MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Information Technology		
Title:	Breach Notification Policy		
Policy: ☒ Procedure: ☐ Page: 1 of 2	Review Cycle: Biennial Author: Chief Information Officer	Adopted Date: 01.09.2018 Review Date: 09.12.2023	Related Policies: Information Management Policy

Purpose

To ensure that Mid-State Health Network (MSHN) maintains Health Information Portability and Accountability Act (HIPAA) security breach notification policies and procedure that meet legal and regulatory standards under the Medicaid Specialty Supports and Services contract and federal and state privacy guidelines and to ensure compliance with notificationrequirements.

Policy

Mid-State Health Network, a HIPAA Covered Entity (CE), and its Business Associates (BA) must provide notification following the discovery of a breach of unsecured protected health information in accordance with 45 CFR §§ 164.400-414 (notification in the case of breach of unsecured protected health information).

Notification by a Business Associate to Mid-State Health Network as the Covered Entity:
A Business Associate shall notify Mid-State Health Network immediately following the discovery of a breach of unsecured protected health information as outlined in the Breach Notification Procedure. Mid-State Health Network, as the Covered Entity, is responsible for breach notification to the individual, Secretary of Health and Human Services, and the media, as required, unless delegated to the Business Associate and stated in the Business Associate Agreement.

Notifications are required if the breach involved unsecured Protected Health Information (PHI). Encryption and destruction are technologies and methodologies for rendering PHI unusable, unreadable, or indecipherable tounauthorized individuals. Covered entities and Business Associates that secure information as specified by this guidance are not required to provide notifications following the breach of such information.

Policies and Procedures:
MSHN and its Provider Network must have in place written policies and procedures regarding privacy of PHI and breach notification in compliance with applicable laws and regulations.

Training:
MSHN and its Provider Network must be trained on the policies and procedures with respect to protected health information, privacy and security practices, and breach notification as necessary and appropriate for personnel to carry out their duties.

Refraining from Intimidating or Retaliatory Acts:
MSHN and its Provider Network may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise by the individual of any right established, or for participation in any process provided for, by this procedure or any Privacy Practices, including the filing of a complaint under this section;

Waiver of Rights:
Mid-State Health Network will not require individuals to waive their rights under federal privacy laws as a condition of the provision of treatment, payment, enrollment or eligibility for benefits.

Applies to

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's CMHSP Participants: ☐ Policy Only ☒ Policy and Procedure
☒ Other: Sub-contract Provider

Definitions

Business Associate: A HIPAA business associate is any organization or person working in association with or providing services to a covered entity who handles or discloses Personal Health Information (PHI) or Personal Health Records (PHR).
Covered Entity: A HIPAA covered entity is any organization or corporation that directly handles Personal Health Information (PHI) or Personal Health Records (PHR). The most common examples of covered entities include hospitals, doctors' offices and health insurance providers.
Breach: An impermissible use or disclosure under the HIPAA Privacy Rule thatcompromises the security or privacy of the protected health information.
HIPAA: Health Insurance Portability and Accountability Act
MSHN: Mid-State Heath Network
PHI: Protected Health Information
PHR: Personal Health Record
Unsecured Protected Health Information: protected health information that is not renderedunusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued under section13402(h)(2) of Public Law 111–5 (HITECH Act) on the HHS Web site.
Workforce: employees, volunteers, trainees, and other persons whose conduct, in the performance of work for Mid-State Health Network or a business associate, is under the direct control of Mid-State Health Network or a business associate, whether or not they arepaid by Mid-State Health Network or a business associate.
Intimidating or Retaliatory Act: To demote, terminate, withhold pay, or suspend a person for filing a complaint, participating in an investigation, or opposing an unlawful act, relatedto HIPAA privacy and security breach notification.

Other Related Materials

MSHN Compliance Plan

References/Legal Authority

45 CFR § 164 Privacy of Individually Identifiable Health Information
45 CFR § 164.400-414 Breach Notification Rule
Public Law 111-5 Health Information Technology for Economic and Clinical Health Act (HITECH Act)

Change Log:

Date of Change	Description of Change	Responsible Party
06.21.2017	New Policy	Chief Information Officer
06.2018	Annual Review	Chief Information Officer
06.2019	Annual Review	Chief Information Officer
06.2021	Biennial Review	Chief Information Officer
05.18.2023	Biennial update	Chief Information Officer