Yamhill County
Health and Human Services

Orientation Guide

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This EMPLOYEE ORIENTATION GUIDE has been prepared to provide general guidance to you about some of the privileges you have as an employee and the duties and responsibilities that we all share. ***THIS GUIDE IS NOT INTENDED TO BE NOR IS IT TO BE CONSIDERED A CONTRACT OF EMPLOYMENT.*** *Information provided is current as of September 2015. Changes in Federal laws, State laws, rules or policies will take precedence over information provided in the GUIDE. The Department has the right to change information in this GUIDE at any time or for any reason without prior notice. You are encouraged to read this GUIDE and keep it for easy reference. Questions should be directed to your supervisor or Human Resources. Although information in this GUIDE should address many of your questions, you should refer to the HHS Policies located on the Intranet for detailed policies and procedures regarding specific issues. The link to the HHS Policies is:* http://intranet/depts/hhs/index.asp

About Yamhill County Health & Human Services (HHS)

Purpose of HHS

Vision: People in Yamhill County live, work, learn, and play in safe communities that support wellness and dignity.
Visión: La gente en El Condado de Yamhill vive, trabaja, aprenden y juegan en las comunidades seguras que apoyan el bienestar y la dignidad.

Mission: Yamhill County Health and Human Services promotes the public's physical, emotional and social well-being through services, prevention, education, and partnerships.
Misión: El Condado de Yamhill Salud y Servicios Humanos promueven el desarrollo físico, emocional y el bienestar social a través de servicios, prevención, educación del público, y las asociaciones.

Values/Valores:

✦ ***Excellence*** *- We advocate for, develop, and provide high quality, programs, services, and information; we are dedicated to the highest standard and integrity in stewardship of all resources.*
Excelencia *- Abogamos por, desarrollar y proporcionar programas, servicios, e información de alta calidad; nos dedicamos a la más alta calidad y la integridad en la administración de todos los recursos.*

✦ ***Community Focus*** *- We demonstrate a commitment to community wellness; we promote a collaborative environment that encourages independence, health and safety*
Enfoque Comunitario *- Se demuestra un compromiso con el bienestar de la comunidad; promovemos un ambiente de colaboración que anima la independencia, la salud y la seguridad.*

✦ ***Equity & Diversity –*** *We provide opportunities for all people to reach their full potential; we appreciate diversity within our community and workplace and recognize the value it brings to serving people.*
Equidad y Diversidad *- Ofrecemos oportunidades para todas las personas a alcanzar su máximo potencial; apreciamos la diversidad dentro de nuestra comunidad y el lugar de trabajo y reconocemos el valor que tenemos de servir a la gente.*

✦ ***Collaboration*** *- We treat individuals with courtesy and value their contributions; we work collaboratively with individuals, families and communities to strengthen our efforts toward fulfilling our mission.*
Colaboración *- Tratamos a las personas con cortesía y valoramos sus contribuciones; trabajamos en colaboración con individuos, familias y comunidades para fortalecer nuestros esfuerzos hacia el cumplimiento de nuestra misión.*

✦ ***Communication*** *- We demonstrate effective, responsive and timely communication to promote a healthy, inclusive community.*
Comunicación *- Se demuestra la comunicación efectiva, responsable y oportuna para promover una comunidad saludable.*

✦ ***Continuous Improvement*** *- We make quality an on-going focus; we continuously assess and monitor individual, family, organizational and community needs.*
Mejoría Continua *- Hacemos un enfoque de calidad en curso; continuamente evaluamos y observamos las necesidades individual, familiar, organizacional y de la comunidad.*

Organizational Chart: See Appendix B.

Programs & Services
Yamhill County Health and Human Services (HHS) provides publicly funded behavioral health, developmental disabilities, veterans and public health services to all residents of Yamhill County. Through a combination of providing direct services and system coordination & development, HHS strives to enhance community health and safety in every part of the county.

Orientations & Trainings

First Week Trainings

a. HIPAA Training

All new employees of Yamhill County HHS are required to complete an on-line HIPAA training. This training will cover HIPAA privacy statutes that all HHS employees are required to follow. A Relias Learning login ID and password will be provided and the orientation should be completed within the first week of work. There are two trainings and two short quizzes you must pass. Once passed, the results should be printed out and turned in to your supervisor or manager.

1. Review slides for **42 CFR Part 2** at the end of this document.

b. Fraud, Waste, and Abuse Training

The Fraud and Abuse training can be found on Relias Learning.

c. Mandatory Reporting Training

All HHS staff members are considered mandatory reporters and are required to report any suspected abuse. This training can be found at Relias Learning. A signed form should be turned in to your manager or supervisor.

d. Community Worker Safety Training

All staff providing service in a community setting, as defined by the Safety in a Community-Based Setting policy, must complete the Community Worker Safety training. This training can be found at Health & Human Services/HHS Training and Tutorials.

e. Bloodborne Pathogen Training:

The job classifications listed below are required to complete the online training. A link with login information will be provided to you through Relias Learning. During the time you are completing the online training you will have access to a medically trained supervisor should you have any questions.

Please print your certificate upon completion and turn into your manager.

Bloodborne Pathogens Exposure Procedures and Control Plan can be found on the HHS Policy Drive.

f. Yamhill County Personal Safety Seminar Recording: Personal Safety & Security

g. HHS Administrative Services Training

All HHS Staff will receive a 90-minute in-person training conducted by the HHS Administrative Services division. Look for this scheduled as an Outlook appointment in your first week of employment.

Additional HHS Trainings and Tutorials

a. **HHS Policy Tutorial**
   http://www.screencast.com/t/slYjXlb4

b. **Yamhill County Internet Tutorial**
   http://www.screencast.com/t/bNtD5JMB

c. **Yamhill County Intranet Tutorial**
   http://www.screencast.com/t/4dSriK6vP

d. **Yamhill County HHS Timesheet Tutorial** ***all employees except Public Health***
   http://www.screencast.com/t/wdmTxLQui

e. **Yamhill County Public Health Timesheet Tutorial**
   http://www.screencast.com/t/vj9Izle0L1

Expectations, Policies & Evaluations

Yamhill County Employee Handbook

The County Employee Handbook can be found on the intranet at HHS Policies and Related Documents. All employees should retain a copy of the handbook for their records.

Collective Bargaining Agreement

The Collective Bargaining Agreement for YCEA can be found on the intranet at Yamhill County Reference

Yamhill County, HHS, and Division Policies

All County policies can be found on the intranet under "Employee Info" called "County Wide POLICIES" or at County-wide Policies. HHS-specific policies can be found on the Intranet under "Departments", "Health & Human Services", and "HHS Policy directory" or at Health & Human Services Policies and Related Documents.

