

TASKS	VENDOR	% of Work Completed to Date	% of Work Remaining	Billed this Invoice	Balance Remaining
<p>Task One – Assessment of Current HIPAA Compliance by Various Departments</p> <p>Border Visions Consulting Group L.L.C. will provide a complete assessment of each of the departments to identify where the County of Hidalgo is non compliant of HIPAA regulations. All departments which handle protected health information will be part of the assessment.</p>	<p>BorderVisions Consulting Group</p>	<p>100</p>	<p>0</p>	<p>\$1,500</p>	<p>\$0</p>
<p>Task Two – Train the Trainer Program</p> <p>Border Visions Consulting Group L.L.C. will develop a curriculum for establishing a train the trainer program. The program will be developed to be used for in house trainers and program compliance inspectors.</p> <p>Provide a Two day training program for train the trainer. Each trainer shall be responsible for understanding County approved HIPAA policies and procedures, train each of the county employees who deal with protected health information, designing a system to ensure follow up for inspecting compliance, and renewing business associate agreements on a yearly basis and prepare new one for new vendors.</p>	<p>BorderVisions Consulting Group</p>				<p>\$5,000</p>
<p>Task Three – Business Associate Agreements</p> <p>Create new agreements for all county vendors which provide health services to the County of Hidalgo</p>	<p>BorderVisions Consulting Group</p>	<p>53</p>	<p>47</p>	<p>\$1,166.68</p>	<p>\$2,333.32</p>
<p>Task Four- Privacy Officer/ Contact Person/ Security Officer Training Program</p> <p>The Privacy Officer will be trained for directing the development and implementation of the latest federal privacy policies, procedures and practices throughout Hidalgo County, including overseeing training, communications, compliance monitoring, handling of complaints and compliance issues, and resolving any issues involving the uses or disclosures of protected health information ("PHI").</p> <p>The Contact Person will be trained supervise the safeguarding of PHI within the workplace. This person will provide leadership and guidance in establishing, overseeing and coordinating information security throughout the office and in ensuring compliance with HIPAA security requirements.</p> <p>The Security Officer will be trained for the ongoing management of information security policies, procedures and technical systems in order to maintain the confidentiality, integrity and availability of all organizational healthcare</p>	<p>BorderVisions Consulting Group</p>	<p>30</p>	<p>70</p>	<p>\$1,500</p>	<p>\$3,500</p>
<p>Task Five – Employee Training Program (New Hires/Promotions)</p> <p>Border Visions Consulting Group L.L.C. shall provide a total of 6 training sessions (two per month). Each class will hold a maximum of 30 students in each class. Any staff who does not make these training session will be trained by internal county staff who will be prepared to do so. Each of the County Trainers will be required to attend all six of these trainings prior to hold a session on their own.</p>	<p>BorderVisions Consulting Group</p>	<p>53</p>	<p>47</p>	<p>\$1,166.68</p>	<p>\$2,333.32</p>
<p>Task Six –Policies and Procedures Manual Training for Key Personnel</p> <p>Border Visions Consulting Group L.L.C. shall provide a total of three (3) two (2) day training sessions (one per month) Each class will hold a maximum of 15 students and provide an understanding of County approved policies and procedures as mandated by federal law. County trainers, privacy officer, contact person, and security officer will be required to attend at least one of these training sessions</p>	<p>BorderVisions Consulting Group</p>	<p>53</p>	<p>47</p>	<p>\$1,166.66</p>	<p>\$2,333.32</p>

Home work List :

- 1) Make sure all clients have notice of Privacy Practices (HIPAA for)
- 2) Make sure info. on HIPAA form address, #, are updated.
- 3) CB Rom or updates needed?
- 4) Set up meeting w/ Lydia, Connie about Retention Log to send for storage, work w/ IT to scan or create Central Processing Unit?
- 5) May share this info. w/ Bio (Preparedness & Response to)
- 6) Who has authorization ~~to~~ ^{to give} copies of PHI?
RN, LVN, etc.
- 7) Need poster sign of Notice of Privacy Practice in waiting room.
- 8) Where do clients consent for HIPAA? general consent under Privacy Notice.
- scan general consent and keep in Retention Log?
- 9) Logs. what/which do we need? see pg. 2
- 10) Q. Mtg Pt. wanting husband etc. to listen to FHT's
A. Not is consent?
- 11) Students that go to clinics for clinicals (staff want to know how do THEY know that agreement was made between Health Dept and University?
Generic letters vs. Communicable Disease letter
Rubella gives result in mail

2) Business ^{Associate} Agreement between
if not should not be used
pg 44 / pg 93

TP30 doctors?
& Health Dept.

② Business Associate Agreement does one exist bet. (P)
P30 doctors & Health Dept. pg. 44 / pg 93
if not should not be used.

③ Disclosure Fax Cover Statement
shared info. as requested by CDC for communicable
disease?

④ Referral Form?

⑤ Establish a fax policy between Business Associate Agreement
determine guidelines for faxing results.
Gatekeeper System?

⑥ Balde Guerra Privacy Officer or NOT?
address?
telephone #?

update HIPPA Manual = new/correct or updated
information.

⑦ Shouldn't all staff attend HIPPA training?
Not just supervisors/clerk managers
? if single person employed = H.P. should attend training.
? New employees / existing employees job duties change
provide training = in reasonable time

① Identify all staff members at clinics email to Lydia
or Connie

Business Associate Agreement

This agreement is entered into effective this ____ day of _____, 2007 between the County of Hidalgo hereinafter referred to as "Covered Entity", with administrative offices located at 100 E. Cano, Edinburg, TX. 78539 and {{VENDOR_NAME}} hereinafter referred to as "Business Associate", located at {{ADDRESS 1}} • {{ADDRESS 4}} • {{STATE}} • {{ZIP}}.

WHEREAS, Covered Entity and Business Associate maintain a business relationship, which the Health Insurance Portability and Accountability Act of 1996 and accompanying regulations (collectively, "HIPAA") classify as a "Business Association" relationship;

WHEREAS, the relationship between the parties involves the transfer of Protected Health Information ("PHI"), as defined and regulated under HIPAA; and

WHEREAS, HIPAA requires that the Covered Entity enter into an agreement similar to this Agreement to preserve the confidentiality of the PHI shared between the parties.

