

# **THE CHILDREN’S HOME OF EASTON – STANDARD OPERATING PROCEDURES**

## **SECTION 23 – HIPAA PROTECTIONS**

Effective Date: 2008-2013

Revision Date(s): March 2020; May 2026

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### **STATEMENT OF PURPOSE**

The Children’s Home of Easton (CHE) is committed to safeguarding the privacy of all protected health information (PHI). The following policies are applicable to all employees, contractors, interns, foster parents, volunteers, and any other individual doing business with CHE (collectively, “personnel”); both during and after engagement with the organization. Protected health information—whether written, electronic, or verbal—must not be accessed, disclosed, or released except as authorized by the individual, required for specific and legitimate CHE job functions, or when mandated by law.

Any questions regarding these practices should be addressed to the Clinical Director and/or the Director of PQI.

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### **HIPAA COMPLIANCE**

The Health Insurance Portability and Accountability Act is a federal law designed to protect the privacy of all **client** health information. This information will hereafter be referred to as protected health information (PHI) and includes details such as an individual’s name, address, date of birth, medical history, treatment plans, and billing information.

**How PHI is used:** CHE uses PHI to provide care, coordinate services, and manage billing and operations. Specific examples are included below for further understanding but are not meant to serve as an all-inclusive list.

*Providing care and coordinating services:* CHE may use client PHI to complete safety assessments, develop individual service/safety plans, refer to relevant external services (e.g. therapy, medication management), and coordinate medical, dental, and vision care.

*Billing:* CHE may use client PHI to bill and receive payment from relevant contracted counties, insurance companies, or any other third party responsible for the treatment and services provided.

*Operations:* CHE may use client PHI when collaborating with other members of a client’s care team (e.g. parents/guardians, county workers, school officials, client attorneys, authorized agents of DHS) and for quality improvement purposes (e.g. internal & external audits).

**When PHI is shared:** CHE will only share client PHI when the client, or their legal guardian, gives written and specific permission to do so, when it is necessary for treatment, payment, or operations, when the law requires it (e.g. mandated reporting of abuse, investigations), and during emergencies to prevent serious harm.

*Minimum Necessary Rule:* CHE complies with HIPAA’s **minimum necessary rule**, which requires the limited use, access, and sharing of PHI to the **least amount of information needed to perform a specific task**. Staff, interns, volunteers, and contractors may only access the information required for their specific job duties. When sharing information with others, CHE provides only what is necessary for the stated purpose. Full client records are only shared when required for treatment, legally mandated, or specifically authorized by the client or their guardian. The minimum necessary rule does not apply when sharing information in accordance with a completed and signed release of information or when complying with a court order.

*HIPAA Release of Information (ROI) (Addendum A):* To adhere to best practice and mitigate risk, CHE requires an ROI to be signed anytime PHI will be shared outside the client’s care team. To obtain valid written authorization for CHE to share PHI, the following elements are required:

- Specific description of what information will be released (i.e. medication list, full record, treatment summary, etc.)
- Name of person/organization disclosing the information **and** name of person/organization receiving the information
- Purpose of disclosure (i.e. continuity of care, insurance billing, at client's request, etc.)
- Expiration date of authorization (i.e. one year from signed, 90 days, etc.)
- Statement of client's right to revoke the completed authorization, in writing, at any time
- Assigned CHE staff representative signature and date signed
- Client legal guardian signature and date signed for any clients under the age of 18 OR client's signature and date signed at 18 years of age or older

**Protecting PHI:** CHE uses a variety of safeguards to protect client PHI...

- Staff training on privacy and security during new hire orientation and annually thereafter
- Need-based access to records
- Secure storage of paper records (locked offices with controlled access)
- Password protection & secure use of electronic records
- Encryption of electronic information whenever possible
- Referring to clients by initials whenever possible—especially in unencrypted electronic communication
- Review and complete CHE Notification for Electronic Communication with all clients (Addendum B)
- Always adhering to the minimum necessary standard detailed above
- CHE requires signed Business Associate Agreements with any vendor that may have access to PHI

Unauthorized access, use, or disclosure of PHI is strictly prohibited and may result in disciplinary action, up to and including termination.

**Client Rights:** Clients have the right to understand how their PHI is used and protected. As such, CHE provides a Notice of Privacy Practices (NPP) (Addendum C) to every client at the start of services. CHE's NPP must always be available upon request, posted in common areas, and included on CHE's website. The NPP must include the following:

- List of client rights, including the right to see and request a copy of their own records, ask for corrections to their records, request limits on how their PHI is used or shared, and request a list of certain disclosures CHE has made on their behalf.
- CHE's responsibilities, including how we keep their information private and secure, our privacy practices, and how we will notify clients in the event of a breach of information.

**Breach of Information:** A breach of PHI includes any unauthorized access, use, disclosure, or loss of client information—whether it is written, electronic, or verbal.

*Reporting suspected breaches:* All staff, interns, and contractors have a responsibility to immediately report possible breaches of client PHI to the Director of PQI and/or the Employee Relations Associate. Reports should be made in any situation where it is believed that PHI may have been:

- Seen or accessed by an unauthorized individual
- Shared with the wrong person or organization—whether written, electronic, or verbal
- Lost, stolen, or misplaced information
- Discussed in a way that can be overheard by unauthorized individuals
- Exposed due to a technical issue, system error, or security concern

If you are unsure whether something is considered to be a breach, *report it anyway!*

*Responding to breaches:* If PHI is compromised, CHE will investigate the incident, notify impacted clients and external agencies as required by law, and implement corrective actions.

