

2.2.5 Administrative, Technical, and Physical Safeguards

(a) Policy

California Correctional Health Care Services (CCHCS) shall take reasonable steps to safeguard Personally Identifiable Information (PII) and Protected Health Information (PHI) from intentional or unintentional use or disclosure that is in violation of federal and state privacy laws and associated privacy policies. CCHCS adopts the procedures set forth below to assist with reasonably safeguarding PII and PHI. CCHCS subdivisions shall supplement these procedures as necessary to reasonably safeguard PII and PHI in their respective areas. Information to be safeguarded may be in any medium including, but not limited to, paper, verbal, visual, and electronic representations of PII and PHI.

(b) Purpose

To establish criteria for safeguarding PII and PHI to minimize the risk of unauthorized access, use, or disclosure.

(c) Responsibility

Oversight responsibility of the Privacy Office shall be vested in the Privacy Officer. The Privacy Officer is required to oversee privacy rights as required by laws, policies, and standards for respecting the rights of individuals with regard to the collection, use, and disclosure of personal information throughout CCHCS.

(d) Safeguarding PII and PHI

(1) Paper Practices

- (A) Each CCHCS subdivision shall store files and documents with PII or PHI in locked rooms, locked storage systems, or similar protective controls.
- (B) In business areas where lockable storage is not available, CCHCS staff must take reasonable efforts to ensure the safeguarding of PII and PHI.
- (C) Each CCHCS subdivision shall ensure files and documents awaiting disposal or destruction in locked desk-site containers, storage rooms, centralized waste/shred bins or other storage devices (e.g., cardboard boxes) are appropriately labeled, disposed of on a regular basis, and all reasonable measures are taken to minimize access.
- (D) Each CCHCS subdivision shall ensure shredding of files and documents is performed on a timely basis consistent with record retention requirements.

(2) Verbal Practices

- (A) CCHCS workforce members must take reasonable steps to protect the privacy of all verbal exchanges or discussions of PII and PHI regardless of where the discussion occurs.
- (B) Each CCHCS subdivision shall use enclosed offices and/or interview rooms for the verbal exchange of PII and PHI.
 1. Exception: In work environments structured with few offices or closed rooms such as facilities with open office environments, uses or disclosures that are incidental to an otherwise permitted use or disclosure could occur. Such incidental usage or disclosure is not considered a privacy violation provided that CCHCS has met the reasonable safeguards and minimum necessary requirements.
 2. Each CCHCS subdivision must foster employee awareness of the potential for inadvertent verbal disclosure of PII and PHI.

(3) Visual Practices

CCHCS workforce members must ensure observable PII and PHI is adequately shielded from unauthorized disclosure.

- (A) Computer screens: Each CCHCS subdivision must make every effort to ensure PII and PHI on computer screens is not visible to unauthorized persons.
- (B) Paper documents: CCHCS workforce members must be aware of the risks involving the creation of paper documents and how they are used, handled, shared, stored, and destroyed. CCHCS workforce members must take all necessary precautions to safeguard PII and PHI.

(4) Electronic Practices

- (A) Formats of PII and PHI (e.g., databases, email, phone, fax) must be protected through the use and implementation of IT related controls.
- (B) Workforce members shall be assigned to electronic group(s) that provide access only to the minimum necessary information to fulfill their job functions.
- (C) CCHCS shall conduct internal reviews periodically to evaluate the effectiveness of safeguards.

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(D) CCHCS managers and supervisors shall conduct, at a minimum, annual reviews in order to evaluate and improve the effectiveness of the current safeguards.

(E) CCHCS shall further develop and implement departmental security policies as necessary to enhance safeguards.

(5) Conflict with Other Requirements

(A) When federal, state, local law, regulation or court order, having appropriate jurisdiction, imposes a stricter requirement than CCHCS policy regarding the privacy or safeguarding of information, CCHCS shall act in accordance with the stricter standard.

(B) In the event more than one policy and/or law seems to apply and compliance with such cannot reasonably be achieved, workforce members shall seek guidance from supervisors, who when needed shall contact the Privacy Office.

(e) Training Requirements and Contact Information

(1) Privacy training is required for new employees during New Employee Orientation and annually thereafter.

(2) For questions or clarification, please contact: Privacy@cdcr.ca.gov or 1-877-974-4722.

References

- Code of Federal Regulations, Title 45, Subtitle A, Subchapter C, Part 164, Subpart E, Section 164.530(c)
- Health Care Department Operations Manual, Chapter 2, Article 2, Section 2.2.4, Minimum Necessary Use and Disclosure of Protected Health Information

Revision History

Effective: 02/2012

Revised: 09/2015