HHS Emergency Handbook

The handbook can be found on the intranet under Health & Human Services and then under the heading HHS Policies and Related Documents or at Health & Human Services/HHS Policies and Related Documents

HHS Core Performance Values, Standards and Expectations

This document, **Appendix A**, will be reviewed with your supervisor or manager.

Communication Protocols

a. Concern/Complaint Protocol

If you have concerns regarding office procedures, you are encouraged to speak with your manager/supervisor. If you have concerns about coworkers, you may speak with him/her or you may speak with your supervisor/manager. If you have concerns about your manager, you are encouraged to speak with him/her directly or contact the HHS Director, Human Resources, or your union representative.

b. Email

All county e-mail falls under the scope of Oregon Public Records Law. As such, there is no expectation of privacy in county e-mail messages. E-mail may be used for county purposes only and should always be professional. Please see the County policy regarding e-mail use at: County-wide Policies/Yamhill County Information Systems

c. Telephone Greeting/Etiquette

All HHS staff are expected to be polite and professional on the telephone. Please see the Yamhill County policy regarding Telephone Use at: County-wide Policies/Yamhill County Information Systems

d. 1-on-1 Meeting with Manager/Supervisor

It is important to have regular check-in meetings with your supervisor. At the beginning of your time here, talk with your supervisor and find a time that is agreeable for both of you to meet regularly. These meetings are essential to let your supervisor know what you are working on and for keeping track of your annual performance goals.

Office Equipment & Computer Information

Office Equipment and Supplies

a. Voicemail

To set up your voicemail please see the HHS policy regarding Voice Mail greetings, which can be found at Shoretel User Training. This policy not only discusses appropriate voicemail greetings but also details how to set-up your standard greeting, how to change your alternate greeting, and how to switch between the two.

b. Fax, Copier, Printer

Like all County equipment they may only be used for county business only. In most HHS building printers are available. Please talk to your supervisor about the printer that is appropriate for you to use.

c. Inter Office Mail/Front Desk

Most HHS staff are assigned an individual or group mail box. This is where both inner office mail and mail from outside the office will be placed for employees. This may vary from Division to Division.

d. Inclement Weather Number

In the event County operations are modified a message will be left on the inclement weather number. If you suspect offices may be closed call 503-472-9371 option 5. In the case that you feel it would be unsafe to travel to work due to inclement weather please refer to the County Employee Handbook for options.

Computer Information

a. Intranet

Yamhill County has an intranet where employees can access policies, forms, and user guides for Microsoft Office programs. Health & Human Services

b. Where to go For Information Technology (IT)/Electronic Health Record (EHR) Support

If you have any computer hardware-related questions, please contact the IT Help Desk. The Help Desk extension is 3282 or can be reached by e-mail at helpdesk@co.yamhill.or.us. **See Appendix C** for additional support contacts for Juniper (our EHR). This document can also be found on the Intranet at: Computer support contact for HHS

c. Required Software Programs

Each division has different required software programs. Please discuss any computer programs you will be required to use with your manager or supervisor.

d. Division Networks

All HHS staff members have access to the network directories. This collection of drives contains folders specific to different programs within your division. Your manager or supervisor will discuss with you the folders you should become familiar with.

e. Outlook

All staff will be provided with an e-mail account. Microsoft Outlook will be set up on your computer profile. All communications through Outlook are considered public record.

Other HHS & County Wide Information

a. HHS Tobacco-Free Facility and Grounds

The Health and Human Services Tobacco-Free Facility and Grounds Policy can be found on the intranet as explained above. All Health and Human Service's properties prohibit the use of smoking in all interior and exterior places owned or wholly leased by YCHHS.

b. Accessing Job Descriptions

All county general job descriptions can be found on the Yamhill County Job Class Descriptions website. Your specific description will be reviewed with your supervisor at the time of employment and as needed.

c. Campus Map

The HHS campus map list all of our services and buildings within the McMinnville city limits. This is for internal use and is not to be shared outside of our organization. **See Appendix D**.

APPENDIX A

Yamhill County Health and Human Services
Core Performance Values, Standards and Expectations

Vision: People in Yamhill County live, work, learn, and play in safe communities that support wellness and dignity.

Mission: Yamhill County Health and Human Services promotes the public's physical, emotional and social well-being through services, prevention, education, and partnerships.

Values:

Excellence – We advocate for, develop, and provide high quality, programs, services, and information; we are dedicated to the highest standard and integrity in stewardship of all resources.

Definition and performance standards include the following expectations:

- Attends work regularly and on time
- Conscientiously performs work in accordance with job requirements, tenure in position, and quality standards. Performance is (or is not) comparable to peers in similar classification and similar tenure
- Successfully meets productivity objectives and completes tasks
- Conducts self in a professional manner
- Demonstrates fiscal stewardship with County, State, and other resources

And adherence to following policies:

- Yamhill County Employee Handbook, Attendance and Punctuality, Page 7
- Yamhill County Employee Handbook, General Rules and Regulations, Page 17
- Yamhill County Employee Handbook, Employee Rules of Conduct, Page 19
- HHS Policy, Purchasing, 016-79-01-17
- HHS Policy, Ethical Standards, 016-79-04-05
- HHS Policy, Inappropriate Language, 016-79-04-08
- HHS Policy, Personal Relationships with Clients and Ex-Clients, 016-79-04-09
- HHS Policy, Workplace Conduct, 016-79-04-17
- HHS Policy, HHS Dress Code, 016-79-04-24
- HHS Policy, Fraud, Waste and Abuse, 016-79-10-01
- HHS Policy, Health Insurance Portability and Accountability Act Manual (HIPAA)

Community Focus – We demonstrate a commitment to community wellness; we promote a collaborative environment that encourages independence, health and safety.

Definition and performance standards include the following expectations:

- Consistently competent and professional with customers
- Resourceful in finding solutions to customer or community partner problems
- Courteous and diplomatic
- Solution oriented
- Uses person-centered approach to service planning/delivery

And adherence to following policies:

- HHS Policy, Person-Directed Services, 016-72-03-26; 016-75-03-33; & 016-76-03-26
- HHS Policy, Trauma Informed Services, 016-72-03-27; 016-75-03-38; & 016-76-03-03

- HHS Policy, Personal Relationships with Clients and Ex-Clients, 016-79-04-09
- HHS Policy, Workplace Conduct, 016-79-04-17
- HHS Policy, HHS Dress Code, 016-79-04-24
- HHS Policy, Ethical Standards, 016-79-04-05

Equity & Diversity – We provide opportunities for all people to reach their full potential; we appreciate diversity within our community and workplace and recognize the value it brings to serving people.

