

Document Type:¹

☒ Policy & Procedure ☐ Process Guideline
☐ Plan ☐ System Description

Adopted: 1/1/2019
Last Reviewed: 3/11/2026
Retired: _____

Revisions: 2/28/2020, 4/14/2022, 4/16/2024, 3/11/2026

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 both to 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 address requirements given in 45 CFR § 160, 45 CFR § 164 Subparts A and E, RCW 70.02.005, and 42 CFR Part 2 for securing protected health information during electronic transmission.

DEFINITIONS

- I. Protected Health Information (PHI): Any identifying information that could indicate or suggest a person's health care status, health care payments, or provision of care.
- II. Health Insurance Portability and Accountability Act of 1996 (HIPAA): Federal law with guidelines regarding data access, security, etc. Information regarding this act can be found at <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>.
- III. 42 CFR Part 2: Federal regulations enacted into law and revised over the years, governing the confidentiality of drug and alcohol abuse treatment and prevention records. The regulations set forth requirements applicable to certain federally assisted substance abuse treatment programs limiting the use and disclosure of substance abuse patient records and identifying information.
- IV. Health Information Technology for Economic and Clinical Health 04/27/09 (HITECH): <https://www.hhs.gov/hipaa/for-professionals/security/guidance/hitech-act-breach-notification-guidance/index.html>.

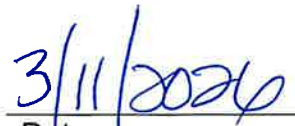
POLICY

- A. Greater Columbia Behavioral Health (GCBH BH-ASO) and its network providers maintain technical security measures to guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network.
- B. GCBH BH-ASO and its network providers maintain current documentation outlining the specific procedures associated with assuring secure data transmission and assure that staff engaged in data transmission understands and adhere to these procedures. At a minimum, these procedures address practices to ensure email, Internet, and fax security.
- C. The minimum allowable encryption level for PHI is AES-128, TLS 1.2, or a stronger alternative.
- D. GCBH BH-ASO Staff conduct onsite reviews of provider agencies biennially to verify compliance with this policy.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors



Date