

HIPAA in Kentucky's Local Health Departments

Prepared by

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EXECUTIVE SUMMARY

How can we help assure that Kentucky's local health departments are HIPAA compliant in regard to patient privacy? This was the question our Kentucky Public Health Leadership Institute workgroup chose to address. Initial work centered predominately on expanding our own knowledge of the Health Insurance Portability and Accountability Act of 1996. We then consulted with health department administrators across the state to determine what would be the most logical way to assist in their compliance efforts. Our idea to generate a HIPAA Checklist geared toward health department operations was met with universal approval.

The Checklist was developed utilizing knowledge obtained regarding HIPAA patient privacy regulations and attempting to apply these regulations to our clinic operations. Our group envisioned a "walk-through" of clinic operations in a typical health department setting. We then applied the HIPAA regulations step-by-step throughout the process. We also kept in mind the administrative activities involved in the overall operation of the health department. Thus we considered not only patient contact, but also administrative functions such as account billing, faxing, contracts, employee training and information systems.

We piloted the checklist in one Kentucky health department where no employee was involved with its development. This pilot resulted in favorable reviews by both the agency Public Health Director and the Public Health Nursing Supervisor. Both agreed that it served to raise awareness regarding HIPAA patient privacy issues, while educating staff about the regulation. Items marked "NO" on the checklist will be addressed and positive changes will be made.

If our efforts with this project serve to raise the level of HIPAA awareness in Kentucky's health departments and throughout public health, we have achieved our goal. While no health department will be in perfect compliance, attempts to address shortcomings and protect the patient's private health information are the desired end result.

HIPAA In Kentucky's Local Health Departments

Introduction

Public health currently faces unprecedented challenges. It is no longer enough to protect the health of the public. The public health community must work to increase public awareness of the role it plays in our society and to garner support for this role. In 1999, the Kentucky Health Department Association (KHDA) established a marketing committee to address concerns about the image of local health departments and to develop a unified promotion campaign for public health services in Kentucky. Local health departments are thought to be a service only for the limited-resource segment of the community rather than an organization to protect the health of the entire community. KHDA solicited a proposal from a public relations and marketing firm for the development of a marketing campaign to promote the public health services provided to Kentuckians through local health departments. The cost for this concept development (\$25,000) exceeded the KHDA resources available to the marketing committee. In 2001, KHDA approached the Kentucky Public Health Leadership Institute with a proposal for a Change Master Group of scholars to devote time and apply knowledge to the development of a marketing campaign. In April 2001, our group began work on this project.

Project Description

The project goal is to develop a marketing plan for use by local health departments to promote Kentucky Public Health. The primary purpose of the marketing plan is to raise public awareness about the services provided by public health organizations and

professionals. Further, the plan should encourage public support for funding to continue and expand public health efforts. Finally, the marketing campaign will educate and motivate Kentucky residents to adopt healthy behaviors.

Objectives/Methodology

The project objectives are:

- (1) to raise public awareness about the services provided by public health organizations and professionals
- (2) to encourage public support for funding to continue and expand public health efforts
- (3) to educate and motivate Kentucky residents to adopt healthy behaviors.

We conducted a survey of local health department directors to collect information about currently available marketing materials (i.e. brochures, pamphlets, posters, strategies, etc.). We conducted an Internet search of online marketing resources from other public health organizations in the United States. One campaign from Colorado served as a guide for identifying various public health marketing ideas and devising a format for key messages. A slogan and logo, “Working for You, Kentucky Public Health”, was then developed and made available for review by key stakeholders. Several different designs using this theme were posted to the KDHA Web site and emailed to all local health department directors for review and feedback. Based on this input, the Change Master group members reached a unanimous consensus on one design. This design and a presentation of the project were presented to the KHDA/Kentucky Public Health Association business meeting in late March 2002.