Definition and performance standards include the following:

- Serves clients in a culturally competent and respectful manner
- Invites or welcomes diverse perspectives and ideas
- Encourages diversity among work team, maximizes strength in diversity among co-workers

And adherence to following policies:

- Yamhill County Employee Handbook, Equal Employment Opportunity, Page 4
- Yamhill County Policy, Section 3, Affirmative Action Plan
- HHS Policy, Cultural Competence, 016-79-04-01

Collaboration – We treat individuals with courtesy and value their contributions; we work collaboratively with individuals, families and communities to strengthen our efforts toward fulfilling our mission.

Definition and performance standards include the following:

- Supports & assists colleagues
- Treats co-workers respectfully
- Works proactively to create & maintain a positive work environment
- Addresses conflict directly with others in a mature manner and promptly focuses on problem solving and positive outcomes

And adherence to following policies:

- HHS Policy, Person-Directed Services, 016-72-03-26; 016-75-03-33; & 016-76-03-26
- HHS Policy, Trauma Informed Services, 016-72-03-27; 016-75-03-38; & 016-76-03-03
- HHS Policy, Workplace Conduct, 016-79-04-17
- Yamhill County Employee Handbook, Employee Rules of Conduct, Page 19
- HHS Policy, Implementing Collaborative Documentation

Communication – We demonstrate effective, responsive and timely communication to promote a healthy, inclusive community.

Definition and performance standards include the following expectations:

- Listens effectively
- Communicates calmly, directly, and respectfully verbally and in writing
- Responds promptly to co-worker and consumer requests
- Displays sensitivity when responding to co-worker and consumer concerns

And adherence to following policies:

- HHS Policy, Workplace Conduct, 016-79-04-17
- HHS Policy, Communications and "Social Networking, 016-79-05-15
- HHS Policy, Inappropriate Language, 016-79-04-08

Continuous Improvement – We make quality an on-going focus; we continuously assess and monitor individual, family, organizational and community needs.

Definition and performance standards include the following expectations:

- Understands and complies with program specific Oregon Administrative Rules (OARs), Health Insurance Portability and Accountability Act (HIPAA) laws, and other legal guidelines
- Follows County, HHS, and Program policies
- Adheres to all applicable safety standards at work
- Recommends creative, innovative, and practical solutions
- Accepts feedback, guidance, and direction
- Actively seeks opportunities for self-care, learning and growth
- Implements continuous improvement

And adherence to following policies:

- HHS Policy, Health Insurance Portability and Accountability Act (HIPAA)
- HHS Policy, Community Worker Safety Training Guide

Additional performance standards are specified on employee specific job classification/ description.

Signature page and date with Supervisory review Q&A opportunity and review of all the relevant P&Ps.

Department/Division: _____

Employee:_____ Date: _____
(signature)

Employee:_____
(print name)

Department/Division Manager:_____Signature:_____

Yamhill County Health and Human Services

Yamhill County Board of Commissioners
Lindsay Berschauer, Chair
Casey Kulla, Vice Chair
Mary Starrett, Commissioner & HHS Liaison

Board of Health

Mental Health & Developmental Disabilities Advisory Board

Local Alcohol and Drug Planning Committee

County Administrator
Ken Huffer

HHS Director
Lindsey Manfrin

Medical Director & Health Officer
Dr. William Koenig

Behavioral Health Director
Jason Henness

Housing & Recovery Support Manager **Vacant**	Adult BH OP Manager (MAC) **Callie Gamble**	Newberg BH Manager **Tiffany Wright**	Crisis/CJ Manager **Bethany Ball**	Community Support Services Manager **Emily Frey**	Family & Youth Manager **Zoe Pearson**	Enhanced Residential Outreach Manager **Krisan Pendleton**	HHS Office Manager **Blanca Marquez**	Administrative Services Finance Manager **Layne Pendleton-Baker**	Administrative Services Operations Manager **Traci Dawson**	Behavioral Health Medical Manager **Lindsy Alexandru**	Community Developmental Disabilities Manager **Vacant**	Public Health Manager **William "Bill" Michielsen**
Transitional Treatment Recovery Services	Mental Health & Substance Use Outpatient	Mental Health Outpatient	Criminal Justice & Specialty Court Services	Illness Management & Recovery, Supported Employment	Mental Health & Substance Use: Outpatient Treatment	Enhanced Care & Residential Treatment Facilities	Core Operations Department for Behavioral Health	Business Intelligence & Analytics	Electronic Medical Record (Juniper)	Psychiatric Services	Eligibility & Abuse Investigation	Communicable Disease & Immunizations
Supported Housing/Peer Delivered Services	MH & SUD Intensive Outpatient Treatment Courts	Adult: Substance Use Outpatient Treatment	24/7 Crisis & Triage	Peer Support Services	Youth Wraparound Services & Juvenile Crime Alternatives	Behavioral Support Services	Recruitment, Training, Evaluation, Development	Budget Development & Monitoring	Quality & Compliance	Medication Management	Adult Foster Home Licensing & Facility Monitoring	Environmental Health
Provoking Hope Contracts & Grants/Certified Recovery Mentor Services	Problem Gambling	Family & Youth: Mental Health Outpatient Treatment	Peer-Assisted Crisis	Assertive Community Treatment (ACT)	Intensive In-Home Behavioral Health Treatment (IIBHT)	Outreach, Assistive Services & Integrated Supports (OASIS)	Call Center	Accounts Payable & Receivable	Veterans Services	Medication Assisted Treatment	Service Coordination Adult & Kids Services	Emergency Preparedness & Health Promotion, Prevention
Sheridan Apartment Recovery Complex	Suicide Intervention and Treatment	Walk-in Clinic Crisis Services	Intakes	Early Assessment & Support Alliance (EASA)	24/7 Crisis Services	Preadmission Screening and Resident Review (PASRR)	Newberg Office Operations	Clinic Billing	HHS Project Management	Community Medical Supports	ONA Assessments	Maternal & Child & Reproductive Health

RVSD: 11/01/2022

APPENDIX C

HHS COMPUTER SUPPORT DIRECTORY

PROBLEM Area: General Computer Problems, 2 Factor Authentication

Call County IT HELPDESK* at extension 3282 or helpdesk@co.yamhill.or.us

- Windows operating system or general PC hardware problems
- Need to reset your password on the network
- Office applications: Excel, Word, Outlook
- Printers or "network fax" issues
- Finance and payroll, Fiscal focus
- Report spam/phishing/suspicious
- Need to install new software or get approval to download software to County equipment
- Damaged file on the network that needs to be recovered
- Inability to connect to the Internet or the County Intranet
- Off-site PC hardware or connection problems (e.g., Newberg Office and Residential Programs)
- Remote Desktop access issues