NOW THEREFORE, the parties agree to the following:

1. Business Associate Duties:

- a. Business Associate shall make no further uses or disclosures of the PHI than permitted by this Agreement or required by law.
- b. A Business Associate who receives protected PHI may only use that information for prescribed purpose, for proper management and administration of the prescribed purpose, or to carry out any legal responsibilities that Business Associate might have.
- c. All PHI entrusted with the Business Associate by the Covered Entity shall remain confidential and all breaches of confidentiality, whether intentional or accidental shall be reported to the Covered Entity immediately after Business Associate becomes aware of any such breach of confidentiality.
- d. Business Associate shall make available all records, books and procedures relating to the PHI whenever the appropriate governmental official or agency requests such information. Business Associate shall notify Covered Entity as soon as practicable after any government official or agency makes such a request.
- e. Business Associate shall maintain an accounting of all the Business Associate's disclosures of protected health information and shall provide a copy of such accounting to the Covered Entity upon reasonable request.

- f. Business Associate shall provide Covered Entity or authorized employees, agents, or assigns reasonable access to any PHI maintained by Business Associate for the purpose of amending any PHI.
- g. Business Associate, agents, and subcontractors shall make no use or disclosure of PHI that the Covered Entity could not legally make.
- h. Business Associate shall not disclose any PHI to any individual or entity, other than the individual who is the subject of the PHI or to Business Associates authorized employees, agents, subcontractors, or assigns, unless directed to do so by the Covered Entity or unless required by law.
- i. Business Associate agrees to mitigate, to the extent practicable, any harmful effect of a use or disclosure of PHI by Business Associate that become known to Business Associate in violation of the requirements of this Agreement.
- j. Business Associate agrees to take any or all measures necessary to ensure that it is in compliance with HIPAA relating to the PHI entrusted to it by the Covered Entity.
- k. Business Associate agrees to document all disclosures of PHI and information related to such disclosures.
- l. Business Associate agrees to provide the Covered Entity information on documented disclosures in accordance with Subsection (k) above of this Agreement, so as to enable Covered Entity to respond to a request by an individual for an accounting of PHI in accordance with 45 CFR 164.528.
- m. Upon termination of the business relationship between the parties, Business Associate shall return any and all PHI that was transferred to Business Associate by Covered Entity, if practicable. If not practicable, Business Associate shall continue to abide by the confidentiality requirements of this Agreement and HIPAA. Business Associate shall be liable for any and all damages, fines, or penalties resulting from any breach of such confidentiality by Business Associate after the termination of the business relationship between the parties.
- n. This Agreement shall supercede any inconsistent prior agreement between the parties only to the extent of the inconsistency.

2. Covered Entity Duties:

- a. Covered Entity shall make all reasonable efforts to assist Business Associate in complying with this Agreement and with HIPAA.
- b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by individual to use or disclosure PHI, to the

extent that such change may affect Business Associate's use or disclosure of PHI.

- c. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.
- d. Covered Entity shall indemnify and hold harmless Business Associate for any intentional or negligent act or omission by the Covered Entity or agents, employees, or assigns that result in Business Associate suffering any liability under HIPAA.

3. Term and Termination:

- a. **Term:** The Term of the Agreement shall be effective immediately and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
- b. **Termination for Cause:** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
 - 1. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity.
 - 2. Immediately terminate this Agreement if Business Associate as breached a material term of this agreement and cure is not possible, or
 - 3. If neither termination or cure are feasible. Covered Entity shall report the violation to the appropriate authorities and shall terminate this Agreement and any other agreements between the parties that involve the transfer of PHI.
- c. **Effect of Termination:**
 - 1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy PHI received by Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
 - 2. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to

Covered Entity notification of the conditions that make return or destruction infeasible. Upon determination that return or destruction of PHI is infeasible. Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

4. **Texas Law To Apply:**

This agreement shall be construed under and in accordance with the laws of the State of Texas, and all obligation of the parties created hereunder are performable in Hidalgo County, Texas. The parties hereby consent to personal jurisdiction in Hidalgo County, Texas.

Executed this _____.

Covered Entity

J D Salinas III
Hidalgo County Judge

Business Associate

By: {{MAILING_NAME}}
{{TITLE}}



SIGN-IN SHEET

HIDALGO COUNTY HIPAA Training

DATE: November 19, 2007

Print Name	Signature
Gloria Salinas RN	<i>Gloria Salinas RN</i>
Zaida Peña Clerk	<i>Zaida Peña Clerk</i>
Rosemary Maldonado	<i>Rosemary Maldonado</i>
Jesus E. Sanchez	<i>Jesus E Sanchez</i>
Elvia Reyes	<i>Elvia Reyes</i>
Martha I. Flores	<i>Martha I Flores</i>
Lucila Vargas	<i>Lucila Vargas</i>
EMILIA ARANCIBIA	<i>Emilia Arancibia</i>
Connie Sanchez	<i>Connie Sanchez</i>
Maricela Espinosa	<i>Maricela Espinosa</i>



SIGN-IN SHEET

HIDALGO COUNTY HIPAA Training

DATE: November 19, 2007

Print Name	Signature
Veronica Hernandez	Veronica Hernandez Westaco Clinic
Elva Murphy	Elva Murphy
Sandra Medina	Sandra Medina
Dylor Rocha	Dylor Rocha
Hortencia Ballestras	Hortencia Ballestras
Maria T. Esquivel	Maria T Esquivel



SIGN-IN SHEET

HIDALGO COUNTY HIPAA Training

DATE: November 19, 2007

Print Name	Signature
Clara Rodriguez	<i>Clara Rodriguez</i>
Minerva Carranza	<i>Minerva Carranza</i>
Delia Garcia	<i>Delia Garcia</i>
CYNTHIA OROZCO	<i>Cynthia Orozco</i>
BARBARA HERNANDEZ	<i>Barbara Hernandez</i>
Lilibeth Garcia	<i>Lilibeth Garcia</i>



SIGN-IN SHEET

HIDALGO COUNTY HIPAA Training

DATE: November 19, 2007

Print Name	Signature
Leticia Escobedo	Leticia Escobedo
Nydia Garcia	Nydia Garcia
Victoria M. Garza	Victoria M. Garza
Ann Cecilia Lopez	Ann Cecilia Lopez
Olita Estrada	Olita Estrada
Johanna Vallejo	Johanna Vallejo
Graciela Sentes	Graciela Sentes
Jesus Phuen	Jesus Phuen

November 26²⁶, 2007 - Health Department

Pint

Gloria Baez
manica m. Zuniga
Mari Ruano
LILIA B. VELASCO
SANDRA S. MARTINEZ
Rebecca Rios
Adriana Villalpando Infante
Jumvita R. Garcia
Rigoberto Hinojosa
Marissa Escamilla
Alma Lugo
Soraida Flores
ERNESTINA SALAZAR
Mary J. Cantu
Norma De Leon
Lourdes A. Macias
Petra Rubio
Dairen Sarmiento
Lydia Serna
Rosa Laura Tovar
Pamela Rivas
Yolanda Alafa
Herminia Gonzalez
Monica Espinoza
Norma L. Garza RN
Jessica Garcia

