



# SAN LUIS OBISPO COUNTY HEALTH AGENCY

*Jeff Hamm, Health Agency Director*

## Compliance Training and Standards for Health Agency Contractors

### Confidentiality and Privacy in the Health Agency

As a contractor of the San Luis Obispo County Health Agency (SLOHA), we are entrusted to protect the information we work with. In your job, you may come into contact with client health information, other personal information about clients, financial information, employee and payroll information, and information considered confidential at the Health Agency. It is critically important that you protect any confidential information that should not be disclosed. In addition to not disclosing confidential information, you must also take reasonable steps to ensure that the confidential information that you receive, regardless of its format, is protected from theft or inadvertent access. It's not only the law and our policy; it is a condition of employment. Our collective effort to ensure the privacy and security of confidential information, upholds our core values, demonstrates respect for our clients, and supports compliance with state and federal laws. Your commitment to protecting client health information will ensure our success.

#### **Brief Overview of Health Information Privacy and Security regulations**

The Health Insurance Portability and Accountability Act of 1996, otherwise known as HIPAA, was created by the federal government to promote improvements and efficiencies in the provision of health care. A major goal of HIPAA was to protect the privacy and security of health information. HIPAA regulations include the following parts:

While we regularly refer to HIPAA regulations, other state and federal regulations govern the privacy and security of Health Information and other personal information. Among those that most closely affect the Health Agency are 42CFR Part 2 (governing Drug and Alcohol client information), Welfare and Institutions Code Sections 5328-5830 (governing Mental Health client information) and California SB1386 (Governing Personally Identifiable Information).

#### **Concept: Protected Health Information – Personally Identifiable Information**

Protected Health Information (PHI) is information that could reasonably identify an individual (client identifiers) and is connected to their sensitive health information. PHI in electronic, paper, or oral forms must be protected. Every member of the work force, even those who don't deal directly with client information, should have an understanding of what PHI is and the ways in which it must be protected. Personally Identifiable Information (PII) is similar to PHI and must also be protected. PII differs from PHI in that it does not combine personal with health information.

**Client Identifiers:** Names, street address, city, county, full zip code (with some qualifications), dates directly related to an individual (e.g. birth date, dates of service), telephone and fax numbers, email addresses, Social Security numbers, credit card numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers, internet protocol (IP) addresses, biometric identifiers (e.g. finger and voice prints), full-face images, and any other unique identifying number, characteristic, or code.

**Examples of Sensitive Health Information:** Diagnoses, Procedures, Medications, Physician name and specialty, Location of service (e.g. cancer center), Service type (e.g. physician office, radiology, inpatient admission), Test results, Amount charged and paid.

#### **Concept: Use of PHI**

Employees throughout the Health Agency use PHI daily to provide critical healthcare services to our Clients. Generally, PHI can be used and shared by a client's direct treatment team to provide healthcare services and for other operational purposes such as billing. The permitted uses of PHI differ slightly depending on the type of healthcare being provided in your Division. Your supervisor will share more information about the appropriate uses of different types of confidential information.

### **Concept: Disclosure of PHI**

While you may access and use PHI as part of your job, you may also be asked to disclose PHI to others for a variety of reasons. You are authorized only to disclose information about a client to other employees who work in the Health Agency. Do not discuss client issues with anyone who is not an employee of the Health Agency without permission from your supervisor or contract administrator.

### **Concept: Breach of PHI**

Generally, there are permitted uses/disclosures of PHI and unpermitted uses/disclosures of PHI. A breach occurs when you use or disclose PHI in a manner that is not permitted by policy or law. A breach can be on purpose, or accidental. Our goal as an Agency and our commitment as individuals is not to commit a breach of confidential information. While our goal is to have no breaches, we understand that there may be times when a mistake is made and you access, use or disclose PHI or other confidential information improperly. When this happens, it is our policy and the law that you immediately tell your supervisor that you may have caused a breach.

### **Privacy and Security Policies and Procedures**

Be familiar with HIPAA Privacy and Security Policies and Procedures. Privacy Policies can be found on the Health Agency Intranet Site by clicking on "Policies & Procedures." Your Division will also have specialized policies and procedures related to handling confidential information in your Division or program. Ask your supervisor for details on special policies related to your job.

