



## **BRAILLE INSTITUTE OF AMERICA, INC. PRIVACY POLICY FOR CLIENT HEALTH INFORMATION**

### **Section 1.0 Purpose**

Braille Institute of America, Inc. (“BIA”) is committed to the privacy of individuals (“Clients”) receiving services from BIA. In the course of providing services, BIA may receive a Client’s personal health information, including notes, diagnoses, medications and other medical information, from the Client or his or her health care provider. In this policy, we will refer to all such personal health information and any information relating to the past, present, or future physical or mental health or condition of an individual or the provision of health care for that individual as “PHI.”

### **Section 2.0 Scope**

This policy covers all PHI received and/or maintained by BIA. PHI in any electronic format shall also be subject to BIA’s IT Security Policy. PHI contained in a student record shall also be subject to the Student Education Records Policy. Any conflict in application of these policies shall be resolved by BIA’s General Counsel.

### **Section 3.0 Applicability**

This policy applies to all employees of BIA (“Staff”) as well as to any BIA volunteer, intern, or independent contractor who has access to PHI. Volunteers, interns, and independent contractors should only have access to the minimum amount of PHI necessary. As used in this policy and for convenience purposes only, the term “Staff” shall include volunteers, interns, and independent contractors. Nothing herein shall be construed to imply that volunteers, interns, or independent contractors are employees of BIA.

### **Section 4.0 Uses and Disclosures of PHI**

BIA provides free programs and services as part of its mission to help individuals with vision loss lead enriched and fulfilling lives. In the course of doing so, PHI may be disclosed in the following ways:

#### **Section 4.1.1 To Provide Programs and Services**

BIA may use and disclose PHI to determine eligibility for services, include Clients in programs, and provide Clients with services. These uses and disclosures could include, but are not limited to:

1. Using PHI to confirm a Client's visual condition;
2. Providing PHI to Staff in order to effectively run, coordinate and oversee BIA's programs and services;
3. Providing PHI to Staff in order to help maximize the use of a Client's remaining vision through orientation and mobility training, independent living skills classes, low vision consultations, and similar activities;
4. Providing PHI to Staff counselors in order to assist Clients adjusting to sight loss; and
5. Providing PHI to Staff consultants in order to provide parents of young children with intervention services.

#### **Section 4.1.2 For Emergency Care**

BIA may collect, use, and disclose PHI for purposes of coordinating emergency care for Clients, such as providing information about a Client's medical condition (diabetes), medicines, or allergies to an emergency medical technician ("EMT").

#### **Section 4.1.3 To Comply with Applicable Law**

BIA may use and disclose PHI as necessary to comply with applicable law, including government filings, responding to court orders, reporting abuse or neglect, and pursuant to a subpoena, discovery request or search warrant. Only the minimum necessary amount of PHI will be provided.

#### **Section 4.1.4 For Operational Purposes**

BIA may from time to time use or disclose PHI in connection with its operations, which may include, but are not limited to, the following activities:

1. Case management and coordination of services;
2. Business planning and development, such as cost management and other analyses related to managing operations; and
3. Resolution of internal grievances.

### **Section 4.1.5 To Third Parties**

BIA may disclose PHI to third parties such as a Client's health care provider. Prior to such disclosure, BIA shall (1) secure the Client's written consent authorizing disclosure and (2) enter into a contract with said third party requiring the third party to implement and maintain reasonable security procedures and practices appropriate to the nature of the information in order to protect the PHI from unauthorized access, destruction, use, modification, or disclosure.

### **Section 4.1.6 For Fundraising**

BIA may use PHI to contact Clients regarding fundraising with respect to BIA's mission of eliminating barriers to a fulfilling life caused by sight loss. Clients may exercise their right not to receive fundraising contacts or communications from BIA by notifying BIA's Department of Philanthropy. BIA will not condition the provision of services based on whether Clients have agreed to receive fundraising contacts or communications.

### **Section 4.2 Other Uses and Disclosures**

Other than as described above, BIA will not use or disclose a Client's PHI without the Client's written consent.

### **Section 4.3 Minimum Amount of Disclosure**

Staff should use and disclose only the minimum amount of PHI necessary in each situation in order to effectively provide services or otherwise accomplish the required task.