Sign

Gloria Baez
Manica Zuniga
Mari Ruano
Lilia B. Velasco
Sandra S. Martinez
Rebecca Rios
Adriana Villalpando Infante
Jumvita R. Garcia
Rigoberto Hinojosa
Marissa Escamilla, RN
Alma Lugo
Soraida Flores
Ernestina Salazar
Mary Cantu
Norma De Leon
Lourdes A. Macias
Petra Rubio
Dairen Sarmiento
Lydia Serna
Rosa Laura Tovar
Pamela Rivas
Yolanda Alafa
Herminia Gonzalez
Monica Espinoza
Norma L. Garza
Jessica Garcia

Print

11/26/07

Alcida Gutierrez

Josie Escalante

Sign

Alcida Gutierrez

Josie Escalante

Privacy Assessment Tool

Q#	Section/Regulation	Question	Response	Rule Comments
1	164.506(a). Consent for uses or disclosures to carry out treatment, payment, or health care operations.	Do you obtain an individual's consent prior to using or disclosing PHI to carry out treatment payment or health care operations? (See regulation for implementation specifications and definition of PHI)		Final rule requires consent for these purposes except in the following circumstances: provider has an indirect treatment relationship, individual is an inmate, in emergency treatment situations, law requires provider to treat individual, attempts are made to obtain consent but barriers to communication exist and consent to receive treatment is inferred from the circumstances.
2	164.506(a). Consent for uses or disclosures to carry out treatment, payment, or health care operations.	Does your consent form meet the requirements of the HIPAA regulation? (See regulation for the content requirements of the consent.)		The regulation lists the requirements for a valid consent. See regulation for the list of these requirements.
3	164.506(a). Consent for uses or disclosures to carry out treatment, payment, or health care operations.	Do you have a process in place to document failure to obtain a consent?		Failure to obtain a consent must be documented. The documentation must contain information about the attempt to obtain consent and the reason why consent was not obtained.
4	164.506(a). Consent for uses or disclosures to carry out treatment, payment, or health care operations.	Do you have a process in place to allow individuals to revoke a consent?		An individual may revoke a consent at anytime except to the extent that action has already been taken based on the existing consent. The revocation must be in writing.
5	164.506(a). Consent for uses or disclosures to carry out treatment, payment, or health care operations.	Do you have a record retention process in place that includes these consents?		Signed consents must be documented and retained in original or electronic copy for six years from the date of creation or the date that it was last in effect, whichever is later.
6	164.506(a). Consent for uses or disclosures to carry out treatment, payment, or health care operations.	Do you have a process in place to resolve conflicts between consents and any other authorization or written legal permission for use/disclosure of PHI for payment, treatment, or health care operations?		If a conflict exists, use and disclosure must follow the most restrictive document. The conflict may be resolved by obtaining a new consent or communicating (orally or in writing) with the individual to determine the individual's preference. This preference must be documented and followed.
7	164.508(a). Uses and disclosures for which an authorization is required.	Do you have a policy and procedure for obtaining authorization for use and disclosure of PHI for purposes other than payment, treatment, or health care operations?		The regulation requires authorization for uses and disclosure of PHI other than those obtained under the consent for payment, treatment, and health care operations or otherwise allowed under the rule.
8	164.508(b). Uses and disclosures for which an authorization is required.	If yes to the above, does your authorization form meet the regulation requirements? (See regulation for a list of the requirements).		The regulation spells out the core elements to an authorization as well as implementation specifications.
9	164.508(a). Uses and disclosures for which an authorization is required.	Do you generate psychotherapy notes? If yes, are these notes shared with or disclosed to anyone? (See regulation for definition of psychotherapy notes.)		Specific individual authorization is needed before this information could be disclosed with a few exceptions. These exceptions are listed in the regulation.

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10	164.508(b)(3). Uses and disclosures for which an authorization is required.	Do you ever use "compound" or combined authorizations?		Authorizations for use and disclosure of PHI may not be combined with any other document to create a compound authorization except under specific conditions. These conditions are listed in the regulation.
11	164.508(b)(4). Uses and disclosures for which an authorization is required.	Do you ever condition treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of an authorization from an individual?		Treatment, payment, enrollment in the health plan, or eligibility for benefits to an individual may not be conditioned on the provision of an authorization except under certain exceptions. See regulation for these exceptions.
12	164.508(b)(5). Uses and disclosures for which an authorization is required. Revocation of Authorization.	Do you have policies and procedures that allow for the revocation of an authorization?		An individual may revoke an authorization at anytime except to the extent that action has already been taken based on the existing consent, or if the authorization was obtained as a condition for obtaining insurance coverage, other law provides the insurer the right to contest a claim under the policy. The revocation must be in writing.
13	164.508(b)(6). Uses and disclosures for which an authorization is required. Documentation.	Do you have a documentation process in place that includes these authorizations?		Signed authorizations must be documented and retained in original or electronic copy for six years from the date of creation or the date that it was last in effect, whichever is later.
14	164.510(a). Uses and disclosure requiring an opportunity for the individual to agree or to object. Use and disclosure for facility directories.	Do you maintain a facility directory? If so does your directory contain only the allowable PHI?		The following PHI may be used in a facility directory: Individual's name, location within the facility, condition in general terms that does not communicate specific medical information, and religious affiliation.
15	164.510(a). Uses and disclosure requiring an opportunity for the individual to agree or to object. Use and disclosure for facility directories.	Does your policy regarding your facility directory allow for disclosure only to clergy and to persons asking for the individual by name?		Disclosure of directory information is allowed to members of the clergy or to persons who, except for religious affiliation, ask for the individual by name.
16	164.510(a). Uses and disclosure requiring an opportunity for the individual to agree or to object. Use and disclosure for facility directories.	Does your policy regarding your facility directory allow for the individual to restrict or prohibit some or all of the uses of directory information?		An individual must be informed of the PHI that may be included in a directory, to whom the information may be disclosed, and provide the individual with an opportunity to restrict or prohibit some or all of the uses of the PHI.
17	164.510(a). Uses and disclosure requiring an opportunity for the individual to agree or to object. Use and disclosure for facility directories.	Does your policy regarding your facility directory allow for use or disclosure of PHI in the facility directory in emergency circumstances?		If an opportunity to object is not able to be provided due to an individual's incapacity or an emergency treatment situation, PHI may be used in a facility directory under certain guidelines. See regulation for these restrictions.
18	164.510(b). Uses and disclosure requiring an opportunity for the individual to agree or to object. Uses and disclosures for involvement in the individual's care and notification purposes.	Do you ever disclose PHI to a family member, other relative, or close personal friend of the individual?		A covered entity may disclose to a family member, other relative, or close personal friend of the individual, or any other person identified by the individual, the PHI directly relevant to such person's involvement with the individual's care or payment related to the care if the disclosure is in accordance with certain requirements (See regulation for requirements).

