

**PROVIDER AGREEMENT - APPENDIX E**  
**ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES**  
**PRIVACY AND SECURITY PROCEDURES FOR PROVIDERS under 7 AAC 81**

**POLICY:**

This policy and its accompanying procedures are based on the following: (1) DHSS's obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") (42 U.S.C. 1320d – 3120d-8), the Health Information Technology for Economic and Clinical Health Act of 2009 (P.L. 111-5) (the "HITECH Act") and their implementing regulations at 45 C.F.R. 160 and 45 C.F.R. 164 (the "Privacy and Security Rule") to protect the privacy and security of protected health information (2) where applicable, the obligations of Providers under HIPAA, HITECH Act and the Privacy and Security Rule; (3) where applicable, the obligations of Providers that are federally assisted alcohol and drug abuse programs and subject to the confidentiality protections of 42 C.F.R. Part 2; and (4) obligations for records retention and transfer of records codified as 7 AAC 81.180 - 81.185.

It is the policy of DHSS that the following procedures be incorporated as terms of DHSS's Provider Agreements. When used in the accompanying procedures, the following terms shall be defined as set forth at 45 C.F.R. Part 160 and 164: "electronic protected health care information," "protected health information," "use," "disclosure," "workforce," "availability," "confidentiality," "integrity," "security," "breach," and "health oversight agency."

**PROCEDURES AND REQUIREMENTS:**

1. Security Practices. The Provider that creates, receives, maintains, or transmits electronic protected health information in its role as a provider shall undertake the following acts regarding such information:
  - a. Ensure the information's confidentiality, integrity, and availability. 45 C.F.R. 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards), and 164.316 (policies, procedures and documentation requirements) shall apply to the Provider in the same manner that such sections apply to DHSS, and shall be implemented in accordance with HIPAA, the HITECH Act, and the Privacy and Security Rule. The additional requirements of Title XIII of the HITECH Act contained in Public Law 111-5 that relate to security and that are made applicable to covered entities shall also apply to the Provider and are incorporated into this Privacy and Security Procedures.
  - b. Protect against any reasonably anticipated threats or hazards to the security or integrity of such information, including during its transmission to and from the provider.
  - c. Protect against reasonably anticipated uses or disclosures of such information when the use or disclosure is not required or permitted by law.
  - d. Implement protections that govern the receipt, removal, disposition, and re-use of hardware and electronic media (which includes, but is not limited to hard disks, magnetic tapes, compact disks, videotapes, audiotapes, handheld electronic devices and removable storage devices such as floppy disks, zip disks, and memory cards) that contain or have contained electronic protected health information. In particular, the provider shall:



- iv. Permitting the disclosure of the information to DHSS as a health oversight agency (without requiring the authorization of a recipient of services) for purposes of DHSS's determination of compliance with, administration of the terms, or termination of the Provider Agreement, or assignment of services to an approved subcontractor or another provider.
    - b. Take reasonable steps to mitigate the harmful effects of any improper use or disclosure of the information.
    - c. Discipline workforce that violate the Provider's privacy policies and procedures.
    - d. Not coerce, discriminate, or retaliate against any person for exercising his or her rights regarding such information or for reporting any alleged violation of the Provider's privacy policies and procedures.
3. Reporting of Unauthorized Disclosures and Breaches. The Provider that creates, receives, maintains, or transmits protected health information in its role as a service provider under this agreement shall notify DHSS within 24 hours of any suspected or actual breach of security; intrusion; or unauthorized acquisition, access, use or disclosure of protected health information in violation of any applicable federal or state law. The Provider shall use a Notification of Suspected Breach Form (attached as Exhibit 2 to this Privacy and Security Procedures) to the contact person named in the Provider Agreement and to the Privacy and Security Officers of DHSS. The Provider shall identify for DHSS the individuals whose unsecured protected health information has been, or is reasonably believed to have been, breached so that DHSS can comply with any notification requirements if necessary. The Provider shall also indicate whether the protected health information subject to the suspected or actual breach; intrusion; or unauthorized acquisition, access, use or disclosure was encrypted or destroyed at the time. The Provider will be responsible for complying with any notification requirements under HIPAA, the HITECH Act, the Privacy and Security Rule or other law. The Provider will take prompt corrective action to cure any deficiencies that result in breaches of security; intrusion; or unauthorized acquisition, access, use, and disclosure. The Provider shall indemnify and hold harmless DHSS for any civil monetary penalty imposed, monetary settlement with, or award of damages against, DHSS for acts or omissions in violation of HIPAA, the HITECH Act, or the Privacy and Security Rule that are committed by the Provider or a member of its workforce. Provider shall also reimburse DHSS for all costs incurred by DHSS that are associated with any mitigation, investigation, or notice of breach DHSS undertakes or provides under HIPAA, the HITECH Act, the Privacy and Security Rule, or other applicable law as a result of a breach of DHSS's protected health information caused by the Provider or Provider's agent or subcontractor. The Provider is not an agent of DHSS.
4. Internal Practices. The Provider shall make its internal practices, books and records relating to the use and disclosure of DHSS's protected health information available to DHSS and all appropriate federal agencies to determine DHSS's and the Provider's compliance with HIPAA, the HITECH Act and the Privacy and Security Rule.