Project Timeline:

- September 2001: survey of local health department directors
- October 2001: review survey results and identify slogan & logo
- November 2001: develop materials for review by stakeholders
- December 2001: solicit input from stakeholders on design options
obtain estimates on cost of marketing items
- January 2002: applied for Good Samaritan Foundation Grant
summarize stakeholder input
survey KPHLI scholars
- February 2002: finalize slogan & logo
develop marketing sample kits
- March 2002: present proposed marketing plan to KHDA
- April 2002: distribute sample marketing kits
present Change Master project to KPHLI

In addition to the resources of time, knowledge and experience, and creativity provided by the Change Master group members and mentors, this project required funding to purchase sample marketing kits (i.e. notebooks with public service announcements, logos, buttons, bumper stickers, pens, and ordering information). Local health department directors, as members of KHDA, agreed to reimburse one mentor \$25 for each sample marketing kit. In addition, a proposal for funding was submitted to the Good Samaritan Foundation to provide additional support in the future for radio and television communications, billboards, and additional marketing materials.

This project clearly relates most directly to essential public health service number three, to inform, educate, and empower people about health issues. This service involves social marketing and targeted media public communication; providing accessible health information resources at community levels; active collaboration with personal health care providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, and worksites.

Results/Limitations

The most striking limitations encountered in the completion of this project were the limited time available for group members to devote to the project and the necessity for in-person meetings to review marketing materials. However, the most critical limitation currently facing the project is budgetary constraints at local health departments. In order for this marketing campaign to be implemented throughout Kentucky, local health departments must now factor into their annual budget the necessary resources to purchase materials and access to channels of public communication. Without this final step, the project will not reach its full potential to impact Kentucky communities.

Conclusion

The public health community must work to increase public awareness of the role it plays in our society and to garner support for this role. The project goal was to develop a marketing plan for use by local health departments to promote Kentucky Public Health. A slogan and logo, “Working for You, Kentucky Public Health”, was developed and made available for review by key stakeholders. Sample marketing kits were developed and presented to the key stakeholder organization for review. This design and a presentation of the project were presented to the KHDA/Kentucky Public Health

Association business meeting in late March 2002. Sample marketing materials and the final project report were presented at the April 2002 KPHLI graduation summit.

Leadership Development Opportunities

Lisa Pollock: “Being new to the health field, this whole experience became a learning tool for me. Attending the summits allowed me to enhance my training on leadership, learn the components of public health and to network with other individuals that I can use as resources. Before accepting my position of Finance Director, I had no prior experience with health departments except for getting immunized. I brought the perspective of the outsider to our project’s group. Did you know that at least 57% of the population cannot define public health and believe that it is for the lower income? I, too, had that idea. But that has changed. With this project, I want to help educate the public that public health is about protecting the population from disease and promoting healthy living conditions for everyone through policies and programs.”

Genie Prewitt: “This team project has provided numerous opportunities for growth as a student, employee, and scholar. It has been an energizing challenge to complete this project, meet deadlines, and attend the committee meetings as well as the uplifting summits. My goals included gaining more self-confidence when speaking to groups; gaining knowledge about public health infrastructure; and improving my computer skills. The Kentucky Public Health Leadership Institute has provided improvement in all three, and has allowed me to gain a greater appreciation of the importance of networking, collaboration, and partnerships to improve the health of our communities.”

Janet Tietyen: “As I embarked on the Kentucky Public Health Leadership Forum Curriculum, my primary goals were to learn more about public health and the evaluation of public health programs. While I did not learn much during the year about program evaluation, I certainly learned some other things of great importance. My fellow 2001-2002 scholars have acquainted me with the wealth of services and expertise available through local, district, and state public health departments. This project has allowed me to learn more about social marketing and strategies to promote improved public health practices. This newfound knowledge and the development of relationships with other public health professionals will enhance my ability to serve as an effective public health partner.”

Judy McCrackin: “The change master project provided me with further opportunities to learn about what goes on in local health departments. I have come to appreciate the enormous mission of Kentucky Public Health and the wide number of programs that health departments provide. I have expanded my knowledge in the area of marketing and have grown from the entire experience by learning more about myself.”

Gracia Pruitt: I have truly enjoyed this past year with the Kentucky Public Health Leadership Institute. The summits, homework assignments, and fellow scholars have all been enriching experiences. I have been able to determine what type of leader I am and have used this knowledge to improve my work performance, team building skills, and interpersonal skills. Special thanks goes to the people in my change masters group. You all are great people to work with, and I am glad I got to know you.”

