



Corporate Compliance

POLICY TITLE: Disposal Policy for Protected Health And Confidential Health System Information	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 800.47	CATEGORY SECTION: Compliance & Ethics
System Approval Date: 6/18/18❖	Effective Date: 1/13
Site Implementation Date: 6/18/18❖	Last Reviewed/Approved: 4/16
Prepared by: Corporate Compliance	Notation(s): N/A

GENERAL STATEMENT of PURPOSE

The purpose of this document is to outline the established requirements for disposal of Northwell Health hard copy documents and electronic media that contain confidential information, including, but not limited to, Protected Health Information (“PHI”) and Personally Identifiable Information (“PII”). Confidential information is defined as “sensitive” and “highly sensitive” according to the Data Classification and Handling policy #900.12. Hard copy documents include, but are not limited to, paper documents, photographs, imaging films, addressograph cards, and wrist bands. Electronic media include, but are not limited to, hard drives, flash drives and CDs.

POLICY

It is the policy of Northwell Health that all Northwell Health information and information entrusted to Northwell Health from third parties will be disposed of in a manner that ensures confidentiality in accordance with federal and state laws including the Health Insurance Portability and Accountability Act (“HIPAA”). All applicable documents will be discarded using the appropriately identified trash receptacles.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell conducting research on behalf of the Zucker School of Medicine

on or at any Northwell Health facility; and the faculty and students of the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies.

DEFINITIONS

Protected Health Information (“PHI”): Any oral, written, or electronic individually identifiable health information. PHI is information created or received by Northwell that (i) may relate 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 payment for the provision of health care to an individual; and (ii) identifies the individual who is the subject or based on which there is a reasonable basis to believe that the individual who is the subject can be identified. The Health Insurance Portability and Accountability Act (HIPAA) further clarifies that PHI includes information that identifies the individual by one or more (depending on context) of the following 18 identifiers:

1. Names;
2. Geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code in certain situations;
3. All elements of date (except year) for dates directly related to an individual, including birth date, discharge date, date of death; and all ages over 89 and all elements of dates indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers;
13. Medical Device Identifiers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code.

Personally Identifiable Information (PII):

Any oral, written or electronic, individually identifiable personal information collected or stored by a facility. Examples of PII include the following data elements:

- Bank/Credit Union account numbers
- Biometric (finger/face print)
- Birth certificate
- Citizenship

- Credit card expiration date
- Credit card number
- Criminal records
- Date of birth
- Date of death
- Death certificate number
- Dependent information
- Disability information
- Driver license number
- Financial data
- Health and medical information
- Home address
- Home phone number
- IP address
- Mother's maiden name
- Name
- Other identity verification or authentication data
- Passport number
- Personal phone number
- Photo
- Racial or ethnic origin
- Salary and bonus
- Social Security number
- Vehicle registration plate number
- Work eligibility

PROCEDURE

1. All waste/trash shall be collected from designated areas (e.g., patient rooms, utility rooms, offices) through the facility on a regular basis as needed, by Environmental Services personnel.
2. All hard copy and electronic waste containing PHI, PII or any other sensitive or highly sensitive information must be properly discarded as follows:
 - a. Paper items must be discarded in confidential document bins.
 - b. IV bag labels shall be self shredding or shall be rendered unrecognizable before discarding the bag.
 - c. Prescription bottles will be returned to the pharmacy and labels shall be rendered unrecognizable and disposed of appropriately.

- d. Addressograph cards must be shredded.
 - e. Hardcopy data in non-paper form (e.g., microfilm, microfiche, imaging films) cannot be discarded in confidential document bins designated for paper waste only and thus any PHI, PII or other sensitive or highly sensitive information on such non-paper form must be rendered unrecognizable and properly discarded either internally or through a Northwell Health approved and contracted vendor.
 - f. Electronic media is governed by policy #900.26 "Device and Media controls." Policy #900.26 handles procedures that address the delivery, removal, and disposition of devices and media containing confidential or PHI.
 - g. All hard copy and electronic waste containing PHI, PII, or any other sensitive or highly sensitive information, including any such items removed from any Northwell Health campus by applicable Northwell Health employees, shall be returned to Northwell Health and disposed of as indicated above.
 - h. Hard copy waste must not be "overstuffed" into the container, such that the container's contents protrude and can be removed from the container. If the container is close to overflowing, Environmental Services must be contacted immediately for assistance.
3. Employees handling items containing PHI, PII or other sensitive or highly sensitive information are responsible to ensure all such information has been secured or destroyed. It is the office manager/supervisor/director's responsibility to ensure that all employees are adhering to this policy.
 4. In accordance with Policy 100.97 "Records Retention and Destruction", all documents must be maintained for the appropriate length of time before being disposed of as indicated above.
 5. Standard document disposal and destruction policies shall be immediately suspended once there is a notification that the documents are or may be part of a government investigation, audit, subpoena, search warrant, litigation hold, or document sequestration. In case of questions regarding document maintenance, the Office of Legal Affairs must be contacted.
 6. Document destruction shall be performed by an authorized vendor. Access to waste containers shall be limited to the vendor and/or an authorized designee at each facility.
 7. Compliance Monitoring: the Office of Corporate Compliance shall perform periodic audits to monitor compliance with this policy.

Training

The Office of Corporate Compliance will provide training on HIPAA on, at least, an annual basis.

Sanctions

In compliance with the HIPAA Privacy Rule, violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and in the Bylaws, Rules and Regulations of the Medical Staff.

Document Retention

Any documentation generated in compliance with this policy will be retained for a minimum of 6 years from the date of its creation.

ENFORCEMENT

All violations of this policy shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516.465.8097) for appropriate resolution of the matter. You can also make an anonymous report to the Compliance Help-Line, 24 hours a day, 7 days a week, by calling (800) 894-3226 or by visiting www.northwell.ethicspoint.com online.

CONTACT INFORMATION

Environmental Services	516-734-3001
Information Services	(718, 516, 631) 470-7272
Office of Corporate Compliance	516-465-8097
Office of Legal Affairs	516-465-8100
Compliance Help Line	800-894-3226
	www.northwell.ethicspoint.com

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

Human Resources Part 5 Conduct in the Workplace/Progressive Discipline

Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164

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 of 2009 (ARRA), Pub. L. No. 111-5 (Feb, 17, 2009)

Northwell Health Policy #100.97 – Records Retention and Destruction

Northwell Health Policy #800.02 – Use, Access and Disclosure of Protected Health Information with Valid Authorization

Northwell Health Policy # 900.12 – Data Classification and Handling

Northwell Health Policy # 900.26 – Device and Media Control Policy

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS

N/A

<u>APPROVAL:</u>	
Northwell Health Policy Committee	6/18/18❖
System PICG/Clinical Operations Committee	6/18/18❖

Standardized Versioning History:

*= Northwell Health Policy Committee Approval; ** =PICG/Clinical Operations Committee Approval

*Provisional Approval (11/29/12)

*12/17/12 **1/24/13

*3/31/16 **4/21/16

❖ Expedited Approval Granted by:
Winifred Mack, SVP/Operations – Chair, Northwell Policy Committee
Morris Rabinowicz, MD, Co-Chair, - System PICG/Clinical Operations Committee