i>SVMS-016.001</i>
	Compliance Requirement 42 USC §13402, 45 CFR 164.404, 508, 528(a)(2); CA Civil Code §1785.11.2, 1798.29, 82, 84; CA Health & Safety Code §1280.15; CMIA (Civil Code 56.06)	Author: Elizabeth L Steffen Revised By:

Authorization	Name	Signature	Date
Board Chair	Myron E. Machula		4/3/2015
Compliance Officer			
Executive Director			

Reference:

Central Illinois Health Information Exchange Privacy Policies. (2011, December)

Version	Date	Author	Comment
.001	02/02/2015	E. Steffen/J. Helvey/M. Jensen/K. Dorsey-Tyler	Initial release.