HIPAA AGENCY CHECKLIST

This document has been designed as a tool to help your agency begin to inventory systems and activities in place that are affected by the Health Insurance Portability and Accountability Act of 1996.

This list **is not** comprehensive and **does not** address all conceivable aspects related to HIPAA compliance. **Each Agency** must establish HIPAA policies and procedures to achieve a compliance date of April 14, 2003.

All entities of the LHD should be included in this assessment such as: remote clinic sites, school sites, home health agencies, district offices, etc.

This document **must be** completed by:

Director/Administrator	_____
HIPAA Compliance Officer	_____
Nursing Supervisor	_____
Support Supervisor	_____
Clinic Coordinator	_____

List Business Associates:

A Business Associate is a person or organization, not a member of the LHD workforce, who performs, or assists in the performance of, a function or activity involving the use or disclosure of individually identifiable health information. Examples: insurance billing and claims processing, data analysis, benefit management, or providing legal, accounting, administration or financial services.

Organization Name	Function Performed with PHI	Contact Y or N

The basic requirements of the privacy regulation apply to:

Protected Health Information (PHI) that is defined as any information, whether oral or recorded in any form or medium, electronic or paper.

Individually Identifiable Health Information which is defined as information that identifies the individual or there is reasonable basis to believe the information can be used to identify the individual. This information may be electronic, paper or oral.

HIPAA addresses the following six (6) areas:

Transaction Standards	Code Sets	Health Identifiers
Electronic Signatures	Security	Privacy

HIPAA CHECKLIST

“YES” answers indicate compliance; “NO” answers indicate required action

Y	N		COMMENTS
		Has a HIPAA Compliance Officer been appointed?	
		Has this person obtained the training necessary to provide agency direction in the HIPAA compliance process?	
		Are Quality Assurance procedures in place to monitor HIPAA compliance on a continuing basis?	
		Is all HIPAA documentation retained within the agency for 7 years from the date of its creation OR kept according to the retention schedule, which ever is the longest?	

Y	N		COMMENTS
		Have formal written HIPAA policies been prepared for agency use?	
		<i>Are these policies reviewed periodically, validated and kept current with any legislative changes?</i>	
		<i>Are policies/procedures in place to effectively communicate HIPAA policy changes to the agency staff prior to the effective date?</i>	

Y	N		COMMENTS
		Have all existing agency policies/procedures been reviewed and revised to reflect HIPAA requirements in dealing with PHI (Protected Health Information) or Individually Identifiable Health Information?	

Y	N		COMMENTS
		Have all financial and administrative processes that include PHI been identified and appropriate protective measures put in place for the following:	
		<i>Accounts payable</i>	
		<i>Laboratory Billing</i>	
		<i>Physician Charges</i>	
		<i>Insurance Billing and Payment Information</i>	
		<i>Employee Health Plan Enrollment</i>	

	<i>Employee Worker's Compensation Claims</i>	
	<i>Other</i>	

Y	N		COMMENTS
Are policies/procedures in place to deal with the breaches of information that may surface in regards to:			
		<i>Employee disciplinary action for violation of HIPAA regulations</i>	
		<i>Appropriate follow-up to violations</i>	
		<i>A plan for correction to prevent a reoccurrence</i>	

Y	N		COMMENTS
		<i>Have all employees (including janitors, housekeepers; contracted and non-contracted) received training on HIPAA requirements prior to April 14, 2003?</i>	
		<i>Has the training been documented?</i>	
		<i>Is an annual training plan in place?</i>	
		<i>Is there a training plan in place for new employees?</i>	

Y	N		COMMENTS
Does the training plan include instructions regarding the following:			
		<i>PHI (Protected Health Information)</i>	
		<i>Security Issues/Standards</i>	
		<i>Guidelines on workstation use</i>	
		<i>Securing work areas</i>	
		<i>Dealing with patient medical records or Individually Identifiable Health Information</i>	
		<i>Processing Release of Information</i>	
		<i>Physical safeguards to limit access</i>	
		<i>Patient's right to information regarding use and disclosure of any health information.</i>	
		<i>Employee disciplinary procedures</i>	

