

CONFIDENTIALITY

Policy and Procedure

(Ref. 10 CCR 2505-10 8.606)

Metro Support Services, Inc. shall protect the rights of privacy of individuals, with regard to personal information, pertaining to them, that is collected, maintained, used and/or disclosed. Employees and contractors will be made aware at the time of orientation of their responsibilities re: confidentiality and privacy of written and verbal information about persons seeking or receiving services. All identifying information or photographs collected or prepared in the course of providing services or supports shall be kept confidential and shall not be a public record.

Protected Health Information (PHI), which shall be kept confidential, is any information, which could reasonably be expected to identify the individual receiving services or his/her family or contact persons. This information includes, but is not limited to: name, date of birth, Social Security number, Medicaid number, household number or any other identifying number of code, street address, telephone number, photograph, or any distinguishing mark.

Metro Support Services, Inc. complies with the HIPAA standards set forth through the Federal HIPAA (Health Insurance Portability and Accountability Act) regulations on privacy and confidentiality of PHI, to the extent that it applies to Metro Support Services. These regulations limit how health care providers and their workforce use and disclose this information. In order to comply with these provisions, all staff, contractors, and all others who work with confidential information are required to be trained on the HIPAA standards and requirements.

When entering services with Metro Support Services, the person and/or guardian must be advised of the type of information to be collected and maintained by Metro Support Services. **They will also receive a Privacy Notice from Metro Support Services, Inc. informing them of how PHI information will be used, disclosed, who has access to it and how to access their own information.**

Confidentiality shall be maintained for identifying information in the form of written records, photographs, correspondence, computerized data or other written materials and verbal communications. Employees and contractors shall not discuss identifying information about an individual receiving services in public nor with persons who are not entitled to such confidential information. Confidential information shall be stored in a place which is inaccessible to the general public and restricted from access by unauthorized individuals.

It is common for individuals receiving services to have family members and/or friends involved in some aspect of their care. It is often beneficial to share certain confidential information with family members or close friends to facilitate their involvement with care. In order to share PHI, Metro Support Services will obtain approval from the individual receiving services. This will be done through written approval in the form of a Release of Information or through the IDT process. When the person is unavailable or

unable to agree due to incapacity or emergency, such disclosure may be made if it is deemed in the best interest of the individual being served.

PROTECTED HEALTH INFORMATION

PHI information shall not be disclosed for any purpose other than for treatment, our services or our payment purposes, or as required by employment duties or contract, unless such disclosure is specifically authorized by a signed authorization. If the individual receiving services or his/her guardian has restricted the uses and disclosures of his/her PHI, the information shall not be used or disclosed except as necessary for the emergency treatment of the individual. It is the responsibility of each employee and contractor to determine if a restriction exists and to act according to the restriction.

All written authorization must be: 1) signed and dated; 2) for a specified time period; 3) specific as to the information or photograph to be disclosed and the intended use of such information or photograph; and, 4) specific as to whom it will be disclosed.

Metro Support Services will obtain prior authorization for electronic or mechanical duplication of photographs by following procedure of obtaining written authorization from the individual receiving services and/or guardian prior to display or release of photographs.

Authorizations will be renewed annually, if release is still required. The person who provided the authorization may revoke authorizations in writing at any time.

Disclosure of confidential information shall be limited to:

1. The person seeking or receiving services, parent of a minor, or guardian.
2. Persons or entities having written authorization signed by the person seeking or receiving services, parent of a minor, or guardian.
3. The authorized representative of the person seeking or receiving services as defined in section 25.5-10-202(1), C.R.S., if access to confidential information is within the scope of their authority.
4. Qualified professional personnel of community centered boards, regional centers and other service agencies including boards of directors and Human Rights Committee members to the extent necessary for the acquisition, provision, oversight, or referral of services and supports. Any file reviewed by an authorized person will have date, time and reason for disclosure documented on the file's "access log".
5. To the Department or its designees as deemed necessary by the Executive Director to fulfill the duties prescribed by Title 25.5, Article 10 of Colorado Revised Statutes.
6. To the extent necessary, qualified professional personnel of authorized external agencies whose responsibility it is to license, to accredit, to monitor, to approve or to conduct other functions as designated by the Executive Director of the Department.
7. Physicians, psychologists, and other professional persons providing services or supports to a person in an emergency situation which precludes obtaining consent in such an instance:
 - a. Documentation of this access shall be entered into the person's record.

