



Wellplace

1333 Brewery Park Blvd., Suite 140, Detroit, MI 48207



Standards: CARF: 2.G.1, 1.E.3 I.K.2

Revision Date: 10/10/08; 02/27/09; 11/4/09; 12/16/09; 5/7/10; 11/16/10; 4/21/11; 7/10/12; 6/26/13, 11/15/2013, 9/4/2014; 5/18/15, 5/10/16, 5/18/2017

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Subject: A. Protected Health Information

I. POLICY:

Wellplace will strive to comply with all legal (HIPAA) and ethical guidelines concerning confidential health care and personal information. Wellplace requires records to be current, detailed and organized, for effective and confidential provision of services and quality review.

II. PURPOSE:

To establish clear and concise procedures for the maintenance, management, and request of protected health and personal information.

III. APPLICATION:

This policy applies to all Wellplace employees.

IV. DEFINITIONS:

Consumer: Recipient of mental health services. There are two types:

1. Primary Consumer refers to the recipient of services.
2. Secondary Consumer refers to family members of the primary recipient.

Detroit Wayne Mental Health Authority (DWMHA): A community mental health services program established and administered pursuant to the provision of the State Mental Health Code, for the purpose of providing a comprehensive array of mental health services appropriate to the condition of individuals who are residents of Wayne County or individuals in Wayne County requiring emergent or urgent services, regardless of ability to pay.

Health Information Privacy Portability Administration Act (HIPAA): The statutes that applies to the maintenance and management of all confidential information to prevent unauthorized disclosure of pertinent and private health information of an individual.

JAC: An agency which is responsible for providing a single point entry as the gateway into juvenile justice services for eligible youth and their families.

Manager of Comprehensive Provider Network (MCPN): A healthcare entity contracted by DWMHA to develop and manage a comprehensive network of providers to meet the needs of adults and children as related to mental health issues. The MCPNs provide an array of support, services, treatment, and care including outpatient therapy, case management, home-based services, assertive community treatment, and community psychiatry that includes inpatient psychiatric hospitalization.

Mental Health Wellness Information Network (MHWIN): A system utilized as a database containing all consumers Protected Health Information (PHI). Staff may access consumer Protected Health Information only



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when access to that information is a necessary part of their job function.

Michigan Prison Re-entry Initiative (MPRI): Records sent to Wellplace for review in order to verify the consumer meets the criteria for enrollment in a MCPN. This determination is determined by a checklist.

Protected Health Information (PHI): "any information, whether oral or recorded in any form or medium" that

- "is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse"; and
- "relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual."

Recipient Rights: Legal specifications construed to protect and promote the dignity and respect to which a recipient of services is entitled.

V. STANDARDS:

- 1) Wellplace Staff shall use and view protected health information (PHI) as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), in the normal performances of daily operations.
- 2) Information Included in Notification of Privacy Practices: The following is a summary indicating when the consumer's PHI may be used or disclosed without the consumer's authorization (MDCH and HIPAA) as reviewed in the Access Center Insert Information included in a consumer's Welcome Packet. :
 - A. Wellplace may use or disclose health information for its own operations to facilitate the administration of the DWMHA Access Center and as necessary to provide coverage and services to all of the respondents. The DWMHA Access Center's operations include such activities as:
 - Quality assessment and improvement activities.
 - Clinical guideline and protocol development.
 - Staff competence or qualifications review and performance evaluation.
 - To review, change, and/or to re-instate DD or MI Networks.
 - Review and auditing, including compliance reviews.
 - Credentialing.
 - Business management and general administrative activities of DWMHA, including customer service and resolution of grievances and appeals.



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- Only people who have both a need and legal right may access PHI, unless the consumer provides written permission, Wellplace shall only use and share consumer’s PHI for the following purposes:
 1. To help the consumer access community mental health services
 2. To assist in benefit coordination of services
 3. To operate and manage business operations, including to the providers that deliver direct services to the consumer and their MCPNs
 4. To any person or entity that the consumer requests in writing for information to be released to
 5. To the Access Center Contractor DWMHA
 6. To disseminate needed information to the consumer regarding treatment and services

- B. Wellplace may use and disclose personal and health information to tell the consumer about health-related benefits or services that may be of interest to him/her.