Y	N		COMMENTS
		<i>Have contracted or non-contracted interpreters, volunteers and student placements been informed about their responsibilities concerning HIPAA requirements and has it been documented?</i>	
		<i>Have contracted or non-contracted interpreters, volunteers and student placements signed a "Confidentiality Agreement"?</i>	

Y	N		COMMENTS
		<i>Have all employees (including janitors and house keepers) signed a "Confidentiality Agreement" that mandates HIPAA compliance as part of the condition of employment?</i>	

		<i>Is there a policy/procedure in place to assure and document compliance among staff, student placements and volunteers?</i>	
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Y	N		COMMENTS
		<i>Is there a “sign-in ” procedure in place for non-patient visitors to the building?</i>	
		<i>Is escort through the building provided is necessary?</i>	

Y	N		COMMENTS
<i>Does the agency have signed assurances from all information system vendors (CDP, auditors, Red Cross, etc.) that HIPAA regulations have been addressed in the following areas:</i>			
		<i>Restricting access to resources</i>	
		<i>Protecting communication over the network</i>	
		<i>Assurance that interception is not possible for any other source than the intended recipient.</i>	

Y	N		COMMENTS
<i>Is a “HIPAA Clause” in place for all Business Associate Agreements such as:</i>			
		<i>Agency contracts</i>	
		<i>Memorandum of Agreement</i>	
		<i>Memorandum of Understanding</i>	
		<i>Other linkage agreements</i>	

Y	N		COMMENTS
<i>Are procedures in place to address:</i>			
		<i>Employee terminations</i>	
		<i>Password changes</i>	
		<i>Password confidentiality</i>	
		<i>Changing locks</i>	
		<i>Assigning and removing of employees from the access list</i>	
		<i>Turning in keys</i>	

Y	N		COMMENTS
		<i>Are employees made aware that their PHI may be shared with the agency’s Worker Compensation Administrator?</i>	

Y	N		COMMENTS
		<i>Is there a policy/procedure in place for mailing PHI?</i>	

Y	N		COMMENTS
		<i>Is a policy/procedure in place the event a “Trust” or “Chain of Trust” agreement is needed?</i>	

Y	N		COMMENTS
		<p>Does a separate HIPAA “Consent for Services” (that must be signed prior to service) contain the following elements:</p> <ul style="list-style-type: none"> • Inform the patient that PHI may be used and disclosed for treatment, payment and business operations. • Assure the patient is made aware of and receive a copy of the Privacy Notice. • State that the patient has the right to restrict the use of their PHI, and the agency is not required to consent to the patient’s service request. • Consent must be signed by the patient and dated at least annually. 	
		<p><i>Is there documentation that the patient has been given the opportunity to identify desired methods of contact, i.e., phone, mail, auto dialer, fax, e-mail, no home contact, or etc.?</i></p>	

Y	N		COMMENTS
		<p>Does your agency have an Authorization form (Release of Information) that is used to obtain authorization from a patient to release PHI for purposes other than treatment, payment and business operations?</p>	

Y	N		COMMENTS
		<p>Does your Authorization form include all of the following:</p> <ul style="list-style-type: none"> • Describe the PHI to be released • Identify the person making the request • Contains a statement of the patient’s right to revoke the authorization • Describes the possibility of re-disclosure • Contains areas for signature and date • Permits a description of the signing-authority, if a representative (parent, guardian, etc.) 	
		<p><i>Is this Authorization signed and dated by the patient and maintained in their medical record for 7 years or according to the retention schedule, which ever is longest?</i></p>	

Y	N		COMMENTS
		<p>Are all disclosures of PHI adequately documented in the patient’s medical record?</p> <ul style="list-style-type: none"> • Date of disclosure • Name of the person or entity receiving PHI • Description of the PHI disclosed • Purpose of the disclosure 	

Y	N		COMMENTS
		<p>Is a HIPAA Privacy Notice posted in plain view in the building and does it contain the following?</p> <ul style="list-style-type: none"> • Information regarding uses and disclosures of PHI • Individual's privacy rights • Contact information, i.e., phone, mail, in person, etc. • Instructions on filing complaints • Name, title and phone number of a contact person • Effective date of the notice 	
		Are copies of this notice made available for patient and public access?	
		Has the agency determined who has access to PHI and what portions of this information are necessary to carry out their duties?	