5. Substance Abuse Treatment Records. DHHS is mindful that some Providers are subject to 42 C.F.R. Part 2, because they are in receipt of federal funds for the operation of alcohol and drug abuse services. Such Providers shall undertake the following acts regarding protected health information concerning such programs for which the Provider also receives funding for services from DHSS:
  - a. Protect the confidentiality of alcohol and drug abuse patient records as required by 42 C.F.R. Part 2, including:
    - i. Restricting the use and disclosure of information, whether recorded or not, which would identify a patient as an alcohol or drug abuser, all as permitted or required by 42 C.F.R. Part 2;
    - ii. Providing security for written records as required by 42 C.F.R. § 2.16;
    - iii. Adopting written procedures which regulate and control access to and use of written records, as required by 42 C.F.R. § 2.16(b);
    - iv. Applying the restrictions for disclosures of information with patient consent, as set forth at 42 C.F.R. §§ 2.31 - 2.35; and
    - v. Applying the restrictions for disclosures without patient consent, as set forth at 42 C.F.R. §§ 2.51 -2.67.
  - b. resolve any conflict between these procedures or any other law in favor of the protection of the confidentiality of alcohol and drug abuse patient records.
6. Resolve any conflict between these procedures or any other law in favor of the protection of the confidentiality of alcohol and drug abuse patient records.
7. Retention of Records. The Provider shall undertake the following acts:
  - a. Retain documents relating to the Provider’s privacy and security practices for six years.
  - b. Ensure that its records are retained as required by 7 AAC 81.180, which includes the following obligations:
    - i. Retaining and preserving financial and administrative records for services provided under the Provider Agreement, including records of the receipt and disposition of other-source income that are necessary to meet auditing requirements, for at least three years. Such records shall be retained longer, all as set forth at 7 AAC 81.180, if an audit is in progress or audit findings, litigation, or claims involving the records are pending.

- ii. Retaining and preserving records that relate directly to the care and treatment of a recipient of services for at least seven years following the termination of services to that recipient, subject to the following:
  - (A) Any additional obligations required by AS 18.20.085 for hospital records;
  - (B) If a minor's care is at issue and the provider is not a hospital already subject to AS 18.20.085, retaining and preserving records that relate directly to the care and treatment of a minor for at least seven years after the minor has reached the age of majority or until seven years after the termination of services, whichever is longer.