PROBLEM Area: General Raintree/Juniper Questions

Call Juniper HELPDESK at extension 6891 or juniper@co.yamhill.or.us

- General Raintree/Juniper Questions

PROBLEM Area: HHS Support

Call Nancy Winn at extension 4811

- Raintree provider set-up
- New employee setup for email or network logins
- Raintree training and orientation

PROBLEM Area: Training Database (Microsoft Access)

Contact Camille Tanaka (tanakac@co.yamhill.or.us)

PROBLEM Area: Relias or Everbridge

Call Raquel Rodriguez at extension 6974

PROBLEM Area: HHS Specific Software Application Problems – VSTAT, Tableau

Call Robert Frisbee at extension 4809

PROBLEM Area: HHS Other Problems

Call as shown

• Excel Reports	Christina Ferguson (fergusonc@co.yamhill.or.us)
• HHS Website	Raquel Rodriguez (rodriguezr@co.yamhill.or.us)
• Deleting a Service Ticket in Raintree	Contact the Senior Accounting Clerk in your division.

***NOTE: For calls to Yamhill County Information Services Department**
During regular work hours: Email (preferred method): helpdesk@co.yamhill.or.us
Help Desk Phone: x3282 (internal); 503-434-7505, option 1 (external)

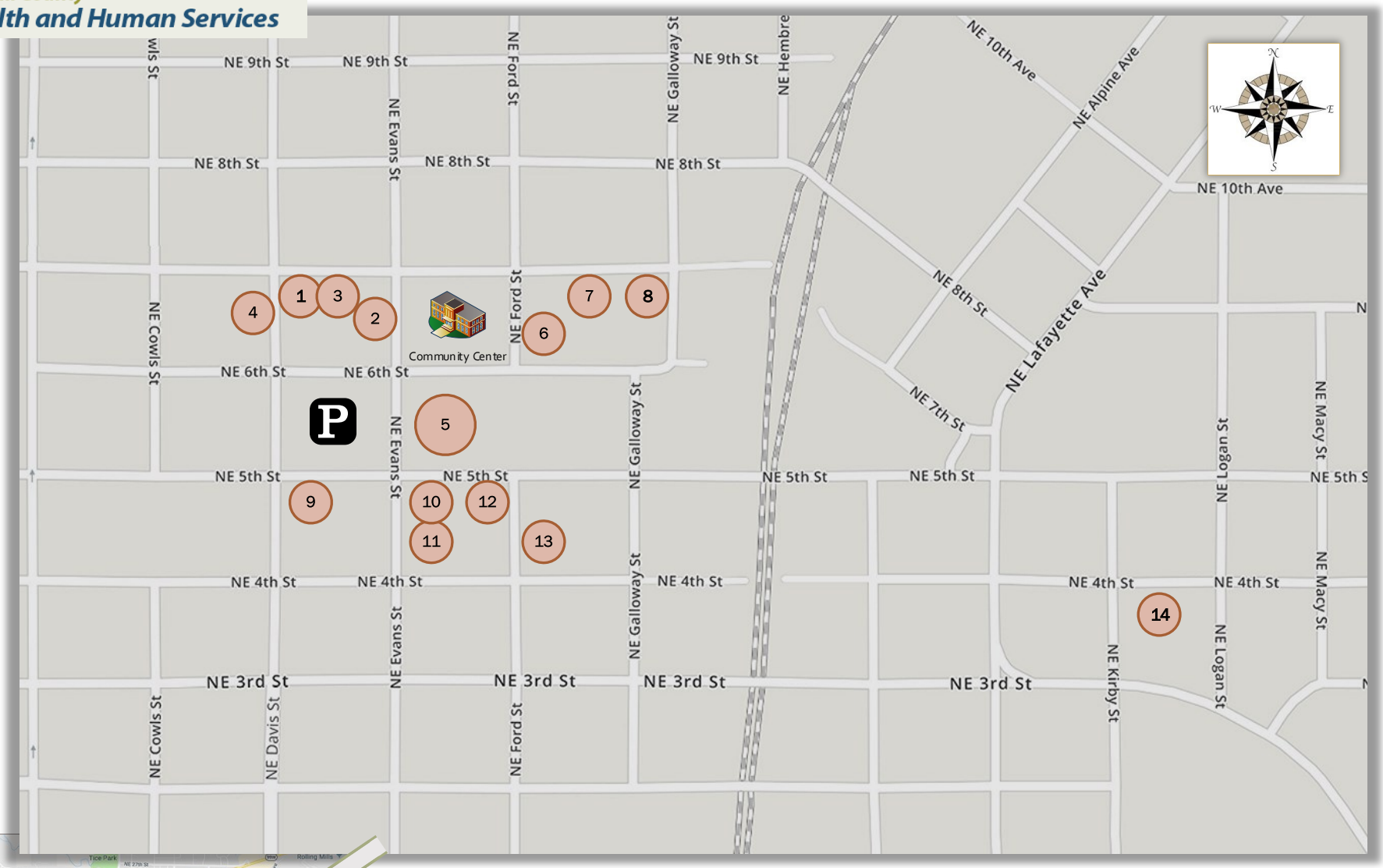
Coordinating computer move: fill out Office Move Request Form located on the intranet: Reference / Misc. Forms & Documents/Office Move Request Form

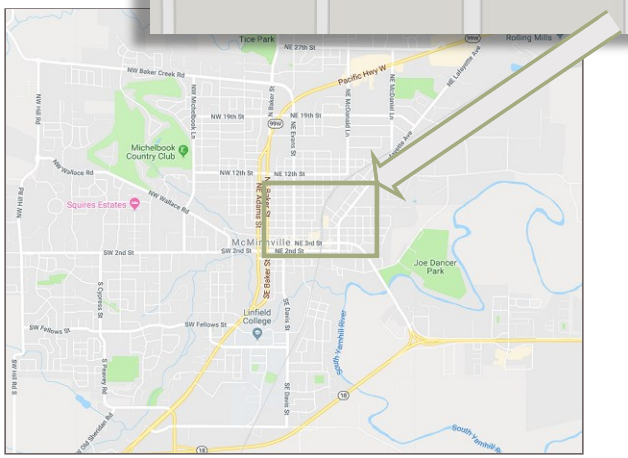
For after-hours critical problems (i.e. preventing you from doing time-sensitive work), please call the help desk and leave a voicemail (leave your name, describe the problem, and provide a call-back number in the voicemail). Someone in IT will be paged and you will receive a call back or an email.