### **Concept: Safeguards**

The law requires the Health Agency to implement and maintain appropriate safeguards to protect PHI from unauthorized access, use and disclosure. Safeguards you must use and support include:

- Never access or look at a client record that you do not have permission and a business need to see. Access to electronic client records is logged by the system and monitored by our Information Technology Team. Unauthorized access is reported.
- Never discuss a client (even the existence of a client) with anyone outside of the authorized treatment or operations team. This means that you may discuss business related issues about a client with others at the Health Agency; however you may not discuss a client with anyone who does not work for the Health Agency unless given specific approval by your supervisor. If unsure who you may discuss a client with, ask for guidance from your supervisor.
- You must ensure that all confidential information in paper form is always in your direct control or is locked in a secure location where it can be accessed only by authorized users. Dispose of confidential paper through shredding or by placing the item in *locked*, confidential recycling bins.
- DO NOT INCLUDE A CLIENT'S NAME IN ANY EMAIL. You may use initials or a medical record number, but using a client's name in an email is strictly prohibited.
- You must be aware of your surroundings when having verbal conversations about confidential information. Do not have conversations in hallways, break rooms, cubicles, or other places where others may be able to hear. If you overhear a confidential conversation in a public hallway or elevator, ask the individuals to move to a private location to continue the discussion.

### **INFORMATION YOU SHOULD KNOW:**

To report a breach or a privacy incident:

- **The Compliance and Privacy Officer for the Health Agency is:**

**Ken Tasseff - (805) 781-4788**

**e-mail – [katasseff@co.slo.ca.us](mailto:katasseff@co.slo.ca.us)**

**Alternate:**

**Greg Vickery - (805) 781-4733**

**e-mail – [gvickery@co.slo.ca.us](mailto:gvickery@co.slo.ca.us)**

### **Client Complaints or Reports**

If a client wants to complain about an issue related to the Health Agency, you may refer them to any of the above individuals based on the Division involved. If the client wants to remain anonymous, you may also refer them to our confidential complaint line at:

Confidential Complaint Hotline **(855) 326-9623**

The client may also send an e-mail to: [privacy@co.slo.ca.us](mailto:privacy@co.slo.ca.us)

## Health Agency Compliance Plan

This information is for information only. Regulations require the County to train employees on our obligation to maintain a compliance plan.

The San Luis Obispo County Health Agency (SLOHA) maintains a Compliance Program that supports our ongoing commitment to an ethical and professional way of conducting business. The Compliance Program has several purposes, which include:

- Compliance with laws, regulations and terms of contracts governing SLOHA's operations;
- Prevention, detection and correction of fraud, waste, and abuse;
- Support of the Health Agency's mission, vision and core values;
- Support for the County's vision statement and desired communitywide results.

The Compliance Program consists of several elements which include:

- A system of management and governance to ensure program effectiveness;
  - A network of policies and procedures which provide direction and expectations to employees;
  - Training programs that ensure employees understand policy, procedure and direction;
  - Monitoring/auditing programs to detect non-compliance;
  - A **Compliance Plan** providing structure and direction to ensure program effectiveness.
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The Health Agency Compliance Plan is mandated by the Code of Federal Regulations 42CFR 438.608, Section 8B2.1 of the US Sentencing Commission Guidelines Manual (hereinafter Federal Sentencing Guidelines), and the contract between the County and the CA. Department of Health Care Services. These jointly require the Health Agency to, "have administrative and management arrangements or procedures, *including a mandatory compliance plan*, that are designed to guard against fraud and abuse."

The practical purpose of the Compliance Plan (Plan) is to provide structure and direction to ensure the program supports the goal of compliance with the various laws, regulations, and contracts governing the Health Agency's operations. This Plan reflects the Health Agency's goal of providing the highest level of care and services to those we serve. In addition, this Plan and related policies and procedures combine to reduce the risk of fraud, waste and abuse within the Health Agency.

The Compliance Plan includes the following seven elements:

1. Written policies, procedures, and standards of conduct that articulate the organizations commitment to comply with all applicable Federal and State standards.
2. Designation of a compliance officer and compliance committee that are accountable to senior management.
3. Effective training and education for the compliance officer and the organization's employees.
4. Effective lines of communication between the compliance officer and the organization's employees.
5. Enforcement of standards through well-publicized disciplinary guidelines.
6. Provision for internal monitoring and auditing.
7. Provision for prompt response to detected offenses, and development of corrective action initiatives.

**If you have any questions about the Health Agency's Compliance Plan, please direct them to:**

**Ken Tasseff, Compliance Program Manager**  
**Office Phone: (805) 781-4788**  
**E-mail: [katasseff@co.slo.ca.us](mailto:katasseff@co.slo.ca.us)**

# **Health Agency Code of Conduct**

The purpose of this Code of Conduct and Professional Ethics is to establish and communicate standards of conduct for all employees, interns and volunteers of the Health Agency. The Health Agency Core Values along with the Health Agency Standards of Conduct described below provide broad guidance and expectations to individuals representing the Health Agency in any capacity. Compliance with this Code of Conduct along with adherence to related policies and laws provide safe, ethical and productive work environment that support the Health Agency's mission and vision.

