

Office of the Commissioner

***Privacy and Security:
Walk-through Review Policy***

Policy #: DHHS-10-14

Issue Date: 9/10/14

I. SUBJECT

Privacy and Security: Walk-through Review Policy

II. POLICY STATEMENT

Maine Department of Health and Human Services (“the Department”) will perform periodic reviews of office and program privacy and security efforts to ensure that the Department is adhering to the Department’s policies and procedures and using best practices to keep identifiable information confidential.

III. RATIONALE

This simple process serves multiple purposes:

1. It evaluates the current state of the Department’s privacy and security practices that are easily observed, identifying weak areas to be corrected;
2. It reinforces best practices described in the Department’s workforce policies and training; and
3. It provides proof of the Department’s good faith efforts at maintaining regulatory compliance standards.

Walk-through reviews will be both unannounced and announced. The audit/review includes privacy and security practices that can be observed, hence, it does not constitute a comprehensive security review, but is nonetheless an important tool for the Department’s offices.

IV. PROCEDURE STATEMENT

Reviews will be performed monthly, using the attached checklist tool.

Any response that indicates a concern will require further details describing the circumstances and action required. If the issue is resolved immediately, that should be indicated on the form. The date of resolution must be documented, placed with the checklist results, and reviewed shortly thereafter.

Where observed privacy or security practices do not meet the Department's legal or policy requirements, standards, and training, the Privacy/Security Liaison will assist in remediating the problem in a blame-free manner, with the assistance of the office director and the Director of Healthcare Privacy, if necessary, followed by education of appropriate workforce members. All walk-through checklist forms and actions taken shall be documented for future reference and to demonstrate affirmative, good faith compliance activities to regulatory oversight entities. Repeat violations of security or privacy policies will result in application of the Department's Privacy and Security Sanction policy.

The walk-through process gives DHHS Privacy/Security Liaisons, office directors and others the opportunity to commend workforce members for maintaining best practices and honoring the confidentiality of the Department's consumers' information.

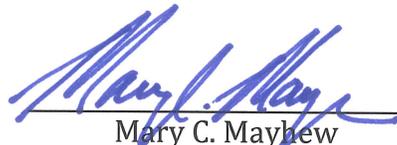
V. DISTRIBUTION

All Staff via e-mail and posting on the DHHS Intranet.

VI. ATTACHMENT

Walk-through Review Checklist

September 10, 2014
Date


Mary C. Mayhew
Commissioner

DHHS Walk-Through - Privacy-Security Checklist

Office being reviewed: _____

Issue	Y/N	Action Required
Confidential information is discussed by workforce members in public areas.		
Conversations with patients or member can be overheard by others.		
Phone conversations or dictation are in areas where confidential information can be overheard.		
Identifiable information, other than sign-in sheets, are readily visible by the public or by people without a need-to-know.		
Patient/member records are filed in locking storage cabinets or rooms that are locked when unattended.		
Workforce members are wearing name badges.		
Medical records are stored or filed in such a way as to avoid observation by passerby.		
Workforce members know who to contact about a privacy/security complaint.		
PHI is left on an unattended copier or printer or in unsecured areas.		
PHI was found in trash, recycle bins, or unsecured pre-shredding receptacles.		
Computer passwords are not posted and viewable.		
Computer screens containing PHI are visible in public areas.		
Unattended computers are logged out or protected with password enabled screen savers.		
Staff have attended/completed HIPAA/HITECH Education.		
The Notice of Privacy Practices is posted in areas where patient/member registration is performed.		
Other observations		
Other observations		

Date: _____ Signature of HIPAA Privacy or Security Official: _____