Y	N		COMMENTS
		Does the agency website prominently display policy/procedures in regard to HIPAA?	

Y	N		COMMENTS
		Is there a process in place for the patient to make complaints concerning use or disclosure of their PHI?	
		Is there a designated person to whom individuals may make complaints?	
		Is there a plan of correction?	
		Is documentation kept regarding these complaints?	

Y	N		COMMENTS
		Is a policy in place to mitigate any damages or potential damage that may have been generated due to violation of policies/procedures in regard to the patient's PHI?	

Y	N		COMMENTS
		Is a procedure in place that indicates how the LHD will review any request by a patient to amend their medical record and written notice provided to the patient within 60 days?	
		If amendment request is denied by the agency, is there a procedure in place for providing instructions to the patient for filing a complaint?	

Y	N		COMMENTS
		Is a contingency policy in place for how business will be conducted if the computer system is down?	
		Does the policy include information on how privacy will be insured and business will be resumed?	

CLINIC ISSUES

Y	N		COMMENTS
		Are sign-in sheets used that indicate the patient's name only?	
		If sign-in sheets are used that indicate "Reason for Visit" are they placed so they cannot be viewed by other clients and/or non-authorized personnel?	

Y	N		COMMENTS
		Are patient records, Master Cards, daily appointment schedules, daily, weekly or monthly reports, lab results, patient logs (pap log, TB Contact list, immunization tickler files, etc.), and other PHI received from other agencies maintained in a secure location?	
		<i>Is the physical layout of the clinic designed so that patient-specific information cannot be easily viewed?</i>	
		<i>Have all areas throughout the agency where the patient's PHI is maintained been assessed and corrections made if necessary?</i>	
		<i>Are all the medical records filed in a secure location each night and not kept in desk drawers?</i>	
		<i>Are all the medical records filed at the agency site where the service is delivered?</i>	
		<i>Are all the medical records completed promptly during or immediately following the service provision?</i>	
		<i>Are all the medical records maintained at all times in the agency and not transported outside the facility?</i>	
		<i>Are files supervised in the lab area, clinic area, nurse's offices, clerical areas, etc., at all times?</i>	
		<i>Are efforts being made to ensure that notes on small pieces of paper or sticky notes concerning the patient are removed from the chart or clinic rooms?</i>	
		<i>Are safeguards in place that limit transfer of PHI, unsecured use or possible disclosure? (This includes agency transfer of records from one physical location to another, i.e., closing of a satellite clinic)</i>	

Y	N		COMMENTS
		Is there a policy in place to "reasonably" protect oral communication of the patient's medical information from intentional or unintentional use or disclosure? (This includes face-to-face encounters; telephone conversations and conversations in common areas.)	
		<i>Does phone placement optimize privacy for patient information?</i>	
		<i>When discussing PHI via telephone, does the staff take the</i>	

		<i>call in a private area away from other patients?</i>	
		<i>Are clinic doors closed during the provision of service?</i>	
		<i>Are medical records in the work areas placed out of the view of others?</i>	
		<i>Are interruptions held to a minimum to ensure privacy?</i>	
		<i>When accompanied by others, is the patient asked prior to the service provided if they agree to have them present and is this appropriately documented?</i>	

Y	N		COMMENTS
		<i>Are computer screens placed so PHI is not readily available to other patients or unauthorized personnel?</i>	
		<i>Does staff clear screens, sign off PSRS and lock workstations when unattended?</i>	
		<i>Are sticky notes with patient information and password reminders removed from the workstations?</i>	

Y	N		COMMENTS
		<i>Is employee access limited to CDP sites that only pertain to the employee's job duties?</i>	
		<i>Is there a roster on file of current employees that outlines approved access?</i>	
		<i>Are all changes to the roster authorized by the Director and submitted to Local Health Department Operations?</i>	

Y	N		COMMENTS
		<i>Are current ICD-9 and CPT Coding Books readily available for necessary staff? (Nursing, provider, clerical, billing)</i>	

HIPAA FLOW ASSESSMENT FOR EMPLOYEES

This document has been designed as a tool to help your agency begin to inventory systems and activities in place that are affected by the Health Insurance Portability and Accountability Act of 1996.