- C. Wellplace may use or disclose health information to the extent necessary for public health activities and to avert a serious and imminent threat to the consumer’s health or safety or the health and safety of others. Wellplace may disclose personal and health information to the appropriate authorities if there is reasonable belief that the consumer is a possible victim of abuse, neglect, domestic violence or other crimes Wellplace may, consistent with applicable law and ethical standards of conduct, disclose health information if Wellplace in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the consumer’s health or safety or to the health and safety of the public.

- D. Wellplace may disclose health information to a health oversight agency. This may include but is not limited to accreditation surveys, investigations, inspections, licensure or disciplinary actions. Entities outside of the CMH system must complete and sign confidentiality agreements prior to conducting reviews of documentation that contain PHI.

- E. Wellplace may disclose health information in response to a subpoena, court or administrative order, warrant, discovery request or other lawful process, but only when Wellplace has made reasonable efforts to either notify the consumer about the request or to obtain an order for protecting health information.

- F. Wellplace will use or disclose health information when required to do so by federal, state or local law.

- G. Wellplace may use and disclose health information to locate consumers and inform their providers and consumers of Network information.

- H. Wellplace may disclose health information to DWMHA for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Direct Contractors to DWMHA which may request HIPAA protected information shall not have access granted without written authorization by the consumer. In addition, Wellplace IT system shall provide accurate



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and timely reporting of data requested and required by DWMHA of Wellplace.

- I. Other than as stated above, Wellplace will not disclose health information other than with the consumer's authorization in writing. An authorization to disclose confidential and health care information may be revoked in writing at any time.

3) Staff Verbal Disclosure of PHI

- a) The Wellplace Staff shall verify the authenticity of a caller by verifying with the caller at least 3 pieces of personal verifying information such as date of birth, social security number, home address, or insurance information prior to providing personal health information to the caller.
- b) In addition staff shall determine whether the call relates to a question of eligibility or should be referred elsewhere for a request of PHI.
- c) The Wellplace Staff shall explain to any callers requesting PHI, the HIPAA categories of information available and how to obtain it.

4) HIPPA Training

- a) All Wellplace employees shall complete HIPAA training during the first 30 days of hire during the orientation process and biennially thereafter.

5) Access to PHI / Physical and Electronic:

- a) Wellplace shall ensure that all paper and electronic documentation that contain confidential records for employees, consumers, or professionals who have been credentialed by Pioneer are kept in a secure location.
- b) To ensure confidentiality of PHI, electronic file access levels are assigned as indicated in the *IT System Access Level Assignment Policy*. MHWIN is protected by giving limited access to DWMHA's providers. Access to the site is limited to authorized staff of DWMHA and authorized providers. Each person is given specific access based on the type of information they need. Individual usernames and passwords are assigned and are not to be shared.
- c) When discussing consumers' PHI, all office and conference room doors shall be shut.
- d) Any type of consumer PHI records shall not be kept plain or public view.
- e) All paper records and files shall be kept in a locked cabinet at Wellplace. Hard copies of clinical documentation and PHI shall be kept in locked cabinets that are restricted to Wellplace employees that require access to complete job functions (Supervisors, Clinicians, Customer Service Specialists, & Quality Improvement Staff)
 - i. JAC referrals are stored in the Clinical Services Manager's secured office in order of date of



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receipt.

- ii. Wraparound referrals are stored in the Clinical Services Manager's secure office in order of date of receipt.
 - iii. MPRI records are stored in a locked file cabinet by order of month and date.
 - iv. Documents related to MCPN changes and enrollments are placed in the Support Staff's locked desk by order of month and date. From there the files are transferred to binders and kept in locked cabinets at the end of each month.
 - v. All telephonic customer service and clinical screening file documentation is completed and stored electronically on the DMWHA's MWHIN system.
- f) Electronic records shall be stored on a secure network and backed up nightly on the server.
 - g) All documentation shall be organized and stored in a manner that allows easy and secure retrieval. Treatment records are stored in a secure manner that allows access by only authorized personnel.
 - h) Employees shall not share passwords with anyone.
 - i) Employees shall not e-mail PHI without encryption.
 - j) Removal, access, and transfers of devices and media (e.g. disks, CDs, tapes, laptops) must be approved by the Program Director.
 - k) Workstations containing PHI shall be physically secured or locked at all times.
- 6) Use of Email, Texting, Blogging and Social Media for Communication with Recipients
- a) Wellplace does not communicate directly with consumers via email, text, blog or other social media outlets.
 - b) Communications between Wellplace and other provider entities regarding consumers shall not include names or other identifying information in the correspondence and shall only be communicated via approved company email outlets.
- 7) Authorization and Release of Information
- a) Employees must obtain a consumer authorization for release, if the information to be released is not related to payment, treatment or health care operations as identified in this policy.
 - b) Wellplace shall ensure the **release of information** includes the following core elements:
 - i) The name of the institution/individual authorized to release the information
 - ii) The name of the institution/individual authorized to receive the information