8. Storage and Transfer of Records.

- a. If a Provider's business or organization closes or ceases to exist as a service provider under the Provider Agreement, or if the records must be transferred for any other reason, the Provider must notify the contact person named in the Provider Agreement within 48 hours of such decision. The notice shall:
  - i. Be signed by the Provider's board of directors or chief executive officer;
  - ii. Indicate whether the Provider will retain and store its records in an appropriate, secure fashion or transfer its records to a continuing board, or to DHSS; and
  - iii. Include a formal plan for the retention or transfer of records that provides:
    - (A) A description of how and when the Provider will notify each recipient of services regarding where the files will be transferred or stored and how the recipient can continue to receive services and obtain a copy of the recipient's records;
    - (B) A complete list of all files being transferred or stored; and
    - (C) A complete list of all recipients who will be sent the notice.
- b. A Provider that is storing or transferring records must also:
  - i. Box all paper records, ensuring:
    - (A) Financial and operating records are in separate boxes from treatment records; and
    - (B) As it pertains to treatment records, records of minors are in separate boxes from records of adults.

ii. Contact the contact person named in the Provider Agreement for instructions regarding the transfer of electronic records.

c. If the Provider is a federally assisted substance abuse treatment program, the Provider shall follow the procedures for disposition of records set forth at 42 C.F.R. § 2.19. If a specific requirement of 42 C.F.R. Part 2 conflicts with a requirement of these procedures, the Provider shall follow the requirements of 42 C.F.R. § 2.19 as it pertains to any such conflict.

**Exhibit 1 - Appendix C**  
**STATE OF ALASKA**  
**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**Media Disposal Assurance Form**  
 Grants & Contracts (907) 465-5424

Salvage/Surplus       Destruction       Other: Re-use

**Technical Contact Information**

Provider or Grantee Agency Name:	Provider/Grantee Technician Contact Name:	Phone #:
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**Computer or Drive Information (or attach list)**

Computer Make:	Computer Model #:	Computer S/N #:	Drive Model #:	Drive Make #:	Drive S/N #:
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**Provider/Grantee Authorizing Officer Contact Information**

Provider or Grantee Authorizing Officer Name:	Phone #:	Date:
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**Terms and Conditions**

The Department of Health and Social Services requires all electronic media to be cleaned with a wipe utility that prevents the recovery of any Department data or data acquired in the performance of services on behalf of the Department from the device, prior to being re-used, salvaged, surplused, or disposed of. The Department further requires:

Re-used/Salvage/Surplus Devices:

- A three (3) pass random wipe, where each sector of a disk is erased and written to a minimum of three times. A wipe utility that is compliant with the DoD 5220.22-M clearing and sanitization method must be used.
- The Media Disposal Assurance Form signed by the Technician performing the electronic wipe and by the Authorizing Officer of the Provider/Grantee Agency confirming the required action.
- A copy of the completed Media Disposal Assurance Form is submitted to the Grants & Contracts office.

Disposal of Devices:

- One of the following approved methods must be used. Please indicate which method was used:
  - A three (3) pass random wipe, where each sector of the disk is erased and written to a minimum of three times.

**Or**

The device destroyed in such a manner that the media is not recoverable.

  - Removal Media – Magnetic Media Cut or Severed
  - Hard drives – Magnetic Platters Drilled or removed and broken
- The Media Disposal Assurance Form signed by the Technician performing the electronic wipe and by the Authorizing Officer of the Provider/Grantee Agency confirming the required action.
- A copy of the completed Media Disposal Assurance Form is submitted to the Grants & Contracts office.

**I hereby certify the terms and conditions for the Media Disposal Assurance has been met for the device(s) listed above.**

Technician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorizing Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Exhibit 2 - Appendix C  
**NOTIFICATION OF SUSPECTED BREACH**

Provider or Grantee Organization Name: \_\_\_\_\_

Provider or Grantee Address: \_\_\_\_\_

Provider or Grantee Contact Person: \_\_\_\_\_

Provider or Grantee Contact Person's Telephone Number: \_\_\_\_\_

Identify the suspected or actual breach of security, intrusion, or unauthorized use or disclosure of service recipient information (Please be as specific as possible and include names, dates, times, and specific actions or concerns. Use the other side of this form if you need more room. Attach any relevant documents.)

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Attached documents include:

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Identify actions taken or to be taken to remedy the suspected or actual breach:

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Exhibit 2