These standards apply to every Health Agency employee, contractor and volunteer. In addition to compliance with this Code of Conduct, licensed employees are expected to adhere to the licensing and/or certification regulations and Codes of Ethics for his/her profession. In the event of a conflict between this Code of Conduct and a Code of Conduct governing an employee's licensure, employees must consult with a supervisor for guidance. It is each employee's duty to read and comply with this Code of Conduct and Professional Ethics.

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## **Health Agency Standards of Conduct**

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### **I. Respect for Others**

The County is committed to providing a work environment in which all individuals, whether employees or members of the public, are treated with honesty, respect and professionalism. All employees of the Health Agency shall support this commitment when dealing with co-workers and members of the public.

#### **A. Discrimination and Harassment**

##### Discriminatory Harassment:

San Luis Obispo County maintains a zero-tolerance policy prohibiting discriminatory harassment in the workplace. Employees must not harass anyone because of race, color, gender, marital status, national origin, religion, medical condition, physical or mental disability, sexual orientation, gender identity or expression, or because the person is 40 years old or older. Employees also must not harass anyone for opposing discrimination or for participating in the discrimination complaint process.

##### Sexual Harassment:

San Luis Obispo County maintains a zero-tolerance policy prohibiting sexual harassment in the workplace. Sexual harassment is a form of sex discrimination that is illegal under both state and federal law and constitutes misconduct for which disciplinary action, up to and including termination, may result. San Luis Obispo County requires that all employees and contractors treat the public and other employees with courtesy and respect.

All employees shall annually participate in discrimination and sexual harassment prevention training. In addition, all employees shall read and comply with the [County Policy Against Discrimination, Sexual Harassment, and Retaliation](#).

#### **B. Cultural Competence**

The Health Agency is an organization which serves an increasingly changing and diverse population. Conducting business in a manner that respects cultural differences and demonstrates cultural competence is important in achieving our mission as an agency. All employees shall provide services to clients that honor cultural beliefs, interpersonal styles, attitudes and behaviors. See the Behavioral Health Division's [Cultural Competence Plan](#) for additional information.

#### **C. Interpersonal Communications in the Workplace**

All personal interactions, including those with co-workers, clients, supervisors, the public, and individuals at other agencies, are to be conducted with respect, courtesy, and consideration. Employees shall not disparage, demean, belittle, or be disrespectful in their communications with others. Employees shall treat others in a manner that supports positive relationships.

#### **D. Violence in the workplace**

The County will not tolerate acts of violence or threats of violence by employees. San Luis Obispo County requires that all employees and officers of the County treat the public and other employees with courtesy and respect. Off duty violence or threats of violence may also be subject to discipline depending on the nexus to the employee's job as well as the discredit such conduct may bring to the County. Violation of this policy by an employee or contractor will result in discipline up to termination. All employees shall read and comply with the [County Workplace Violence Policy](#).

### **II. Conflicts of Interest**

Employees shall avoid any situation which involves or may give the appearance of a conflict between their personal interest and the interest of the County. Employees shall notify their supervisor as soon as they become aware of any potential conflict of interest.

#### **A. Gifts, Entertainment and Favors**

Consistent with County policy, employees shall not accept entertainment, gifts, or personal favors that could influence, or appear to influence, business decisions in favor of any person with which the Health Agency has business dealings. Similarly, employees must not accept preferential treatment offered because of their positions with the Health Agency. (Policy allows acceptance of nominal value gifts that are not given for the purpose of influencing business decisions.)

Conversely, employees shall not offer or provide entertainment, gifts or personal favors to any individual or entity that could influence, or appear to influence, business decisions in favor of any person or entity with which the Health Agency has business dealings. All employees shall read and comply with the [County Policy on Staff Receiving Gifts and Gratuities](#).

#### **B. Kickbacks and Commissions**

Employees may not receive payment or compensation for business conducted for the Health Agency except as authorized under County policy. The Health Agency prohibits the acceptance of kickbacks and commissions from suppliers or others.

#### **C. Client or Vendor Referral**

Employees shall not refer a client to themselves, or to a vendor with whom they have a financial or personal relationship without disclosing and receiving permission from their supervisor in advance.

#### **D. Incompatible Employment**

Consistent with State law, the County prohibits employees from engaging in any activity for compensation which is inconsistent, incompatible, or in conflict with his/her duties as an employee and/or the business operations of San Luis Obispo County. Employees engaged in outside employment or considering a second job shall advise their supervisor immediately. Employees shall read and comply with the [Health Agency Outside Employment \(Incompatible Activities\) Policy](#).