This list **is not** comprehensive and **does not** address all conceivable aspects related to HIPAA compliance.

Each Agency must determine their policies and procedures to achieve a compliance date of April 14, 2003.

All entities of the LHD should be included in this assessment such as: remote clinic sites, school sites, home health agencies, district offices, etc.

This tool has been adapted for Kentucky from the North Carolina HIPAA Information Assessment Questionnaire.

Employees should complete this document to learn how HIPAA relates to their individual job duties. It is recommended that this tool be completed in a group setting such as staff meeting and be used as a training/education tool for introduction to HIPAA.

HIPAA is not just Privacy it concerns six (6) areas:

- Transaction Standards
- Code Sets
- Health Identifiers
- Electronic Signatures
- Security
- Privacy

The basic requirements of the privacy regulation apply to:

Protected Health Information (PHI) which is defined as any information, whether oral or recorded in any form or medium, electronic or paper. That is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse. This information may relate to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Individually Identifiable Health Information which is defined as information that identifies the individual or there is reasonable basis to believe the information can be used to identify the individual. This information may be electronic, paper or oral.

DO YOU create, receive, send, and /or store health information as defined above that is either in electronic, written or oral form? **YES** _____ **NO** _____

Identify those items that contain **health information**, which you currently **create, receive, send, and/or store** in your area. If you do not create, receive, send and/or store health information then select none and continue to the next section.

Check all options that apply for each column.

Storage is defined as health information retained in your work area for more than 30 days.

1. Administrative

Information Description	Create	Receive	Send	Store
Accident Reports (non-client)				

Cancer registry				
Certificates (Birth, Death, Other)				
Complaint Information				
Correspondence, Memos (Internal & External)				
Incident Reports (Clients)				
Investigative Reports (Abuse, Neglect, Other)				
Legal Papers (Custody/Court/Other)				
Logs (Clients/ Sign In/Notes/Correspondence)				
Meeting Minutes/Notes				
Patient Registration Information/Income				
Photographs				
Questionnaires				
NONE (go to next section)				

2. Financial

Information Description	Create	Receive	Send	Store
Banking/Direct deposit				
Billing/Remittance Advice				
Claims Information (Insurance, Billing)				
Correspondence				
Funding Justifications with Details (Grants, etc.)				
Questionnaires, Forms, Other (i.e. Medicaid)				
NONE (go to next section)				

3. Employee/Staff Information

Information Description	Create	Receive	Send	Store
Applications/Resumes				
Criminal Background Checks				
Disability Claims & Reports				
Disciplinary Action				
Employee Assistance Program Information				
Employee Health Records				
Health Plan Enrollment Information				
Physician Notes (Absences from work)				
Reference Letters				
Voluntary Shared Leave				
Workers Compensation Claims & Reports				

NONE (go to next section)				
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4. Community Programs

Information Description	Create	Receive	Send	Store
Applications/Forms/Eligibility Information				
Consultation Notes				
Correspondence				
Logs (Services, Participants, other)				
Meeting Notes/Minutes				
Summary Review Reports				
NONE (go to next section)				

5. Clinical Information

Information Description	Create	Receive	Send	Store
Complete Medical Record or Client File				
Partial Clinical Information Including:				
Assessment/Reports				
Dental Records				
Diagnosis/Procedure Description/Name				
Discharge Summary				
Doctor's Statements for Court				
Information Description	Create	Receive	Send	Store
Exams/Evaluations/Assessments/Histories				
Immunization Records				
Laboratory Data				
Logs (Shifts, Staff Notes, Insurance, Other)				
Medication Administration				
Medication Error Reports				
Nurses Notes				
Physician Orders				
Plan of Care				
Progress Notes				
Psychological records & Testing Reports				
Radiology Reports				
Referral Information				

Training Programs				
Treatment Plan				
X-ray films				
Other (Describe)				
NONE (go to next section)				

6. Transactions

For the transactions listed below, specify whether health information is created, sent, received, or stored electronically (**E**), on Paper (**P**), and /or by Voice (**V**). Voice includes face-to-face, phone, or voicemail. Select **all** that apply.

