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HIPAA Policy

I. Policy Statement:

Evergreen Dermatology is committed to maintaining the confidentiality, integrity, and security of protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA) and its regulations. This policy outlines the procedures and safeguards in place to protect PHI within our clinic.

II. Definitions:

- **PHI:** Protected Health Information includes all individually identifiable health information transmitted or maintained in any form or medium.
- **Covered Entity:** Evergreen Dermatology is considered a covered entity under HIPAA.
- **Business Associate:** Any third-party entity that performs services for, or on behalf of, Evergreen Dermatology involving the use or disclosure of PHI.

III. Security Safeguards:

1. **Access Control:** Only authorized personnel have access to PHI.
2. Access to electronic PHI (ePHI) is controlled through secure usernames and passwords.
3. **Workstation Security:** Workstations containing ePHI are physically secured when not in use. Screensavers with automatic log-off are enabled to protect ePHI.
4. **Data Encryption:** ePHI is transmitted and received using encryption methods to protect data during transmission.
5. **Data Backup and Recovery:** Regular data backups are performed to ensure data recovery in case of emergencies or system failures.

IV. Patient Rights:

1. **Right to Access:** Patients have the right to access their PHI and request copies.
2. **Right to Request Amendments:** Patients may request amendments to their PHI if they believe it is inaccurate or incomplete.
3. **Right to Privacy Notice:** Patients will receive a Notice of Privacy Practices explaining how their PHI may be used and disclosed.

V. HIPAA Training:

All employees, including new hires, receive training on HIPAA policies and procedures upon hire and annually thereafter.

VI. Reporting Security Incidents:

All employees must promptly report any suspected or actual security incidents, breaches, or unauthorized disclosures of PHI to the designated HIPAA Privacy Officer.

VII. Enforcement and Penalties:

Non-compliance with HIPAA policies and procedures may result in disciplinary actions, including termination and legal penalties.

VIII. Policy Review:

This policy will be reviewed annually or as necessary to ensure compliance with evolving HIPAA regulations.

IX. Contact Information:

For questions or concerns related to HIPAA compliance or this policy, contact the designated HIPAA Privacy Officer at 541-600-2017.

X. Effective Date:

This HIPAA policy is effective as of October 2nd, 2023.