Q#	Section/Regulation	Question	Response	Rule Comments
19	164.510(b). Uses and disclosure requiring an opportunity for the individual to agree or to object. Uses and disclosures for involvement in the individual's care and notification purposes.	If yes to the above, does your disclosure policy meet the requirements of the regulation? (See regulation for requirements).		There are requirements to be met for disclosure depending upon whether or not the individual is present (See regulation for requirements).
20	164.510(b). Uses and disclosure requiring an opportunity for the individual to agree or to object. Uses and disclosures for involvement in the individual's care and notification purposes.	Do you ever disclose PHI to notify, or assist in the notification (including identifying or locating) a family member, personal representative, or another person responsible for the individual's care of the individual's location, general condition or death?		A covered entity may disclose PHI to notify, or assist in the notification (including identifying or locating) a family member, personal representative, or another person responsible for the individual's care of the individual's location, general condition, or death if the disclosure is in accordance with certain requirements (See regulation for requirements).
21	164.510(b). Uses and disclosure requiring an opportunity for the individual to agree or to object. Uses and disclosures for involvement in the individual's care and notification purposes.	If yes to the above, does your disclosure policy meet the requirements of the regulation? (See regulation for requirements).		There are requirements to be met for disclosure depending upon if the individual is present or not, or the disclosure is for disaster relief purposes (See regulation for requirements).
22	164.510(b). Uses and disclosure requiring an opportunity for the individual to agree or to object. Uses and disclosures for involvement in the individual's care and notification purposes.	Do you ever allow persons to act on the behalf of individuals to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI? If so does your disclosure policy meet the requirements of the regulation?		A covered entity may use professional judgment and experience with common practice to make reasonable inferences of the individual's best interest in allowing a person to act on behalf of the individual to pick up these items, if the individual is not present or able to agree or object to the disclosure.
23	164.512(b). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for public health activities.	Do you ever release PHI for public health activities (i.e., surveillance, communicable disease investigations, registries, birth or deaths, product defects or problems, adverse events, etc.)?		This type of PHI may be disclosed to a health authority that is authorized by law to collect or receive such information for the purpose of preventing, or controlling disease, injury, or disability. Must be sure policy & procedures match regulation (pp. 82813 & 82814).
24	164.512(b). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for public health activities.	Do you ever release PHI to an authority authorized by law to receive reports of child abuse or neglect?		This is not restricted, but do need to review process/policies to be sure match regulation (pp 82813 & 82814).
25	164.512(b). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for public health activities.	Do you ever release PHI to a person under the jurisdiction of the Food and Drug Administration?		Disclosure is not restricted for the purpose of reporting adverse events, product defects / problems, or biological product deviations, or for tracking products, enable recalls, repairs, or replacement, or for conducting post marketing surveillance.
26	164.512(b). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for public health activities.	Do you ever release PHI to persons who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition?		Disclosure is not restricted if the covered entity is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.

Q#	Section/Regulation	Question	Response	Rule Comments
27	164.512(b). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for public health activities.	Do you ever release PHI to employers about a member of the employers' workforce?		This is allowed, with some restriction, if you are a provider who is a member of the employer's workforce or who provides health care at the request of the employer for medical surveillance of the workplace, or to evaluate if the individual has a work related illness or injury. (See regulation for restrictions)
28	164.512(c). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Disclosures about victims of abuse, neglect, or domestic violence.	Do you ever disclose PHI about individuals you reasonably believe to be a victim of abuse, neglect, or domestic violence?		This is allowed, with some restrictions, if the disclosure is to a government authority, including social services or protective services authorized by law to receive such reports. (See regulation for restrictions)
29	164.512(d). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for health oversight activities.	Do you ever release information for health oversight activities (i.e., audits, civil, administrative, or criminal investigations, licensure or disciplinary actions, etc.) for appropriate oversight of the health care system, Government benefit programs (where PHI is relevant to government eligibility), or entities subject to government regulatory programs or civil rights laws where PHI is needed to determine compliance?		Disclosure is allowed for these appropriate oversight activities. However, disclosure is not allowed if the individual is the subject of the investigation or activity AND the activity is not related to receipt of health care, a claim for public health benefits, or qualification for public benefits when the patient's health is integral to the claim for public benefits.
30	164.512(e). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Disclosures for judicial and administrative proceedings.	Do you ever release PHI in the course of any judicial or administrative proceedings?		A covered entity may disclose PHI in the course of judicial or administrative proceedings if certain conditions are met. (See regulation for conditions)
31	164.512(f)(1). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Disclosures for law enforcement purposes. Pursuant to process and as otherwise required by law.	Do you ever release PHI to a law enforcement official pursuant to process and as otherwise required by law?		Information may be disclosed to law enforcement pursuant to process and as otherwise required by law if certain conditions are met. (See regulation for conditions)
32	164.512(f)(2). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Disclosures for law enforcement purposes. Limited information for identification and location purposes	Do you ever release PHI to a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person?		The following PHI may be disclosed: name & address; date & place of birth; social security number; ABO blood type & rh factor; type of injury; date & time of treatment; date and time of death; and description of distinguishing physical characteristics (including ht, wt, gender, race, hair/eye color, scars, tattoos, and facial hair). Except as permitted above, you may not disclose PHI related to DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue for purposes of location or identification.

Q#	Section/Regulation	Question	Response	Rule Comments
33	164.512(f)(3). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Disclosures for law enforcement purposes. Victims of a crime.	Do you ever release PHI to a law enforcement official about victims of a crime?		Information may be disclosed to law enforcement about victims of a crime if certain conditions are met. (See regulation for conditions)
34	164.512(f)(4). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Disclosures for law enforcement purposes. Decedents.	Do you ever release PHI to a law enforcement official about a person who has died for the purpose of alerting law enforcement of the death of the individual?		This type of disclosure is allowed if you have suspicion that the death may have resulted from criminal conduct.
35	164.512(f)(5). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Disclosures for law enforcement purposes. Crime on premises.	Do you ever release PHI to a law enforcement official about a criminal conduct that may have occurred on your premises?		Disclosure of PHI to a law enforcement official is allowed if you believe in good faith constitutes evidence of criminal conduct that has occurred on your premises.
36	164.512(f)(6). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Disclosures for law enforcement purposes. Reporting crime in emergencies.	Do you ever release PHI to a law enforcement official, in the course of responding to a medical emergency, that may be related to criminal conduct?		Disclosure of PHI in response to a medical emergency (except if the emergency is on your premises) is allowed if such disclosure appears necessary to alert law enforcement of the commission & nature of a crime; the location or such crime or victim; the identity, description, & location of perpetrator of such crime. If the medical emergency was the result of abuse, neglect, or domestic violence, you must follow the requirements related to that type of disclosure.
37	164.512(g)(1). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and Disclosures about decedents. Coroners and medical examiners.	Do you ever release PHI information about deceased persons to coroners or medical examiners?		Disclosure of PHI to coroners and medical examiners is allowed for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
38	164.512(g)(2). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and Disclosures about decedents. Funeral directors.	Do you ever release PHI information about deceased persons to funeral directors?		Disclosure of PHI to funeral directors is allowed to the extent the disclosure is consistent with applicable law, as necessary for the directors to carry out their duties with respect to the decedent. If necessary the disclosure may be made prior to and in reasonable anticipation of the individual's death.
39	164.512(h). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for cadaveric organ, eye, or tissue donation purposes.	Do you ever release PHI information to organ procurement organizations or organizations engaged in similar functions for the purpose of organ, eye, or tissue donation and transplantation?		Disclosure of PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue is allowed, for the purpose of facilitating such donation or transplantation.

Q#	Section/Regulation	Question	Response	Rule Comments
40	164.512(i). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for research purposes.	Do you ever use or disclose PHI for research?		Use and disclosure of PHI for research, regardless of the funding of the research is allowed, provided certain conditions are met. (See regulation for conditions).
41	164.512(j). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures to avert a serious threat to health or safety.	Do you ever use or disclose PHI for the purpose of averting a serious threat to health or safety?		Disclosure of PHI to avert a serious threat to health or safety is allowed, provided certain conditions are met. (See regulation for conditions).
42	164.512(k)(1)(i). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for specialized government functions. Military and veterans activities. Armed Forces personnel.	Do you ever use or disclose PHI of individual who are Armed Forces personnel?		Disclosure of PHI of Armed Forces personnel is allowed for the purpose of activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission. The military authority has had to have published a notice in the Federal Register that states who the appropriate military command authorities are and the purposes for which the PHI may be used or disclosed.
43	164.512(k)(1)(ii). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for specialized government functions. Military and veterans activities. Separation or discharge from military services.	This is only applicable to covered entities who are components of the Departments of Defense or Transportation.		These covered entities may disclose PHI of an individual who is a member of the Armed Forces to the Department of Veterans Affairs for the determination of the individual's eligibility for or entitlement to benefits under laws administered by the Secretary of Veterans Affairs.
44	164.512(k)(1)(iii). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for specialized government functions. Military and veterans activities. Veterans.	This is only applicable to covered entities who are a component of the Department of Veteran Affairs.		These covered entities may disclose PHI to components of the Department of Veterans Affairs that determine eligibility for or entitlement to benefits under laws administered by the Secretary of Veterans Affairs.
45	164.512(k)(1)(iv). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for specialized government functions. Military and veterans activities. Foreign military personnel.	Do you ever disclose PHI of individual who are foreign military personnel?		Covered entities may disclose PHI of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes that are permitted for Armed Forces personnel and under the same conditions.

Q#	Section/Regulation	Question	Response	Rule Comments
46	164.512(k)(2). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for specialized government functions. National security and intelligence activities.	Do you ever disclose PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities?		Such disclosure is allowed if the national security activities are authorized by the National Security Act (50 U.S.C. 401, et seq.) and implementing authority (e.g., Executive Order 12333).
47	164.512(k)(3). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for specialized government functions. Protective services for the President and others.	Do you ever disclose PHI to authorized federal officials for the provision of protective services to the President or other persons?		Such disclosure is allowed for the protective services of the President and other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879.
48	164.512(k)(4). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for specialized government functions. Medical suitability determinations.	This is only applicable to covered entities who are a component of the Department of State.		These covered entities may use PHI to make medical suitability determinations and may disclose whether or not the individual was found to be suitable to officials in the Dept. of State for specified purposes. (See the regulation for these purposes).
49	164.512(k)(5). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for specialized government functions. Correctional institutions and other law enforcement custodial situations.	Do you ever disclose to a correctional institution or law enforcement official having lawful custody of an inmate or other individual, PHI about the inmate or individual?		This disclosure is allowed if the institution or official represents such PHI is necessary for the provision of health care to the individual; the health and safety of the individual, other inmates, officers or employees of the institution, or persons transporting the individual; law enforcement on the premises of the institution; and administration and maintenance of the safety, security, and good order of the institution.
50	164.512(k)(6). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Uses and disclosures for specialized government functions. Covered entities that are government programs providing public benefits.	This is only applicable to covered entities that are health plans that are government programs providing public benefits or government agencies that administer a government program providing public benefits.		Disclosure of PHI relating to eligibility for enrollment is allowed to another government agency if the sharing of such information is in a single or combined data system accessible to all such government agencies and is required or authorized by statute or regulation, or if the programs serve similar or same populations and the disclosure is necessary to coordinate the functions of such programs.
51	164.512(l). Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. Disclosures for workers' compensation.	Do you ever disclose PHI to workers' compensation or other similar programs?		Such disclosure is allowed to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Q#	Section/Regulation	Question	Response	Rule Comments
52	164.514(a). Other requirements relating to uses and disclosures of protected health information. De-identification of PHI.	Do you ever use or disclose health information that does not identify an individual and where there is no reasonable basis to believe the individual can be identified?		This type of information is not considered to be individually identifiable health information, and therefore is not subject to the requirements of this regulation. However, there are requirements to be met to ensure the PHI is de-identified. (See regulation for requirements)
53	164.514(c). Other requirements relating to uses and disclosures of protected health information. Re-identification of PHI.	If you use de-identified information, do you ever have a need to re-identify the information?		A covered entity may assign a code or other means of record identification to re-identify information provided that the code or record identification is not derived from information related to the individual or otherwise capable of being translated to identify the individual; and the covered entity does not use or disclose the code or other record identification for any other purpose, and does not disclose the mechanism for re-identification.
54	164.514(d). Other requirements relating to uses and disclosures of protected health information. Minimum necessary disclosures of PHI.	Do you have policies and procedures that allow for making reasonable efforts to limit PHI to the minimum necessary to accomplish the purpose for which it is needed?		The regulation requires that when using or disclosing PHI, or requesting PHI from another covered entity, reasonable efforts are made to limit the PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Note: This minimum necessary standard does not apply to disclosures to a provider for treatment and other exceptions as noted in the regulation (164.502(b)(2)). (See Attachment 17 for the implementation specifications of minimum necessary uses of PHI).
55	164.514(d). Other requirements relating to uses and disclosures of protected health information. Minimum necessary disclosures of PHI.	Do you have policies and procedures that identify your workforce members who need access to protected health information to carry out their duties?		A covered entity must identify persons or classes of persons in the workforce who need access to PHI to carry out their duties. Also, for each person/class of person, the entity must identify and make reasonable efforts to limit that access to the category or categories of PHI to which access is needed and any conditions appropriate to such access.
56	164.514(e). Other requirements relating to uses and disclosures of protected health information. Uses and disclosures of protected health information for marketing.	Do you use PHI for marketing purposes?		A covered entity may use PHI for marketing purposes without an authorization if the marketing communication meets certain conditions. (See regulation for the list of conditions.)
57	164.514(f). Other requirements relating to uses and disclosures of protected health information. Uses and disclosures for fundraising.	Do you use PHI for fundraising purposes?		A covered entity may use PHI for fundraising purposes without an authorization if the use or disclosure meets certain conditions. (See regulation for the conditions.)
58	164.514(g). Other requirements relating to uses and disclosures of protected health information. Uses and disclosures for underwriting and related purposes.	Do you use PHI for the purpose of underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits?		If a health plan receives PHI for the listed purposes, and if such health insurance or health benefits are not placed with the plan, such health plan may not use or disclose the PHI for any other purpose, except as may be required by law.

Q#	Section/Regulation	Question	Response	Rule Comments
59	164.514(h). Other requirements relating to uses and disclosures of protected health information. Verification requirements.	Do you have policies and procedures in place to verify the identity and authority of persons requesting PHI and for obtaining any documentation, statements, or representation that is a condition of a disclosure?		The covered entity must verify the identity and authority of persons requesting PHI and obtain any required documents for the disclosure, except for disclosures requiring and opportunity for the individual to agree or object. (See regulation for the implementation specifications related to verification procedures.)
60	164.520(a). Notice of privacy practices for protected health information. Notice of privacy practices.	Do you have a process to provide adequate notice to individuals of the uses and disclosure of PHI that you may make, and of their rights and your legal duties with respect to PHI?		Other than certain exceptions for group health plans and inmates, individuals have rights to adequate notice of the use and disclosures of their PHI that may be made. (See the regulation for a description of these exceptions.)
61	164.520(b). Notice of privacy practices for protected health information. Content of notice.	Does your process provide a notice that contains the required elements?		The covered entity must provide a notice that is written in plain language and that contains specified elements. (See regulation for the required elements.)
62	164.520(b)(viii)(3). Notice of privacy practices for protected health information. Content of notice. Revisions to the notice.	Does your process provide for revisions of the notice and distribution of the changes?		When there is a material change to the uses or disclosures, the individual's rights, the covered entity's legal duties, or other privacy practices stated in the notice, the covered entity must promptly revise and distribute its notice. (Except where required by law, such a change may not be implemented prior to the effective date of the notice in which the change is reflected.)
63	164.520(b)(1)&(2). Notice of privacy practices for protected health information. Provisions of notice. Requirements for health plans & Requirements for certain covered health care providers.	If applicable, do your processes meet the specific requirements for health plans or for health care providers that have a direct treatment relationship with an individual?		There are specific requirements for health plans and for certain covered health care providers related to the provision of the notice to individuals. (See regulation for the requirements.)
64	164.520(b)(3). Notice of privacy practices for protected health information. Provisions of notice. Requirements for electronic notice.	Do you maintain a web site that provides information about your customer services or benefits?		A covered entity that provides information about its customer services or benefits must prominently post its notice on the web site and make the notice available electronically through the web site. (See regulation for further provisions of electronic notice.)
65	164.520(d). Notice of privacy practices for protected health information. Joint notice by separate covered entities.	Do you participate in any organized health care arrangements?		Covered entities that participate in organized health care arrangements may comply with notice requirements by a joint notice if the joint notice meets certain conditions. (See regulation for these conditions)
66	164.520(e). Notice of privacy practices for protected health information. Documentation.	Do you have a process in place to document compliance with the notice?		A covered entity must document compliance with the notice requirements by retaining copies of the notices it issues for six years from the date of its creation or the date when it last was effective, whichever is later.

G#	Section/Regulation	Question	Response	Rule Comments
67	164.522(a)(1). Rights to request privacy protection for protected health information. Right of the individual to request restriction of uses and disclosures.	Do you have a process in place to allow individuals to request restrictions of PHI for treatment, payment, or health care operations, or for any disclosures permitted for involvement in care and notification purposes which require an opportunity to agree or object (164.510(b))?		A covered entity must permit an individual to request a restriction, however a covered entity is not required to agree to a restriction. If the restriction is agreed to, the entity may not violate the restriction except to provide emergency treatment. If this occurs, the entity must request that the provider not further disclose the information. Such a restriction is not effective to prevent use or disclosure permitted or required for treatment (164.502(a)(2)(f)), for facility director's (164.510(a)), or for which consent, authorization, or opportunity to agree/object is not required (164.512).
68	164.522(a)(2). Rights to request privacy protection for protected health information. Terminating a restriction.	Do you have a process in place to allow for the termination of a restriction?		A covered entity may terminate an agreement to restriction if the individual agrees to or requests termination in writing; orally agrees and agreement is documented; or the entity informs the individual of the termination (except such termination is only effective with respect to PHI created or received after it has so informed the individual).
69	164.522(b)(1). Rights to request privacy protection for protected health information. Confidential communications requirements.	Do you have a process in place to allow for individuals to request to receive (and to accommodate such requests) communications of PHI by alternative means or at alternative locations?		Covered health care providers must permit individuals this request and must accommodate reasonable requests. Covered health plans must also permit and accommodate such requests, if the individual clearly states that the disclosure of all or part of the PHI could endanger the individual.
70	164.522(b)(1). Rights to request privacy protection for protected health information. Conditions on providing confidential communications.	Does your process to allow for individuals to request to receive (and to accommodate such requests) communications of PHI by alternative means or at alternative locations meet the implementation specifications of the regulation?		A covered entity may require the request in writing and may condition accommodation on information as to how payment, if any, will be handled (if appropriate) and specification of an alternative address or method of contact. A provider may not require an explanation as a basis for the request, but a health plan may require that a request contain a statement that the disclosure could endanger the individual.
71	164.524(a)(1). Access of individuals to protected health information. Right of access.	Do you have a policy in place to allow individuals to inspect and obtain a copy of PHI about themselves?		Individuals have the right of access to their own PHI with some exceptions. The entity may also deny access under certain circumstances. (See regulation for a description of the right of access and conditions for denial of access.)
72	164.524(b)(2). Access of individuals to protected health information. Requests for access and timely action. Timely action.	Do you have a policy in place to allow for timely responses to a request for access?		A covered entity must act on a request for access no later than 30 days after the receipt of the request, with certain conditions for the actions. (See regulation for conditions)
73	164.524(c). Access of individuals to protected health information. Provision of access.	When you grant a request for access, do your processes comply with the regulation's requirements?		A covered entity must comply with certain requirements when providing an individual with access, in whole or in part, to PHI. (See regulation for requirements)

Q#	Section/Regulation	Question	Response	Rule Comments
74	164.524(d). Access of individuals to protected health information. Denial of Access.	When you deny a request for access, do your processes comply with the regulation's requirements?		A covered entity must comply with certain requirements when denying an individual access, in whole or in part, to PHI. (See regulation for requirements)
75	164.524(e). Access of individuals to protected health information. Documentation	Does your policy regarding provisions for access and denial of access include documentation and retention requirements?		A covered entity must document the designated record sets that are subject to access by individuals and the titles of the persons or offices responsible for receiving and processing requests for access by individuals. Such documentation must be retained for 6 years from time of creation or last effective date, whichever is later.
76	164.526(a). Amendment of protected health information. Right to amend.	Do you have a policy in place to allow individuals to amend PHI or a record about themselves?		Individuals have the right to amend their PHI or records. The entity may also deny the requested amendment under certain circumstances. (See regulation for a description of the right to amend and conditions for denial of the amendment.)
77	164.526(b)(2). Amendment of protected health information. Timely action.	Do you have a policy in place to allow for timely responses to a request for amendment?		A covered entity must act on a request for amendment no later than 60 days after the receipt of the request, with certain conditions for the actions. (See regulation for conditions.)
78	164.526(c)(1). Amendment of protected health information. Accepting the amendment. Making the amendment.	When you grant a request for amendment, do your processes comply with the regulation's requirements for making the amendment?		The appropriate amendment to the PHI or record must be made by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
79	164.526(c)(2). Amendment of protected health information. Accepting the amendment. Informing the individual.	When you grant a request for amendment, do your processes comply with the regulation's requirements for informing the individual?		The individual must be informed timely that the amendment is accepted, and the entity must obtain the individual's identification of and agreement to have the entity notify the relevant persons with which the amendment needs to be shared.
80	164.526(c)(3). Amendment of protected health information. Accepting the amendment. Informing others.	When you grant a request for amendment, do your processes comply with the regulation's requirements for informing others?		A reasonable effort must be made to inform and provide the amendment, within a reasonable time, to persons identified by the individual as having received PHI and needing the amendment, and persons (including business associates) that the entity knows have the PHI that is subject of the amendment and that may have relied, or could foreseeably rely, on such information to the detriment of the individual.
81	164.526(d)(1). Amendment of protected health information. Denying the amendment. Denial.	When you deny a request for amendment, do your processes comply with the regulation's requirements for denial?		A covered entity must comply with certain requirements when denying a request for amendment, in whole or in part, to PHI. (See regulation for requirements)
82	164.526(d)(2). Amendment of protected health information. Denying the amendment. Statement of disagreement.	Does your policy regarding denial of a request for amendment allow for a statement of disagreement from the individual?		The entity must permit the individual to submit to the entity a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. The covered entity may reasonably limit the length of the statement of disagreement.

Q#	Section/Regulation	Question	Response	Rule Comments
83	164.526(d)(3). Amendment of protected health information. Denying the amendment. Rebuttal statement.	Does your policy regarding denial of a request for amendment allow for a rebuttal to a statement of disagreement from the individual?		The entity may prepare a written rebuttal to the individual's statement of disagreement. A copy of such a rebuttal must be provided to the individual who submitted the statement of disagreement.
84	164.526(d)(4). Amendment of protected health information. Denying the amendment. Recordkeeping.	Does your policy regarding denial of a request for amendment allow for the record keeping of the request for amendment, the denial of the request, the statement of disagreement, and the rebuttal?		The covered entity must, as appropriate, identify the record or PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link all the documents listed to the left to the designated record set.
85	164.526(d)(5). Amendment of protected health information. Denying the amendment. Future disclosures.	Does your policy regarding denial of a request for amendment allow for future disclosures which include the information about the disagreement?		If a statement of disagreement has been submitted the entity must include, with the material appended in the recordkeeping requirement, an accurate summary of any such information with subsequent disclosures of the PHI involved. If there is not statement of disagreement, the entity must include the request for amendment and denial or summary thereof with subsequent disclosures of the PHI involved. If the disclosure is being made using a standard transaction that does not permit the additional material, the covered entity may separately transmit the additional material.
86	164.526(e). Amendment of protected health information. Actions on notices of amendment.	Do you have a process for amending an individual's PHI when you are informed by another covered entity of an approved amendment?		A covered entity that is informed by another covered entity of an amendment to an individual's PHI, must amend the PHI in designated record sets.
87	164.526(f). Amendment of protected health information. Documentation.	Do you document the titles of the persons or offices responsible for receiving and processing requests for amendments?		A covered entity must document the titles of the persons or offices responsible for receiving and processing requests from individuals for amendments and retain the documentation for 6 years from date of creation or last effective date, whichever is later.
88	164.528(a). Accounting of disclosures of protected health information. Right to an accounting of disclosures of protected health information.	Do you have processes in place to provide individuals with an accounting of disclosures of PHI made by you in the six years prior to the date on which the accounting is requested?		Individuals have the right to receive an accounting of disclosures of PHI made by a covered entity in the six years prior to the date on which the accounting is requested, with some disclosures excepted (See regulation for exceptions).
89	164.528(b). Accounting of disclosures of protected health information. Content of the accounting.	Do the accountings you provide in response to requests by individuals for accountings of disclosures meet all the requirements of the regulation?		There are specific requirements for the content of the accountings given in response to a request. (See regulation for these requirements.)
90	164.528(c). Accounting of disclosures of protected health information. Provision of the accounting.	Do your provisions of requested accountings meet the timeliness requirements?		The covered entity must act on the individual's request no later than 60 days after receipt of such request, following certain conditions (See regulation for conditions).
91	164.528(d). Accounting of disclosures of protected health information. Documentation.	Does your policy regarding provisions for accounting include documentation and retention requirements?		A covered entity must document the information required to be included in the accounting (content), the written accounting that is provided, and the titles of the persons or offices responsible for receiving and processing requests of an accounting. This documentation must be retained for 6 years from the date of creation or the last effective date, whichever is later.