### **Section 5.0 Safeguards**

The following safeguards will be implemented at all BIA facilities where PHI is stored in paper form:

1. Only those Staff members who have legitimate reasons to access PHI shall be allowed access to such PHI;
2. PHI will be stored in locked filing cabinets or locked storage spaces when not in use by Staff;
3. Staff will not leave PHI unattended in an unsecure location;
4. Staff will use PHI in a manner that does not expose it to unauthorized persons. For example, an employee should not review PHI in plain view of persons who do not need to see the information;
5. When transmitting PHI by fax, mail, or other means, Staff must confirm that the recipient's address or fax number is correct and has not been mistyped, and that the PHI of the correct individual is being transmitted;

6. Staff will verbally communicate PHI only in a discreet and reasonable manner. For example, Staff should make a reasonable attempt to discuss PHI in private and out of the earshot of others; and
7. Staff will securely shred PHI when it is no longer necessary for BIA to retain the information in accordance with BIA's Document Retention and Destruction Policy. Staff may not dispose of PHI by throwing it in the trash or recycling if doing so will expose the information to unauthorized persons.

Consult the IT Security Policy for safeguards with respect to PHI received or maintained in electronic format.

## **Section 6.0 Client Access to PHI**

Upon written request, a Client may access and inspect any PHI about the Client that BIA received from the Client or a health care provider and that BIA continues to maintain at the time of the request.

### **Section 6.1 PHI Access Procedure**

BIA will provide such access within five business days following receipt of the written request, at a mutually convenient time during normal business hours. The inspection shall occur at the location where the PHI is regularly maintained. BIA will use reasonable efforts to verify the identity of each person requesting access to PHI. If the Client is a minor (under age 18), BIA shall provide a copy of the requested PHI record to the minor's parent or legal guardian.

### **Section 6.2 Copies of PHI Records**

BIA will also provide a paper copy of PHI upon the Client's written request. BIA will mail all requested copies of PHI within fifteen days of receipt of a written request. No PHI shall be destroyed pending an outstanding request to inspect or copy.

### **Section 6.3 Amendment of PHI**

A Client may submit a written request to amend his or her PHI. BIA will make the requested amendment within a reasonable time but no later than sixty days after receipt of the written request if BIA believes the original information was incorrect. The amendment will be made in a manner that preserves the original information (such as striking through the original information with a single line), and the employee making the amendment will provide his or her initials and the date of the amendment. Volunteers, interns, and independent contractors shall under no circumstances change any PHI record. If BIA receives an amendment request for PHI but determines that the prior information was correct, BIA will provide a written denial to the Client and will include both the amendment request and the denial in the record. Any student may seek a hearing with regard to the proposed amendment in accordance with Section 4.2 of the Student Education Records Policy.

## **Section 6.4 Notice of Privacy Practices**

If a Client requests information about how his or her PHI will be used or disclosed, his or her privacy rights with respect to such PHI, or how his or her PHI will be safeguarded, BIA will provide a copy of this policy to the Client.

## **Section 7.0 Misuse of PHI**

All Staff are required to carefully review and follow these policies and procedures, and treat PHI with the utmost care and respect at all times. Failure to use, disclose, or safeguard PHI in accordance with this policy may constitute grounds for discipline or result in the termination of the employment, volunteer, intern, or independent contractor relationship. Questions should be addressed to BIA's Human Resources Department or General Counsel.

### **Section 7.1 Reporting Suspected Misuse of PHI**

Staff should report all reasonable suspicions of misuse of the PHI by other Staff or others to BIA's Human Resources Department or General Counsel. BIA will not retaliate against any Staff person for reporting such reasonable suspicions.

Misuse can include unauthorized access to or copying of other peoples' PHI, or disclosing PHI to individuals who are not authorized to receive PHI. Misuse may even include giving PHI to those involved in the person's care, whether or not for personal gain.

BIA will report any misuse of PHI to the Client to the extent required by law.

## **Section 8.0 Training and Policy Updates**

BIA is committed to the proper training of applicable Staff with respect to privacy and the handling of Clients' PHI. Accordingly, all applicable Staff shall receive training regarding this policy. Training shall include review of a confidentiality agreement to be signed by all Staff. BIA's General Counsel and Department of Human Resources shall be responsible for maintaining an ongoing training protocol and updates to this policy as necessary.