Yamhill County
Health and Human Services

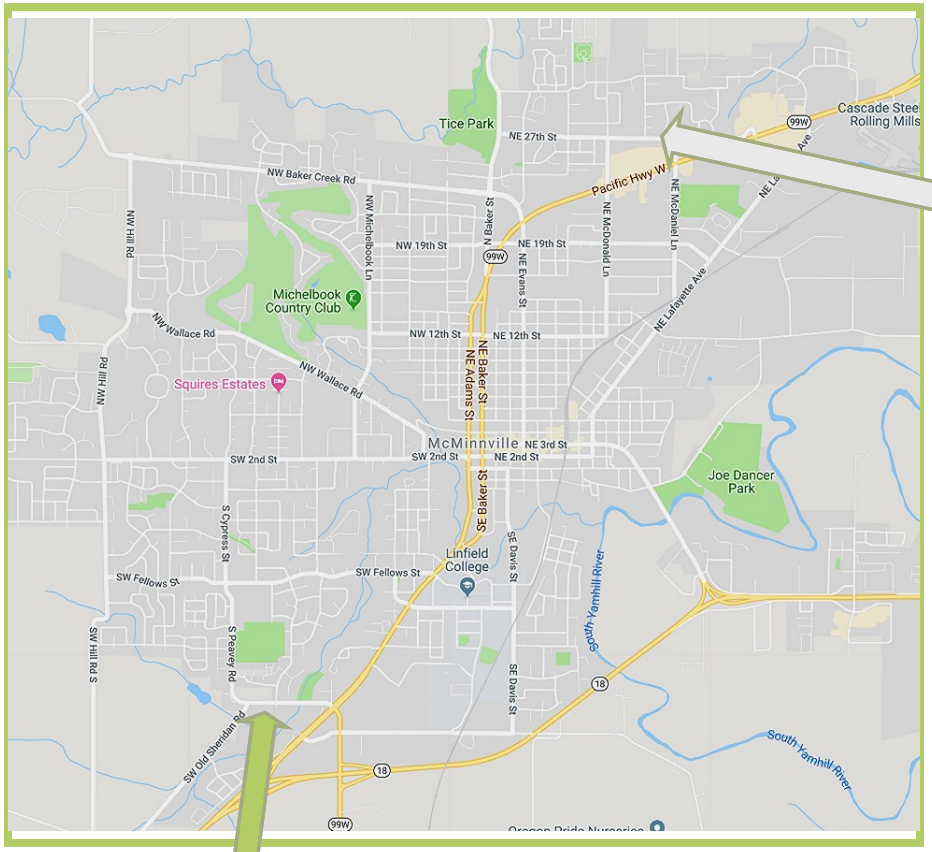
For Internal Use Only

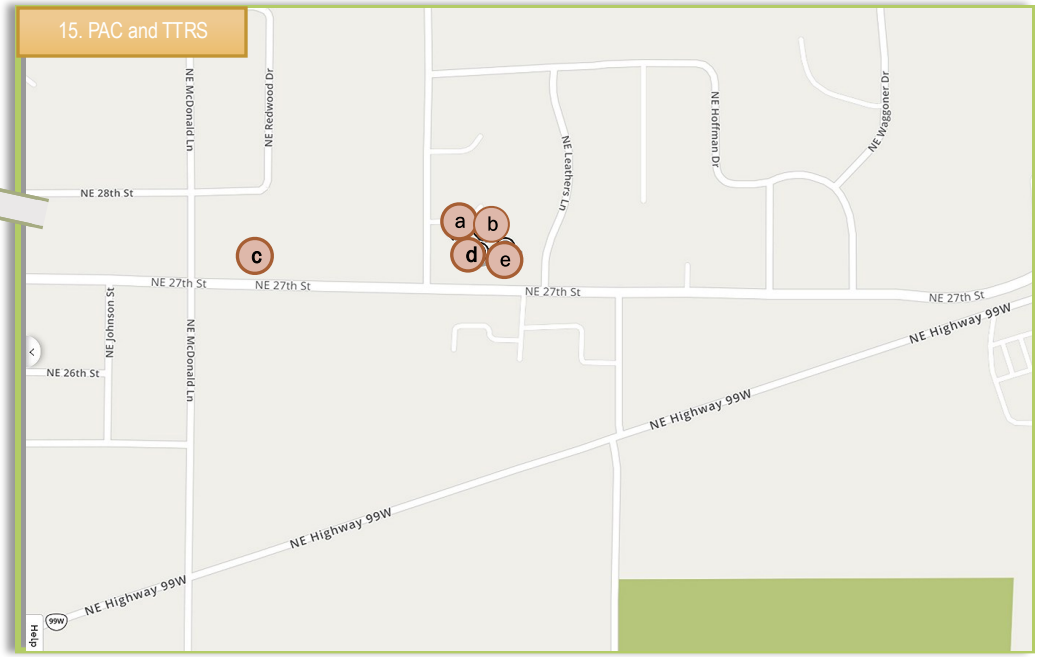
APPENDIX D





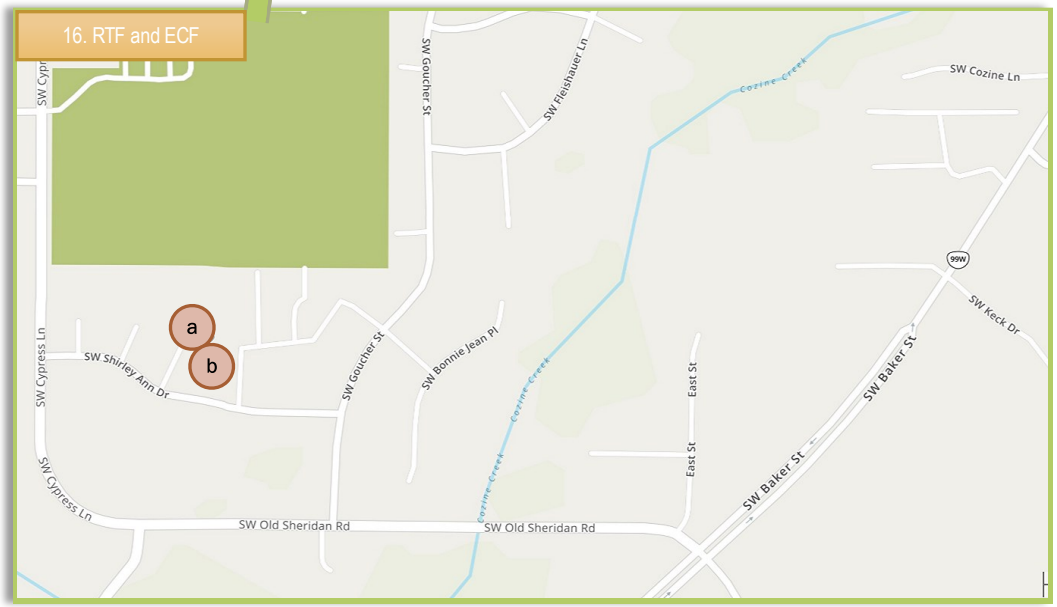
Legend		
1. HHS Administration 638 NE Davis St.	10. Commissioners (White House) 434 NE Evans St.	15. a. PAC House 2732 NE Newby St.
2. Adult Behavioral Health 627 NE Evans St.	County Administration	b. Johnstone Creek House 1420 NE Johnstone Ct.
Chemical Dependency	Human Resources	c. Panther Creek House 1437 NE 27th St.
3. TTRS Stabilization (Blanco House) 420 NE 7th St.	11. Clerk 414 NE Evans St.	d. Salt Creek House 1427 NE 27th St.
4. Davis Meeting Rooms 621NE Davis St.	Emergency Management (basement)	e. Cozine Creek House 1461NE 27th St.
5. Courthouse 535 NE 5th St.	12. Accounting 536 NE 5th St.	16 a. Parkside RTF 1525 SW Shirley Ann Dr.
Sheriff's Office	Law Library	b. Harmony Living ECF 1535 SW Shirley Ann Dr.
Juvenile Detention Center (near Evans St.)	Transit	17. a. Bridges 107 NE Irving St.
Jail (near Galloway St.)	13. Public Health 412 NE Ford St.	b. Sunnyside 2201Lafayette Ave.
6. Community Corrections 615 NE 6th St.	14. Veterans 330 NE Kirby St.	c. Homeport 555Cypress St.
7. Information Systems 636 NE 7th St.	Developmental Disabilities	d. Aspen Ridge 1944 NE Baker St.
8. Abacus/CSS 625 NE Galloway St.	HHS Administration	e. Baker Field 433 NE Baker St.
9. Family & Youth (Moore Bldg.) 420 NE 5th St.		

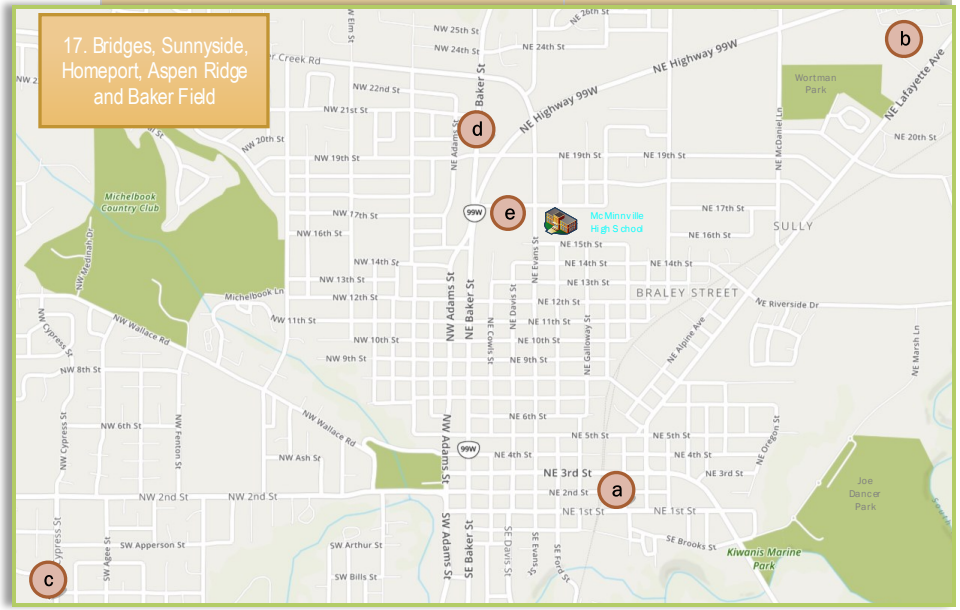




Legend

15. a. PAC House 2732 NE Newby St.	16 a. Parkside RTF 1525 SW Shirley Ann Dr.
b. TTRS Johnstone Creek House 1420 NE Johnstone Ct.	b. Harmony Living ECF 1535 SW Shirley Ann Dr.
c. TTRS Panther Creek House 1437 NE 27th St.	17. a. Bridges 107 NE Irving St.
d. TTRS Salt Creek House 1427 NE 27th St.	b. Sunnyside 2201 Lafayette Ave.
e. TTRS Cozine Creek House 1461 NE 27th St.	c. Homeport 555 Cypress St.