Q#	Section/Regulation	Question	Response	Rule Comments
92	164.530(a)(1). Administrative requirements. Personnel designations.	Does your entity have a designated privacy official?		Covered entities must designate a privacy official who is responsible for the development and implementation of the policies and procedures of the entity, and a contact person or office who is responsible for receiving complaints and who is able to provide further information about matters covered by the required notice.
93	164.530(b). Administrative requirements. Training	Does your entity have a program in place to provide training as required by the regulation?		A covered entity must train all members of its workforce on the policies and procedures relating to PHI, as necessary and appropriate for the workforce to carry out their function within the entity. Training must be given no later than the entity's compliance date, thereafter, to each new member of the workforce in a reasonable time frame, to each member whose functions are affected by a material change in the policies and procedures within a reasonable time frame, and the entity must document that the training has been provided.
94	164.530(c). Administrative requirements. Safeguards.	Does your entity have the appropriate safeguards in place to protect the privacy of PHI?		A covered entity must have in place appropriate administrative, technical, and physical safeguards to protect the PHI from any intentional or unintentional use or disclosure that is in violation of the regulation.
95	164.530(d). Administrative requirements. Complaints to the covered entity.	Do you have a process in place for individuals to make complaints concerning your policies and procedures that are required by the regulation or your compliance with such policies and procedures or any requirements of the regulation?		A covered entity must provide a process for individuals to make such complaints and must document all complaints received, and their disposition, if any. This documentation must be retained for 6 years from the date of creation or the last effective date, whichever is later.
96	164.530(e). Administrative requirements. Sanctions.	Do you have a sanction policy in place to respond to members of your workforce who fail to comply with your privacy policies and procedures or the requirements of the regulation?		Covered entities are required to have such a sanction policy and must document the sanctions that are applied, if any. The sanction requirement does not apply to a member of the workforce who used or disclosed PHI that is permitted by the regulation (under 164.502) or meets the conditions for refraining from intimidating or retaliatory acts.
97	164.530(f). Administrative requirements. Mitigation.	Do you have a policy in place regarding mitigation of any harmful effect that may have occurred as a result of a use or disclosure of PHI in violation of your policies and procedures or the requirements of the regulation?		A covered entity must mitigate, to the extent practicable, any harmful effect that is known to the entity of a use or disclosure in violation of its policies and procedures or the requirements of the regulation.
98	164.530(g). Administrative requirements. Refraining from intimidating or retaliatory acts.	Do you have a non-retaliation policy in place?		A covered entity may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual who exercised his/her rights as provided by the regulation, an individual or other person for filing a complaint with the Secretary, testifying, assisting, or participating in an investigation, compliance review, proceeding or hearing, or for opposing any act or practice made unlawful by the regulation.

Q#	Section/Regulation	Question	Response	Rule Comments
99	164.530(h). Administrative requirements. Waiver of rights.	Do any of your policies or procedures, intentionally or unintentionally require individuals to waive their rights to file a complaint of as condition to treatment, payment, enrollment in a health plan, or eligibility for benefits.		A covered entity may not require individuals to waive their rights to file a complaint (160.306) or as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.
100	164.530(i). Administrative requirements. Policies and Procedures.	Do you have policies and procedures in place that are designed to comply with the requirements of the regulation and a process in place for making and implementing changes to these policies and procedures?		A covered entity must implement policies and procedures with respect to PHI that are designed to comply with the standard, implementation specifications, or other requirements of the regulation. A covered entity must change its policies and procedures as necessary and appropriate to comply with change in the law. (See the regulation for the requirements related to policies and procedures and their changes).
101	164.530(j). Administrative requirements. Documentation.	Do your documentation procedures require you to maintain all required documentation, and to retain it for 6 years from the date of its creation or the date when it last was in effect, whichever is later?		A covered entity must maintain the required policies and procedures in written or electronic form, any required written communications in written or electronic form, and documentation of any required action, activity or designation in written or electronic form, for the required time period.
102	164.530(k). Administrative requirements. Group health plans	Is your entity a group health plan that may be exempt from many of the administrative requirements?		A group health plan is not subject to the standard or implementation specifications for personnel designations, training, safeguards, complaints, sanctions, mitigation, and policies and procedures if it meets certain requirements. See the regulation for these requirements.



Purchase Order

COUNTY OF HIDALGO

PO#: 594557

DATE: 11/09/07

Page No 1 Of 1

VENDOR: 238546 REQ:00121556
 FAX (956)687-6655 Email:
 Phone:(956)630-6775
 BORDER VISIONS CONSULTING GROUP LLC
 3911 N 10TH, STE M
 MCALLEN TX 78501

BUYER:
 SHIP TO: BUDGET OFFICER
 100 E. CANO, 1ST FL
 EDINBURG TX 78539

CONTACT: VALDE GUERRA
 SITE: BUDGET OFFICE

Special Instructions:

VENDOR NOTES
1. DO NOT ADD TO, OR ALTER THIS PURCHASE ORDER. THIS ORDER IS NOT RENEWABLE. 2. TAX EXEMPTION: THIS PURCHASE ORDER MAY BE ACCEPTED IN LIEU OF EXEMPTION CERTIFICATE. 3. THIS ORDER IS ALSO PLACED F.O.B. DESTINATION. VENDOR MUST REPAY ALL SHIPPING COSTS. 4. INVOICE EACH PURCHASE ORDER SINGLY. ORIGINAL INVOICES ARE REQUIRED CUSTOMER COPY MAY BE ACCEPTED. OUT NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, AND PACKAGES. 5. PAYMENT WILL BE MADE ONLY FOR A BONA FIDE AND FULLY COMPLETED ORDERS, UNLESS OTHERWISE ATTACHED.

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		C-07-174-08-28 EXP 03/01/08		
1		SCOPE OF WORK- ASSESSMENT OF CURRENT HIPAA COMPLIANCE BY VARIOUS DEPARTMENTS	.00	.00
1		TRAIN THE TRAINER PROGRAM	.00	.00
1		BSINISS ASSOCIATE AGREEMENTS	.00	.00
1		PRIVACY OFFICER/CONTACT PERSON SECURITY OFFICER TRAINING PROGRAM	.00	.00
1		EMPLOYEE TRAINING PROGRAM (NEW HIRES/PROMOTIONS)	.00	.00
1	EACH	\$5000.00 PER MONTH (SEPTEMBER, OCTOBER, NOVEMBER)	15,000.00	15,000.00
		Total		15,000.00

		For Hidalgo County use only		
		7-1100-415-14-115-001-0-339	15,000.00	
		Approved _____		
		COPY		

Authorized by: *Martha L. Salazar*