Policy: The Division agencies are repositories of individual's protected health information (PHI). The flow of employees, contractors, consultants, temporary staff, consumers, and visitors in Division agencies must be controlled to minimize the risk of incidental or accidental disclosure of PHI and to safeguard the Division's buildings and equipment.

Purpose: The purpose of this policy is to implement physical safeguards that limit unauthorized access to or incidental disclosure of PHI in the Division agencies. The following safeguards focus on the physical arrangement and security of office spaces and equipment.

Procedures:

I. Access Controls

A. Non-public doors will remain locked at all times.

B. All Division employees, contractors, consultants, temporary staff and visitors must wear identification badges at all times while in Division agencies/facilities. Upon termination of employment, an employee's identification badge must be returned to the agency's personnel office.

C. Visitors entering the office/facility who are not MHDS staff members must sign a sign-in sheet at the reception desk. They will be given a visitor badge and will be escorted to their destination within the office/facility. Upon conclusion of their business, they will be escorted back to the reception desk to return their visitor badge and sign out. Posters/signs must be displayed on the walls making visitors aware of this policy.

D. Visitors' access into work areas must be limited to official business.

II. Workstation/Office Environment

A. PHI on paper or recorded on diskettes, back-up tapes, and other portable hardware will not be removed from Division agencies unless necessary to carry out job functions (e.g. assessments done in the home of a consumer).

B. When portable hardware is removed from Division offices for legitimate reasons, staff is responsible for the security of the PHI in their care and will take precautions to prevent theft and/or unauthorized access. Portable hardware used to record and store PHI will not be used for personal activities of Division staff, family or others.

C. Use of workstations by visiting personnel will be controlled or supervised in a manner that prevents unauthorized access to PHI.

D. Computers will be arranged so that screens are not visible to unauthorized persons.

E. PHI will be cleared from computer screens when the information is not actually being used.

F. Computers will be turned off at night and locked (alt-ctrl-del) or logged off when the authorized user is otherwise absent from his/her workstation for an extended period of time.

G. Fax machines, printers, copiers and phone message centers will be placed in non-public areas, whenever possible.

H. If a fax machine is capable of receiving and storing data for next-day printing, paper will be removed from the machine at night or it will be turned off to prevent incidental disclosure of or unauthorized access to PHI by unsupervised personnel (i.e., custodial staff).

I. Staff mailboxes will be located in a secure area or, at a minimum, in a non-public area.

J. Mail pick-up and delivery stations will be located in a controlled or supervised area.

K. Documents containing PHI that are intended for pick-up by walk-ins will be kept in a sealed envelope in a supervised location. The identity of the individual picking up the documents must be verified.

L. When in/out boards are used in an office, limited information about staff whereabouts will be recorded (e.g. “field” instead of Jane Doe home visit”). More complete information may be kept discreetly at the worker’s station.

M. Private rooms will be available for staff to meet with individuals. If this is not feasible, meetings/interviews will be conducted as discretely as possible.

III. Paper Handling and Disposal

A. Documents or files containing PHI must be returned to their appropriate storage areas at the end of the day or when an individual is otherwise absent from his/her workstation for an extended period of time.

B. PHI in documents and non-electronic files must be stored in locked file cabinets or located in offices with locked doors when employees are away from their workstations.

C. Documents or files containing PHI that do not require retention must be shredded by authorized personnel trained in the proper handling of PHI.

D. Documents or files containing PHI that are awaiting destruction must be kept in secure areas, marked as confidential, and disposed of as soon as possible.

E. Contracts without outside disposal companies must include requirements that safeguard the handling of PHI.

IV. Each Division agency shall develop specific written procedures to implement the provisions of this policy or shall incorporate this policy into their agency policies.

Administrator

Effective Date: 4/15/03
Date Revised: 4/15/03; 8/20/07
Date Approved by MHDS Commission: