

 <p style="text-align: center;">Heritage Provider Network & Affiliated Medical Groups</p>	Program: Compliance			
	Policy No.	Effective Date: 01/01/2012	Page - 1 -	
	Authored by: Compliance Committee	Date: 01/01/2012	Revised by: Sandy Finley	Date: 02/02/2105
	Approved by: Compliance Committee	Date: 02/02/2015		
Title of Policy: Disposal of Protected Health Information				

PURPOSE:

To provide protection for privacy and confidentiality and provide an efficient method for destruction of patient-identifiable and protected health information.

POLICY:

Heritage Provider Network & Affiliated Medical Groups acknowledge an ethical and legal responsibility to protect the privacy of their members. Consequently, all patient-identifiable information will be protected against indiscriminate and unauthorized access. Heritage Provider Network & Affiliated Medical Groups will use reasonable care to preserve members' rights to privacy within the law. Any patient-identifiable information determined to be appropriate for disposal must be discarded in the manner indicated in this policy. Inappropriate use of this procedure or willful disregard of this policy are serious offense and constitute cause for corrective action up to and including termination in accordance with policy, *Sanctions for Privacy Violation*.

RESPONSIBILITY:

HIPAA policy applies to all employees, volunteers, interns, and business associates.

PROCEDURE:

1. Any document or electronic storage media containing patient-identifiable information is considered confidential. This includes adhesive I.D. labels, computer disks, billing forms, claims, insurance forms, etc., as well as any medical information. Employees shall consult their supervisors if unsure as to the appropriateness of disposal of information.
2. Locked, security storage consoles are placed in strategic locations throughout the facility. Staff is to deposit all confidential waste into the accepted receptacles. Keys are maintained only by a limited number of management staff and duly authorized representatives of a contracted document Destruction Company.
3. Representatives of the contracted document shredding company make scheduled site visits to collect and shred contents of containers on-site.
4. A Certificate of Destruction is issued each time before the truck leaves the premises. The certificate will be stored electronically on each groups' shared server with a specified folder for HIPAA compliance. Path: Compliance Plan/ HIPAA/ Certificate of Destruction/ Year. File name to follow the following minimum format: COD_Year_Month.
5. Shredded documents are recycled through an environmentally friendly program.

REFERENCE: CA Civil Code Section 56.101