	d. Aspen Ridge 1944 NE Baker St.
	e. Baker Field 433 NE Baker st.





42 CFR PART 2: UPDATED RULE AND DIFFERENCES BETWEEN HIPAA

By Traci Dawson, LPC, CADC II, Quality & Compliance Manager

Yamhill County Health and Human Services

November 2021

RULES & BASICS

- CFR = Code of Federal Regulations
- It is divided into 50 titles, and we will be talking about Title 42, Chapter 1, Part 2
- CFRs can also be marked with "§" so, 42 c.f.r. § 2.1
  - § = section symbol that is used when citing sections of legal code
- e-CFR are found here: https://ecfr.federalregister.gov/
- 42 CRF Part 2, will be referred to as Part 2
- Info how to apply Part 2 found on SAMHSA (Substance Abuse and Mental Health Services Administration) which is under US Department of Health & Human Services https://www.samhsa.gov/

AS POINTED OUT BY HERMIONE…

Health Insurance Portability and Accountability Act

CFRs for Health Insurance Portability and Accountability Act of 1996 (HIPAA) can be found here: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title45/45cfr164_main_02.tpl

HISTORY

Part 2

"Initially promulgated in 1975, 42 CFR Part 2 was designed to protect Patient records created by federally-assisted programs for the treatment of substance use disorder (SUD) from the stigma associated with substance abuse that often deters Patients from entering treatment."

Source: US Department of Health and Human Services (HHS)

HIPAA vs Part 2

HIPAA was created to protect patient information regarding health records.

Patient information protected by HIPAA CAN be exchanged between covered entities (providers, payers, etc.) and their business associates for treatment, payment, and health care operation activities without additional patient consent.

Created to protect patient information regarding health records as it pertains to SUD.