- b. This documentation shall contain the date and time of the disclosure, the information disclosed, the names of the persons by whom and to whom the information was disclosed, and the nature of the emergency.
8. The court or to persons authorized by an order of the court, issued after a hearing, notice of which was given to the person, parents of a minor or legal guardian, where appropriate, and the custodian of the information. When presenting evidence in court, authorized MSS employees and providers for the person's information will adhere to the following procedure:
 - a. Retain custody of the record at all times;
 - b. Present only if information has been specifically subpoenaed;
 - c. Do not show information to anyone until court requests presentation of evidence;
 - d. Accompany record at all times, including during photocopying.
9. Other persons or entities authorized by law; and,
10. The entity designated as the protection and advocacy system for Colorado pursuant to 42 U.S.C. 604 when:
 - a. A complaint has been received by the protection and advocacy system from or on behalf of a person with a developmental disability; and,
 - b. Such person does not have a legal guardian or the state or the designee of the state is the legal guardian of such person. Code of Colorado Regulations 36
11. Nothing in this policy should be taken to construe that a person or entity that is authorized to access confidential information regarding an individual per section 8.606.2.A can access any and all confidential information available regarding that individual. Disclosure of confidential information must be limited to those aspects of that information which are necessary to performing the duties of that person or entity requiring access. The person seeking or receiving services, parent of a minor, or guardian may access any and all aspects of that person's record. The authorized representative of a person may access those aspects of a person's record which are within the scope of their authority.

SAFEGUARDING INFORMATION

All Metro support Services staff and contractors shall take reasonable steps to safeguard PHI from any intentional or unintentional use that is in violation of this policy. Such safeguarding includes, but is not limited to: storing records that are not currently in use by an authorized person in a locked area, cabinet or closed file not accessible to others; maintaining privacy during discussions of PHI by speaking in a tone and/or area which is not accessible to others; restricting electronic transmission of PHI to job related duties; using codes to limit access to e-mail and computer records; and disposing of PHI that is no longer needed (after 7 years) through shredding.

When making phone calls to individuals receiving services, MSS employees will speak directly to the individual or to those authorized to provide support services to that individual, i.e. Host Home Provider. Messages containing PHI will not be left on an answering machine or with an unauthorized person.

An individual designated by Metro Support Services shall be responsible for the record at all times during the examination of the record by entities other than employees or contractors of Metro Support Services, Inc. Records shall be made available for review at the agency to authorized persons within a

reasonable period of time as negotiated by Metro Support Services, Inc. and the party/parties seeking access. At no time may a person examining a record remove anything from it or otherwise make changes in it, except as described below:

1. If the person seeking or receiving services, guardian or authorized representative, if within the scope of his/her authority, objects to any information contained in the record, he/she may submit a request for changes, corrections, deletions, or other modifications.
2. The person seeking or receiving services, guardian or authorized representative shall sign and date the request.
3. The Director will make the final determination regarding the request and will notify the requesting party of the decision.
4. If the Director denies the request, then the requestor has the right to have a statement regarding their request entered into the record.

Individuals have the right to file a complaint/grievance if they believe their privacy rights have been violated. All complaints shall be forwarded to the Privacy Officer/MSS Executive Director. Individuals also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services.

All Metro Support Services staff and contractors must immediately notify the Privacy Officer if they become aware of any misuses of PHI. They will work with the Privacy Officer to mitigate, to the extent possible, any harmful effects that this misuse may have created. Metro Support Services, Inc. shall take appropriate action against Metro Support Services staff or contractor who violates this policy regarding PHI. Discipline may include verbal or written warnings, probation, or termination of the responsible person, depending upon the severity of the misconduct.

It is strictly forbidden by Metro support Services and Federal law to intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any person for the exercise of any right set forth in this policy. This includes the filing of a complaint to Metro Support Services or to the Secretary of the U.S. Department of Health and Human Services; for testifying, assisting or participating in an investigation; or for opposing any act or practice made unlawful by the Federal Privacy Law or Privacy and Confidentiality Policy of Metro Support Services.

Metro Support Services, Inc.

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Receipt of Confidentiality and Protected Health Information Policy

I, _____, have received a copy of Metro Support Services, Inc. Confidentiality Policy. I have had the opportunity to read this notice and/or have someone read it to me. I have had the opportunity to have my questions answered regarding this notice. I understand that I may contact Wendy Skizas, HIPAA Official, for any question I may have regarding this policy or to request assistance in the process of filing a concern or complaint.

I understand that a complete copy of a Metro Support Services, Inc. Policy and Procedure Manual, which includes the Notice of Privacy Practices, will be maintained in the residence of the Host Home Provider and at Metro Support Services, Inc.

Name of Person Receiving Services: _____

Signature: _____ Date: _____

Relationship to Person Receiving Services: _____