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<b>Title:</b>	<b>DPH Privacy and Security Manual</b>
<b>Chapter:</b>	<b>I. DPH HIPAA Privacy Compliance, Introduction</b>
<b>Current Effective Date:</b>	<b>September 22, 2003</b>
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## **Purpose**

The purpose of the [Division of Public Health \(DPH\) Privacy and Security Manual](#) is to provide requirements applicable to the Division for protecting and securing the privacy of individually identifiable health information (IIHI).

## **Background**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule requires that covered health care components implement *appropriate* administrative, physical, and technical safeguards to avoid unauthorized use or disclosure of IIHI. The federal Privacy Rule, promulgated to implement the Health Insurance Portability and Accountability Act of 1996 (HIPAA), made significant changes in the protection of certain IIHI that is created, received, accessed, and maintained in any form or medium, by the Division.

The North Carolina Office of Attorney General has determined that DHHS meets the definition of a “hybrid entity” and has both covered health care components and non-covered health care components within its department. DHHS, as a hybrid entity, is responsible for designating which of its divisions and offices (or portions thereof) are covered health care components and for ensuring that those components comply with HIPAA regulations. The Division of Public Health organizationally also has both covered and non-covered healthcare components. The Division has worked with the DHHS HIPAA Office and the Attorney General to determine and designate which workgroups within the Division that meet the definition of a covered healthcare component and therefore are subject to the HIPAA Privacy Rule.

Covered healthcare components within DPH must comply with the HIPAA regulations. Following the DHHS policy, the Division has agreed that whenever specific privacy requirements promote better business practices and/or provide uniform client rights within the Division, the privacy requirements shall apply to all DPH workgroups. Each privacy policy developed by the Division shall include a scope statement specifying whether the policy applies to all workgroups in the Division or only to covered health care components.

## Division of Public Health Privacy Policies

The Division will ensure compliance with HIPAA privacy requirements by developing and implementing privacy policies that specify the Division's methods for the protection of IIII. The requirements in these policies are based on many business practices already employed throughout the Division. In addition, Privacy policies shall take into account other federal and state laws and program requirements that have an impact on the use and disclosure of health information. Federal and state laws that are more stringent than the HIPAA requirements will generally remain in effect and will not be preempted by HIPAA. More stringent means those laws that afford greater privacy protections than the floor established under HIPAA. In addition, some state laws, including all Public Health laws (for example, reporting of disease or injury, birth or death; and other laws requiring disclosure of IIII) will remain in effect and are not pre-empted by HIPAA.

Each DPH workgroup identified in the scope section of each policy is expected to work with the DPH HIPAA Office to develop procedures that correspond to that policy for implementing the requirements for protecting the health information maintained by the workgroup.

DHHS divisions and offices may only use and disclose IIII as provided in this document and by federal and state law, and are subject to all of the limitations and requirements specified in this manual.

The DHHS privacy policies are documented in the [DHHS Policies and Procedures Manual](#) that is maintained by the DHHS Office of the Secretary. Such policies are available on the DHHS web site and may be accessed at [DHHS Policies and Procedures Manual](#).

The Division of Public Health privacy policies are documented in the [DPH Privacy and Security Manual](#) that is maintained by the DPH HIPAA Office and are posted on the DPH web site at <http://www.schs.state.nc.us/hipaa/policy>. Additions or revisions to privacy policies shall be the responsibility of the Division's HIPAA Privacy Office under the direction of the DPH Privacy Official.

The [DPH Privacy and Security Manual](#) Privacy Section follows the organization of the DHHS Privacy Manual. The policies are organized three main categories:

- Administrative Policies
- Use and Disclosure Policies
- Client Rights Policies.

**Reference:** DHHS Directive Number III-11; DHHS Policy and Procedure Manual, Section VIII, Security and Privacy, 42 CFR Parts 160, 162, 164, NC General Statutes 130A, 10A NCAC

For questions or clarification on any of the information contained in this policy, please contact the DPH Privacy Office at <mailto:HIPAA.DPH@ncmail.net>.