Information Description	<u>Create</u>	<u>Receive</u>	<u>Send</u>	<u>Store</u>
	E P V	E P V	E P V	E P V
Authorization for Services				
Coordination of Benefits				
Eligibility Information				
Enrollment and Disenrollment – health plan				
First Report of Injury				
Health Care Claim				
Health Care Claim Status				
Health Care Payment and Remittance Advice				
Health Claims Attachments				
Health Plan Premium Payment				
NONE (go to next section)				

ACCESS TO HEALTH INFORMATION

1. Building

Identify those persons who have access to your physical location and to the health information maintained at your workstation. Specify their type of access with the options: Unlimited (**U**) or Limited (**L**).

WHO	Within Bldg.	Within Work Areas
Client		
Contractors		
Administrative		
Clinical		
Employees		

Agency		
County/State		
Temporary		
Interpreters		
General Public		
Family/Friends, etc. of employee		
Family/Friends, etc. of patient		
Professionals (Attorneys/Auditors)		
Volunteers		
Training/In-service/Internship		
Doctors		
Nurses		
Students		
Others		

2. Location

Identify the physical site(s) where health information may be stored in your work area. Specify with a check mark by the appropriate options. You may select more than one option for each storage area.

Storage Mechanism	Hallway	Unsecured Common Work Area	Secured Work Area	Shared Work Area	Private Work Area	File or Storage Room
Computer						
Copier						
Fax						
File/Storage Cabinets						
Storage Mechanism (continued)	Hallway	Unsecured Common Work Area	Secured Work Area	Shared Work Area	Private Work Area	File or Storage Room
Off-Site (Home Office, Car, Briefcase)						
Open Shelves/Bookcase						
Printer						
Recycle Container						
Shredder						

3. Access Control

Identify access controls that are in place for protecting **health information** maintained in your work area. Select **all** that apply.

Current Access Controls	Check all that apply
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Identification

Badges	
Fingerprint	
Passwords	
Staff Escort	
Visual Recognition	

Observation

Employee monitored areas	
On-site Security Force - Armed	
On-site Security Force - Unarmed	
Surveillance – 24 hrs. (Camera, Motion, Heat)	
Surveillance – After Hours (Alarm, Monitor)	

Reception Area

Receptionist/Guard/Information	
Sign-in/out register (Monitored)	
Sign-in/out register (Unmonitored)	

Physical Barriers

Counter/Desk/Table	
Doors	
Open	
Closed	
Locked – Card Swipe/Combination/Key Pad	
Doors (continued)	
Locked - Keys	
Partitions/ Moveable Dividers	
Glass (Stationary or Moveable)	
Wall	

Hours

Open Days (Monday through Friday)	
Open Days (Monday through Saturday)	
Open Variable Hours/Days and Evenings	
Other	

Other Controls (Specify)

Comments Additional Information:

HEALTH INFORMATION SOURCES

Identify agencies/source(s) that send or receive **health information** to/from your workgroup. Identify whether such transmissions are on paper, electronic, fax or phone. You may check more than one option for each source. If none apply, leave the column blank.

