

# LEWIS AND CLARK INFORMATION EXCHANGE

## Breach Notification Standard

Index #012  
Classification – Public

### Background:

To comply with federal and state Breach notification requirements. (Section 13402 of the Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act (ARRA) of 2009 and 45 CFR Part 164 Subpart D of the Health Insurance Portability and Accountability Act of 1996.)

### Policy:

The Lewis And Clark Information Exchange (LACIE) is required to notify individuals whose Unsecured Protected Health Information (UPHI) has been compromised by a Breach. This policy sets forth the circumstances and procedures under which required notification will be made.

### Procedure:

#### I. Incident Reporting

A. All Workforce Members must immediately notify the Compliance Officer or the Security Officer of a known or suspected Breach of PHI. A Breach is considered discovered as of the first day on which the Breach is known to any Workforce Member of LACIE.

#### II. Incident Response

A. The Compliance Officer or Security Officer will inform the CAPS Committee, initiate formal investigation and begin a risk assessment of the incident. If the acquisition, access, use or disclosure of the PHI is determined to be a Breach then the notification below will be made.

1. Notify all individuals affected by the Breach by first-class mail to their last known address without unreasonable delay and no later than 60 calendar days from the date of the discovery.
  - a) LACIE must delay the notification process at the verbal or written request of law enforcement.
  - b) If LACIE believes there is possible imminent misuse of PHI then notice by phone or other appropriate means will take place prior to mailing letters.
  - c) If affected individual is deceased and LACIE has the address of the next of kin or the personal representative of the individual, written notification is to be provided to either the next of kin or the personal representative by first-class mail.
2. If there is insufficient or out-of-date information for fewer than 10 individuals, substitute notice may be provided by an alternative form.
3. The Compliance Officer will record all Breaches and submit no later than 60 days after the end of a calendar year to the Department of Health and Human Services.
4. If the Breach affects 500 or more individuals in the state or jurisdiction the following steps must also be taken:

- a) LACIE will provide notice to prominent media outlets serving the state or jurisdiction.
  - b) The Compliance Officer will immediately notify DHHS Secretary to be posted on the DHHS external website.
- B. The LACIE team may be required to submit a corrective action plan to the CAPS Committee as part of the mitigation process. The approved corrective action plan will be maintained by the LACIE compliance officer.

### **III. Notification Requirements**

- A. Notice provided to an individual with respect to a Breach must contain the following elements in plain language:
1. Brief description of what happened, including the date of the Breach and the date of the discovery of the Breach if known.
  2. Description of the types of PHI that were involved in the Breach (i.e. SSN, name, address, account number).
  3. The steps the individual(s) should take to protect themselves from potential harm resulting from the Breach.
  4. Brief description of what LACIE is doing to investigate the Breach, to mitigate losses, and to protect against any further Breaches.
  5. Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, e-mail address, website or postal address.

### **IV. Violations**

Workforce Members that violate this Information Security Policy may be subject to disciplinary action including up to discharge, loss of privileges, and/or revocation of contract, as applicable.

#### **Approval:**

#### **Review:**

- Review LACIE CAPS Committee 08-01-2014

#### **Revisions:**

- V1 – Ryan Harper 07-25-2014

#### **Owner:**

- LACIE CAPS Committee

#### **Stakeholder(s):**

- LACIE, Participant, and Patients