Patient information CANNOT be exchanged without patient consent except in limited circumstances.

WHAT QUALIFIES AS A PART 2 PROVIDER?

- Part 2 applies to individuals and entities that meet BOTH of the following requirements:
  - "**Federally assisted**" (defined at § 2.12 (b)), which encompasses broad set of activities, including management by a federal office or agency, receipt of any federal funding, or registration to dispense controlled substances related to the treatment of SUDs

  AND

  - A "**Program**" (defined at § 2.11) is an individual or entity (other than a general medical facility), that is providing and provides diagnosis, treatment, or referral for treatment for SUDs

  If only one requirement is met, such as a substance use disorder treatment provider that is not federally assisted, it would not be considered a "Part 2 Program"

IS A PRIMARY CARE OFFICE UNDER PART 2 RULE?

- No
- If SUD services are provided (includes MAT), or even if DATA Waivered, but does not meet requirements of being a Part 2 provider (federally funded and provides treatment) then they would **not** be considered a Part 2 program
- Treatment records created by non-Part 2 providers based on their own patient encounter(s) are explicitly not covered by Part 2, unless any SUD record previously received from a Part 2 provider is incorporated into such records

WHY MAKE CHANGES TO PART 2?

- Desire to move disclosure of information closer to HIPAA
- With emergence of opioid crisis has created significant clinical and safety challenges for providers that has highlighted the need for thoughtful updates to enhance patient safety and increase care coordination for all providers involved in the treatment of SUD
- Growing recognition of the value of coordinated care and integrating physical and behavioral healthcare has also prompted calls for reform

FINAL RULE AMENDING 42 CFR PART 2 WAS PUBLISHED JULY 15, 2020

EFFECTIVE AUGUST 14, 2020

BASED ON NOTICE OF PROPOSED RULEMAKING OF AUGUST 2019

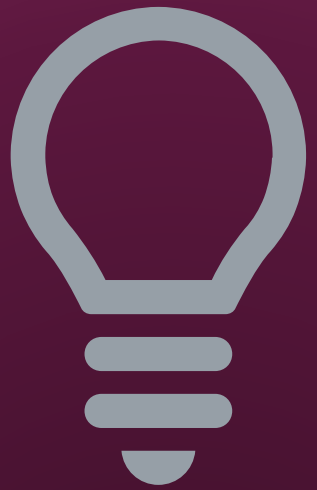
WHAT CAN BE SHARED?

SUMMARY OF JULY 2020 FINAL RULE

- **Consent requirements (§2.31)**
  - Permits patients to consent to the disclosure of their info for operations purposes to certain entities ***without naming a specific individual*** and includes special instructions for health information exchanges (HIEs) and research institutions
  - Before you had to list a specific individual in order to release SUD info
- **Prohibition on redisclosure (§2.32)**
  - Clarifies non-Part 2 providers do not need to redact info in their or another non-Part 2 record and confirms that redisclosure is permitted if expressly permitted by written consent

SUMMARY OF FINAL RULE, CONT..

- **Research (§2.52)**
  - Permits research disclosures of Part 2 data by a HIPAA covered entity to individuals and organizations who are neither HIPAA covered entities, nor subject to the Common Rule. Also now permits research disclosures to recipients who are covered by Food and Drug Administration (FDA) regulations
- **Audit and evaluation (§2.53)**
  - Clarifies that federal, state, and local governmental agencies and third-party payors may conduct audits and evaluations to identify actions necessary to improve care; that audits and evaluations may include medical necessity and utilization reviews; and that auditors may include quality assurance organizations as well as entities with direct administrative control over a Part 2 program or a lawful holder. Also updates language related to quality improvement organizations (QIOs), and allows for patient identifying info to be disclosed to federal, state, or local government agencies, and to their contractors, subcontractors, and legal representatives for audit and evaluations required by law



WAYS TO SHARE INFO WHILE IN COMPLIANCE WITH PART 2:

1. PATIENT WRITTEN CONSENT
2. BONAFIDE MEDICAL EMERGENCY
3. TO QUALIFIED SERVICE ORGANIZATION (QSO)

PATIENT CONSENT: WHAT MUST BE INCLUDED UNDER PART 2 AND HIPAA (§ 164.508(C))

1. Specific name or general designation of the program or person permitted to make the disclosure
2. Name of the individual or organization to which disclosure is to be made
3. Patient's name
4. Purpose of disclosure
5. How much and what kind of info to disclose
6. Signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent under § 2.14
7. Date on which authorization is signed
8. Statement that the consent is subject to revocation at any time
9. Date, event or condition upon which the consent will expire if not revoked before

CONSENT QUESTIONS

- **Can a Part 2 provider disclose info without consent for treatment, payment, or health care operations (e.g., to obtain prior authorization for medication or bill insurance) like you can with HIPAA?**
  - No, disclosures for the purpose of "payment and health care operations" are only permitted with written consent.
  - Part 2 permits the disclosure of information without consent to treat a medical emergency or in other limited situations. Written consent is still required to disclose information for all other purposes.
- **Can consent be given orally?**
  - No, the Part 2 rules expressly require written consent for most uses and disclosures of SUD patient records, unless an exception applies.

CONSENT QUESTIONS, CONT.

- **When a person has signed a consent allowing disclosure to multiple parties, can the person revoke consent for disclosure to one or more of those parties while leaving the rest of the consent in force?**
  - Yes. Under Part 2, a patient can revoke consent to one or more parties named in a multi-party consent form while leaving the rest of the consent in effect
- **May a Part 2 program disclose patient info to providers of "on-call coverage" pursuant to a Qualified Service Organization Agreement (QSOA)?**
  - Yes. 42 CFR § 2.11 defines "Qualified Service Organization (QSO)" and lists the types of services that a QSO provides, and further references Qualified Service Organization

BONAFIDE MEDICAL EMERGENCY

- **Medical Emergencies (§2.51)**
  - Authorizes disclosure of info to another Part 2 program or other SUD treatment provider during State or Federally-declared natural and major disasters
  - Under the medical emergency provision in Part 2, §2.51:
    - "Patient identifying information may be disclosed to medical personnel who have a need for information about the patient for the purpose of treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention"
      - Such as use of Narcan and then providing minimum necessary info to medical personal
    - Any treating provider who determines that a condition which poses an immediate threat to the health of an individual exists can make the decision to gain access to Part 2 records

QUALIFIED SERVICE ORGANIZATION (QSO)

(QSO) means a person or organization that:

- Provides services to a Part 2 program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting or other professional services or services; and
- Has entered into a written agreement with a program under which that person:
  - Acknowledges that in receiving, storing, processing or otherwise dealing with any patient records from the programs, it is fully bound by these regulations; and
  - If necessary, will resist in judicial proceedings any efforts to obtain access to patient records, except as permitted by these regulations

AS A PART 2 PROGRAM, HOW MAY WE DISCLOSE INFO TO LAW ENFORCEMENT W/O WRITTEN CONSENT?*

1. For reporting crimes or threats on program premises or against program personnel

- Part 2 permits Part 2 programs to make limited disclosures to law enforcement to report a crime or threat of a crime committed on the program premises or against program personnel. The disclosure must be limited to the circumstances of the event, the patient's name, address and last known whereabouts. 42 CFR § 2.12(c)(5). Any follow up information may only be disclosed with patient consent or a judge court order.