Sources	Send	Receive	Paper	Electronic	Fax	Phone
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Inpatient Facilities

Hospitals						
Rehabilitation Centers						
Special Care Centers						
Other						

Residential Facilities

Assisted Living						
Family Care/Group Home						
Other						

Sources	Send	Receive	Paper	Electronic	Fax	Phone
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Education Facilities

Public or Private Schools						
Colleges or Universities						
Other						

Outpatient/Day Services

Adult Day Care						
Child Day Care						
Community Clinics						
Developmental Evaluation Centers						
Employee Assistance Programs						
Hospital Outpatient						
Mental Health Centers						
Public Health Departments						
Rehab Centers						
Shelters						
Urgent Care Centers						
Others (specify)						

Social Services

Child Support Enforcement						
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Child/Adult Protection Services						
Dept for Social Services						
Foster Home						
Other (specify)						

Private Practice

Attorney						
Audiologist						
Chiropractor						
Dentist						
HMO/PPO						
Physician						
Private Allied Health Specialist (Social Worker, Nutritionists)						
Psychologist						
Therapist (Occupational., Speech, Physical, Psych.)						
Other (specify)						

Sources	Send	Receive	Paper	Electronic	Fax	Phone
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Law Enforcement

Attorney General's Office						
Clerk of the Court						
Court						
District Attorney						
Law Enforcement Officer/Sheriff/Police						
Local Jail/Detention Center						
Parole Officer/Probation Officer						
Prison/Correctional Facility						
Other (specify)						

Financial

Auditor						
Bank						
Billing/Collection Service						
Court						
Estate						
Payer/Insurance Company						
Other (specify)						

Additional

Clearinghouse						
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Client/Patient						
Contractor						
Coroner						
Dept./Div/Office Public Information						
Employees						
Employer						
Family/Guardian						
Friend/Neighbor						
Funeral Homes						
Guardian Ad Litem						
Health Plan						
Legislator (State & Federal)						
Media (Radio, TV, Web, Newspaper)						
Other State Agencies						
Out-of-State Agencies						
Research Facilities						
Review/Oversight Boards/Committee						
Transport/Ambulance						
Vendor						

INFORMATION TRANSMISSION

Identify all methods of transmission utilized by you for sending and receiving **health information** by checking the appropriate boxes. For each method selected, indicate with a check mark if you retain a copy of the information.

Transmission Method	Send	Receive	Retain Copy
Electronic			
E-mail			
Floppy Disk/CD/Magnetic Tape			
CDP (network)			
Modem			
Scanned			
Software Application System			
Web Site			
Paper			
Courier/Fed Ex/UPS/Airborne/Emery/Others			
Envelope/Folder Sealed			
Envelope/Folder Unsealed			
FAX Machine			
Hand Delivery (person to person)			
Logs/Journals			
Mail, Interoffice			
Mail, US Postal			
Medical record file			

Voice/Visual			
Face to Face			
Pager			
Phone, Cell/Satellite			
Phone, Land Line			
Photographs			
Security Camera/Tapes			
Video Tapes			
Other (specify)			

Identify all methods of recording **health information** received **verbally** by you. Check all that apply.

Recording Method	Check
Dictate to Machine, Computer, Person	
Enter into PC	
Message/Memo	
Note in Logs/Journals	
Medical Record Form	
Recording Method	Check
Scratch Pad/Post-it Note	
Cassette Tape/CD	
Message Center	
Voice Mail	
Other (specify)	

DISPOSAL METHODS

Identify disposal methods of **health information** used by you. Check all that apply.

Disposal Methods	Check
Empty Electronic Trash	
Prepare and Send to Permanent Storage	
Recycle Container	
Shred	
Throw in Trash	
Other (specify)	

STORAGE LIST

Check all methods that are used to store **health information**.

How Stored	Check
Bookshelf/Open Shelf Files	
Boxes (sealed/unsealed)	

Bulletin Board	
Cassette Tape	
Closet/Room Storage Area - Locked	
Closet/Room Storage Area - Unlocked	
Desk Drawer	
Desk/Table Top	
Disks – Floppy or CD	
E-mail	
Envelopes	
File Cabinet - Locked	
File Cabinet -Unlocked	
Folders - Electronic	
Folders - Paper	
Mail boxes In/Out	
Mainframe	
Network Backups	
How Stored	Check
Network Server	
Network, Personal Drive	
Notebooks	
Off-site Storage (Electronic)	
Off-site Storage (Paper)	
PC, Local Drive	
Portable Cart	
State Records Center	
Vault	
Voice Mail	

References

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