

HIPAA Privacy/Security – Breach Notification Requirements AD.HPS05

POLICY:

Lifesong Hospice and Palliative Care follows Federal and State notification requirements when a breach of unsecured protected health information (PHI) is discovered.

DEFINITIONS:

Breach - the acquisition, access, use or disclosure of protected health information in a manner not permitted by the Privacy Rule which compromises the security or privacy of the PHI.

Unsecured protected health information - Protected health information that is not rendered unusable, unreadable or indecipherable by encryption or destruction.

Affected individual - Person whose PHI was breached.

PROCEDURE:

1. All incidents related to a suspected or actual breach of unsecured PHI are reported to the Privacy Officer as soon as discovered.
2. An immediate investigation is conducted and a Breach Risk Assessment is completed and its findings documented in a breach risk assessment summary.
3. Based on the findings of the investigation, a determination is made regarding if there is a probability that the PHI has been compromised and therefore constitutes a reportable breach.
4. If the incident does not constitute a reportable breach, the Privacy Officer retains the documented findings of the breach risk assessment and the breach risk assessment summary for six (6) years from the date the incident occurred.
5. If a reportable breach has occurred, relevant information is gathered for the breach notification letter to be sent to affected individuals as soon as possible but no later than sixty (60) calendar days from the date of the discovery of the breach.
6. The written breach notification letter is sent by first class mail to the last known address of the affected individual(s).
7. Hospice co-workers may not grant or deny a patient's request for restrictions without prior authorization from the Privacy Officer or designee.

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8. If the affected individual is deceased and contact information for next of kin or the personal representative is inaccurate or unavailable, no further notifications are required although the breach will be included in the hospice's annual accounting of reportable breaches to the government.
9. If the hospice is unable to reach more than ten of the affected individuals, the hospice will post a conspicuous notification on its website for ninety (90) days and/or notify media in the location(s) where the affected individuals are believed to reside.
10. If a breach affects more than five hundred (500) individuals in a specific State or jurisdiction, prominent media outlets are contacted within sixty (60) calendar days of discovery of the breach, and a prominent notice is placed on the hospice's website in addition to the individual notification of affected individuals.
11. If more than five hundred (500) individuals are affected by a breach, [Country Meadows Hospice] will notify Health and Human Services (HHS) within sixty calendar days of discovery of the breach following the instructions posted on its website.
12. For each breach that occurs within a calendar year that affects less than five hundred (500) individuals, [Country Meadows Hospice] will maintain documentation of all information related to the breach and its investigation and provide an accounting of all such breaches to HHS within sixty (60) days following the end of the calendar year. This accounting is provided in accordance with instructions posted on HHS' website.
13. All documentation related to all breaches discovered by the hospice or any of its business associates is maintained for six (6) years from the date of discovery of the breach.

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