2. For disclosures to investigate or prosecute patients

- Warrants and subpoenas are not sufficient to compel disclosure of Part 2 protected records.
- A disclosure may only be made with a valid court order that meets the criteria in 42 CFR § 2.65 for an "extremely serious crime," such as one which causes or directly threatens loss of life or serious bodily injury (including homicide, rape, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect).

3. For disclosures to investigate or prosecute a Part 2 program

- 42 CFR § 2.66 permits the issuance of court orders authorizing disclosure of patient records to investigate or prosecute a Part 2 program (or its employees/agents).

*before disclosing information to law enforcement, please consult supervisor/manager

WHAT ARE THE RULE CHANGES?

Subject Area	What Changed?	Why the Change?
Applicability and Re-Disclosure	Treatment records created by non-part 2 providers based on their own patient encounter(s) will not be covered by part 2, unless any SUD records previously received from a part 2 program are incorporated into such records. Segmentation or holding apart of any part 2 patient record previously received can be used to ensure that new records created by non-part 2 providers will not become subject to part 2.	To facilitate coordination of care activities by non part-2 providers.

RULE CHANGES

Subject Area	What Change?	Why the Change?
Disposition of Records	When an SUD patient sends an incidental message to the personal device of an employee of a part 2 program, the employee will be able to fulfill the part 2 requirement for "sanitizing" the device by deleting that message.	To ensure that the personal devices of employees will not need to be confiscated or destroyed, in order to sanitize per part 2.
Consent Requirements	Disclosures for the purpose of "payment and health care operations" are permitted with written consent, in connection with an illustrative list of 17 example activities.	In order to resolve lingering confusion under part 2 about what activities count as "payment and health care operations," the list of examples will be moved into the reg text from the preamble.

RULE CHANGES

Subject Area	What Change?	Why the Change?
Disclosures to Central Registries and PDMPs	Non-OTP (opioid treatment program) providers will become eligible to query a central registry, in order to determine whether their patients are already receiving opioid treatment through a member program. OTPs will be permitted to enroll in a state prescription drug monitoring program (PDMP), and permitted to report data into the PDMP when prescribing or dispensing medications on Schedules II to V, consistent with applicable state law.	The revised central registry and PDMP provisions will help to prevent duplicative enrollments in SUD care, duplicative prescriptions for SUD treatment, and adverse drug events related to SUD treatment.

RULE CHANGES

Subject Area	What Change?	Why the Change?
Medical Emergencies	Declared emergencies resulting from natural disasters (e.g., hurricanes) that disrupt treatment facilities and services will meet the definition for a "bona fide medical emergency," for the purpose of disclosing SUD records without patient consent under part 2.	To ensure clinically appropriate communications and access to SUD care, in the context of declared emergencies resulting from natural disasters.

RULE CHANGES

Subject Area	What Change?	Why the Change?
Research	Disclosures for research under part 2 will be permitted by a HIPAA covered entity or business associate to individuals and organizations who are neither HIPAA covered entities, nor subject to the Common Rule (re: Research on Human Subjects).	To facilitate appropriate disclosures for research, by streamlining overlapping requirements under part 2, the Privacy Rule and the Common Rule.
Audit and Evaluation	Part 2 will be revised to clarify that some specific situations fall within the scope of permitted disclosures for audits and/or program evaluation.	To resolve current ambiguity under part 2 about what activities are covered by the audit and evaluation provision.

RULE CHANGES

Subject Area	What Change?	Why the Change?
Confidential Communications	The standard for court ordered disclosures of SUD records for the purpose of investigating "an extremely serious crime" will be revised, by dropping the phrase "allegedly committed by the patient."	To correct an earlier technical error from the 2017 rule-making, in which this phrase was inadvertently added to regulatory text without notice or public comment.

Source: Fact Sheet: SAMHSA 42 CFR Part 2 Revised Rule

COORDINATED CARE ORGANIZATIONS (CCO)
OREGON LAW & INFORMATION SHARING SUMMARY (10/04/12)

Oregon laws specifically grant Coordinated Care Organizations (CCOs) authority to share confidential info w/in their provider network and with Oregon Health Authority (OHA) and Department of Human Services (DHS). These new state laws will increase ability of CCOs to provide coordinated, whole-person care.

- **Info sharing for improved care (authorized by ORS 414.679)**
  - A CCO, its provider network, and programs administered by DHS for adults and persons with disabilities must share member information for purposes of:
    - Service and care delivery, coordination,
    - Service planning, transitional services and reimbursement,
    - Improving the safety and quality of care, lowering the cost of care and improving the health and well-being of the CCO's members

- **Info may be shared w/in CCO and CCO provider network (which includes YCHHS) for the purpose of allowing CCO to provide whole-person care.** Info that may be shared w/o authorization includes:
  - A diagnosis of HIV;
  - Other physical health diagnoses; and
  - Mental health diagnoses

COORDINATED CARE ORGANIZATIONS
OREGON LAW & INFORMATION SHARING SUMMARY, CONT.

- **CCOs and their providers (which includes YCHHS) must comply w/ HIPAA and 42 CFR Part 2** (authorization needed for disclosure of treatment records of substance abuse treatment providers)
- **In-network provider (which includes YCHHS) mandate for information sharing (authorized by SB 1580 (2012))**

Except for psychotherapy notes, protected health information must be disclosed by health care providers participating in a CCO *without member authorization*:

- To other health care providers participating in the CCO for treatment purposes,
- To CCO for health care operations and payment purposes, permitted by ORS 192.558; and
- To public health entities as required for health oversight purposes

Mandated disclosures under state law do not override the federal protections for drug and alcohol records found in 42 CFR Part 2 or for educational records

QUESTIONS OR COMMENTS?

SLIDES CAN BE FOUND HERE: HHS (\\YAM-MAIN), “SHARE” FOLDER, THEN “UM TEAM INFO” FOLDER