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☒ Policy & Procedure ☐ Process Guideline

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☐ Plan

☐ System Description

Retired: _____

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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
- ☒ The requirements herein apply to both GCBH BH-ASO and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To define training requirements for Greater Columbia Behavioral Health (GCBH BH-ASO) staff concerning Privacy and Security.

POLICY

- A. GCBH BH-ASO trains all members of its staff on the policies and procedures with respect to protected health information as necessary and appropriate to enable the members of staff to carry out their function within the organization.
- B. GCBH BH-ASO documents that the training has been provided through maintenance of signed acknowledgements by all staff upon completion of any required training. This acknowledgement includes a statement that the staff member will honor all GCBH BH-ASO's security and privacy policies and procedures.
- C. Once this training program has been received and acknowledged by all current staff, GCBH BH-ASO deploys a continuing training plan.

PROCEDURE

1. The training is provided to:
 - 1.1. Each member of GCBH BH-ASO's staff and other persons employed or volunteers who are likely to have contact with protected health information.
 - 1.2. All new hires within 30 days of hiring; and
 - 1.3. Each staff member whose functions are affected by a material change in the policies or procedures of GCBH BH-ASO, within a reasonable period of time after the material change becomes effective.
2. The training on privacy and security includes, but is not limited to, the following topics:
 - 2.1. General awareness of privacy and security issues, including specific awareness of HIPAA, 42 CFR Part 2, and HITECH regulations and requirements.
 - 2.2. GCBH BH-ASO policies and procedures with respect to protected health information and information security.
 - 2.3. Vulnerabilities of health information in GCBH BH-ASO's environment.
 - 2.4. Security responsibilities of each staff member:
 - 2.4.1. General security awareness and responsibility

- 2.4.2. Password protection
- 2.4.3. Virus prevention
- 2.4.4. Data backup procedures
- 2.4.5. Remote access
- 2.4.6. Removal of information from GCBH BH-ASO
- 2.4.7. Individual records outside of the official medical record
- 2.4.8. Proper authorization and consent to release procedures
- 2.4.9. Workstation acceptable use policies and practices
- 2.4.10. Individual rights and responsibilities regarding protected health information and confidential records
- 2.5. Procedures to follow in case of a suspected breach of privacy or security.
- 2.6. Disaster plan and emergency procedures.
- 2.7. Facility safety and security:
 - 2.7.1. Ensuring that the GCBH BH-ASO main office is always kept locked.
 - 2.7.2. The GCBH BH-ASO main office maintains access for employees or approved contractors through controlled key access with a keypad alarm. Staff are not to provide access to non-approved persons.
 - 2.7.3. GCBH BH-ASO staff will wear their ASO distributed identification tags when they are in the office or when they are representing the ASO in community functions or activities.
 - 2.7.4. Guests are not allowed to access to the GCBH BH-ASO main office unless accompanied by a GCBH BH-ASO staff member.
 - 2.7.4.1. Guests attending GCBH BH-ASO meetings or community sessions will be allowed access to the public areas only, with staff offices remaining locked.
 - 2.7.5. Guests are not allowed access to the GCBH BH-ASO networks or systems.
- 3. Continuing training includes the following features:
 - 3.1. Basic security awareness training as outlined above will be repeated for all staff at least once every three years after the initial training. Staff members receiving this follow-up training will complete another acknowledgement of training receipt form. HIPAA/42 CFR Part 2 training needs to be yearly in order to keep PRISM access.

APPROVAL


Karen Richardson or Sindi Saunders, Co-Directors

3/2/2023
Date