## ADDENDUM A – RELEASE OF INFORMATION

Client Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

**I hereby authorize the Children’s Home of Easton to exchange information with:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

**FOR THE PURPOSE OF:**

- Attorney    Medical Care    Child Welfare    School    Court Action    Insurance  
 Continuity of Care    Juvenile Probation    MH/BH Treatment    Other (specify) \_\_\_\_\_

**INFORMATION TO BE RELEASED:**

- Billing/Claims    Court Summary    Individual Service Plan    Health Records    School Records  
 Social Summaries    Psychiatric Evaluation    Psychological Evaluation    Medications  
 Other (specify) \_\_\_\_\_

**INFORMATION TO BE OBTAINED:**

- School Records    Academic Evaluations    Individual Educational Plan    Immunization Records  
 Lab Reports    Medical Reports    Medications    Dental History    Psychiatric Evaluation  
 Psychological Evaluation    Discharge Summary    Court Records/Orders  
 Other (specify) \_\_\_\_\_

**This consent will be effective as stated below but is not to exceed one year.**

This consent shall be in effect from [the date] to [the date]. It will expire after one year or upon discharge from services, whichever date is first.

**I consent to this release of information by signing below.**

Client Signature	Legal Guardian Signature	CHE Witness Signature
Print Name	Print Name/Relationship	Print Name
Date	Date	Date

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If any person wishes to REVOKE this authorization, please complete and sign the following:

I may **revoke this authorization**, but not retroactively, at any time through written communication to The Children’s Home of Easton.

I, \_\_\_\_\_, revoke this authorization, today, \_\_\_\_\_.  
(Signature of Client/Parent/ Guardian) (Date of Revocation)

## ADDENDUM B – NOTIFICATION FOR ELECTRONIC COMMUNICATION

### **Purpose:**

This notification outlines the risks, benefits, and conditions of communicating protected health information via electronic means (e.g., email, text message, video conferencing, or other online platforms).

### **Communication Methods**

I understand that the following methods may be used for communication:

- Email
- Text/SMS messaging
- Video conferencing (e.g., Zoom, Teams)

### **Potential Risks**

I acknowledge that while reasonable safeguards are in place, electronic communication may carry risks, including:

- Interception by unauthorized parties
- Mis-delivery to unintended recipients
- Technical failures or delays

### **Privacy & Security**

- The organization will take reasonable steps to protect my information.
- I am responsible for protecting my own devices and accounts.
- Sensitive or urgent matters should not be sent via unsecured channels.

### **Acknowledgement**

By signing below, I acknowledge the use of electronic communication for the purposes described and the risks involved.

### **Emergency Situations**

In urgent situations, I will use emergency services (e.g., calling 911).

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Client Signature

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Legal Guardian Signature

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CHE Witness Signature

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Print Name

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Print Name/Relationship

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Print Name

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Date

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Date

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Date

## ADDENDUM C – NOTICE OF PRIVACY PRACTICES

1. Information contained in the client's record is strictly confidential and is to be used by involved staff with the understanding that this material is not to be disclosed or used, directly or indirectly, other than in the course of the performance of their duties.
2. Records may not be taken out of the office of the Children's Home of Easton unless authorized by the Executive Director. These records are available for perusal in the office by the following people other than appropriate Children's Home of Easton staff:
  - Parents or Guardians of the client
  - Client's Attorney or Court Services
  - Authorized agents of the Pennsylvania Department of Human Services
  - Referring Agencies
3. A client aged fourteen (14) or over may read their record at the discretion of the Caseworker and referring agency to withhold certain information which may be considered detrimental to their emotional health. The reason for withholding this information must be recorded in the client's record. The record is to be read by the client in the presence of the caseworker to enable them to answer client questions and to interpret material.
4. Sections of the records pertaining to education, medical, psychological and/or psychiatric evaluations may be read by, or copies released to schools, mental health units, courts and referring agencies.
5. Information from the client record can be released to contracting counties for annual reviews, DPW-for yearly licensing, any other licensing, or accrediting personnel, and for internal quality assurance activities.
6. Information from a client's record may be used by appropriate professional staff for teaching and/or research only if such information is disguised to protect the identity of the client. Written approval must be obtained from the Executive Director to allow people other than staff members to use this material.
7. Information from a record may be made available only when the information being released does not contain:
  - a. Material which violates the right or privacy of someone other than the client.
  - b. Material protected or made confidential by law including, but not limited to 23 Pa. C.S. Part III, 11 PS (2201-2224), and Chapter 3490.
  - c. This section may not be construed to protect the right to privacy of a staff person employed by The Children's Home of Easton.
8. The Executive Director, or the VP of Operations in their absence, reviews and approves in writing all refusals to share information with a person served or their parent/legal guardian on the basis of perceived harm to the client being served.
9. Any client is permitted to make personal additions to their record pertaining to their problems or to services they are receiving or would like to receive. If the staff member wishes to respond to the client's statement, it must be done with the client's knowledge.
10. Foster parents may not photograph the foster children in their care without written permission from the County workers and/or parents and guardians. Parents may not post photographs of their foster children on social media.