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- iii) A description of the information to be disclosed that identifies the information in a specific and meaningful fashion, including dates of treatment
- iv) A description of each purpose for the requested use or disclosure
- v) An expiration date, or an expiration event, that relates to the person or the purpose of the request.
- vi) Information as to how and when authorization can be revoked.
- vii) The signature of the person (or his or her personal representative) and the date signed
- viii) A description of the representative's authority to act on the person's behalf (if the person's personal representative signs the authorization)

8) Accountability and Responsibility

- a) Wellplace **identifies** (both deliberate and inadvertent) impermissible uses, access, disclosures, modification or destruction of sensitive information by reviewing reports on routine access and procedures for work force members such as quarterly Privacy Practices rounds checklists, requests for accounting of disclosures logs, and privacy practices policies and procedures.
- b) Wellplace **reports** impermissible uses, access, disclosures, modification or destruction of sensitive information to Detroit Wayne Mental Health Authority per contract agreement.
- c) Wellplace **takes actions** when protections have been proven insufficient by:
 - i) Immediately creating and implementing a corrective action plan with time lines to mitigate any results of failure to appropriately use, disclose and protect sensitive information.
 - ii) Implementing consequences for staff involved in failing to use, disclose and protect sensitive information including disciplinary action up to and including termination of employment and reporting of actions to the relevant licensing board. Any consequences for staff would be documented on the Employee Corrective Action Notice form which could include a write up, any corrective action needed to be completed by the employee or any disciplinary action taken. A copy of this form would be stored in the employee's file.
- d) Compliance with appropriate record keeping is monitored through Peer Reviews, Supervisory Reviews, and Quality Data Integrity Audits.
- e) Compliance with filing procedures is monitored on an ongoing basis by supervisory staff and monthly by the Privacy Officer.

9) Time Frames for Documentation

- a) Clinical and screening information shall be entered into the electronic medical record within 24 hours of



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contact to ensure accuracy and safety.

10) Chief Privacy Officer

- a) The Chief Privacy Officer shall be the Wellplace Quality Manager shall:
 - i) Conduct privacy rounds quarterly to ensure compliance with PHI & HIPAA standards.
 - ii) Review levels of user Access quarterly by reviewing MHWIN user reports of active and inactive users.
 - iii) Review processes to identify unnecessary PHI collections quarterly through staff inquiry and review of Confidentiality Policies and Procedures
 - iv) Review mechanisms to limit access to PHI such as storage areas, work stations and computer stations as part of quarterly privacy rounds.
- b) Review staff requests to use or access PHI by reviewing request log maintained by the Program Director, quarterly.
- c) Complete a quarterly report reviewing activities, actions and findings of the above and any violations or corrective action plans implemented for review by the Quality Improvement Committee.

11) Website

- a) The Wellplace website shall display content indicating specific data that is collected on the website and how the data will be used. If member information is not collected this shall also be clearly indicated on the website.

VI. QUALITY ASSURANCE:

The Quality Improvement/Utilization Management Committee shall monitor adherence to the policy as one element of its overall quality processes. The Wellplace Policy and Procedure Manual is reviewed and revised on an annual basis and is approved annually by the Board of Managers. When applicable, the Wellplace subcontractor to whom this policy is applicable shall monitor adherence to this policy as part of a program of ongoing quality management.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS:

Wellplace, Inc. and its subcontractors are bound by all applicable federal, state, and county laws, rules, regulations, policies, and guidelines.

VIII. REFERENCES:

Michigan Department of Community Health



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Recipient Rights

HIPAA (1996)

DWMHA

XI. EXHIBITS:

. 1. *Detroit Wayne County Access Center Insert / Notice of Privacy Practices*