### **III. Handling of Transactions, Assets, and Cash**

#### **A. Fraud, Waste and Abuse Prevention**

The primary emphasis of the Health Agency's Compliance Plan is to prevent, detect and correct any fraud, waste and/or abuse in the health care system. Every employee and contractor shall adhere to all statutes, regulations and contractual obligations related to the prevention of fraud, waste and abuse. [Fraud, Waste and Abuse Prevention Policy](#)

#### **B. Claims for Services**

Employees shall take reasonable precautions to ensure that claims are prepared and submitted accurately and timely and are consistent with all applicable laws, regulations, rules and guidelines. Employees engaged in coding and billing of services shall understand the regulations and best practices governing coding and billing for services. Employees who process claims or support the processing of claims job shall read and comply with the [Fraud, Waste and Abuse Prevention Policy](#).

### **C. County Assets**

All employees shall to the best of their ability, protect and safeguard the assets of the County and the Health Agency. Assets may include but are not limited to: structures and offices, furniture and fixtures, county owned vehicles, copiers, fax machines, County owned telephones, keys/fobs, computers, cameras, testing equipment, medical equipment, supplies, or any other property of owned by the County. Assets additionally include all intellectual property of the County. Using county assets for the benefit of employee's outside employment or using these assets to conduct outside employment activities is prohibited. Employees must promptly report any missing or misused equipment or assets to their supervisor.

## **IV. Other Standards of Conduct**

### **A. Mandatory Reporting**

Any allegations of abuse, neglect, or mistreatment of a client or employee must be reported to the appropriate supervisor and other officials as required by law and investigated in accordance with applicable policies, rules and regulations. Such Mandatory reporting includes but is not limited to: Child Abuse, Elder Abuse, Tarasoff Warnings, Gunshot Wounds, etc.

### **B. Outside Communications**

- When communicating publicly on matters that involve Health Agency business, employees should not speak for the department on any topic, unless given authority in accordance with the Health Agency's current policies and practices.
- When dealing with anyone outside the Health Agency, including public officials, employees must take care not to compromise the integrity or damage the reputation of the department or any individual, business, or government body.
- Employees may respond to inquiries by the media on matters directly related to their position, and for which they are authorized to answer for other members of the public. If unsure about level of authority to answer a media inquiry, please ask your supervisor for guidance.

### **C. IT Acceptable Use of County computing systems**

When using county computing assets, employees shall follow the standards prescribed by the [County Information Security Program Acceptable Use Policy](#) and the [Health Information Privacy and Security Policy and Procedure](#).

### **D. List of Excluded Individuals – Credentialing**

Any employee who becomes or may be placed by the state or federal government on a List of Ineligible Individuals must immediately notify their supervisor. An Ineligible Person is any individual who is currently excluded, suspended, debarred or otherwise ineligible to participate in government procurement contracts, federal health care programs, has been convicted of a criminal offense related to the provision of health care items, or is currently excluded on a state exclusion list. These lists are maintained by the U.S. Office of Inspector General Website at: [https://oig.hhs.gov/exclusions/exclusions\\_list.asp](https://oig.hhs.gov/exclusions/exclusions_list.asp) and the California Dept. of Health Care Services at: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>.

### **E. Business Records**

- All documentation produced by employees, including but not limited to reports, letters, forms, and entries in client records, shall be truthful and accurate to the best of their knowledge.
- All records and documents shall be protected and retained as required by professional standards, governmental regulations and County policies.
- Employees shall follow the Health Agency's approved record retention schedule and federal or state record retention requirements.
- Employees must not destroy or alter any information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction.

#### **F. Licensure and/or Certification**

All employees who are required to possess professional licensure or certification as a condition of their job must maintain licensure or certification consistent with the requirements of the applicable licensing or certifying board. In addition, all employees who drive a vehicle (either County or personal) in the course of doing County business must maintain their driver license in good standing.

Employees must notify their supervisor any time their professional license, certificate, or driver license (if they drive on County business) becomes restricted, revoked, or expired. In addition, employees must notify their supervisor if they are being investigated for a matter that may negatively affect their licensure or if they anticipate problems with their licensure.

#### **V. Prohibition on Retaliation**

San Luis Obispo County and the Health Agency maintain a zero tolerance policy prohibiting any adverse employment action against those who in good faith report, or support someone who reports violations of Health Agency/County policy or state/federal law, or engages in other legally protected activity. The County and Health Agency further prohibit retaliation against anyone who participates (as witnesses or accused) in investigations into complaints of alleged misconduct. Disciplinary action, up to termination will be taken against an employee or contractor who is found to have violated this policy.

#### **VI. Reporting of activity that violates this code of conduct**

Any employee, volunteer, student, agent, contractor, business associate or other person or entity who knows or suspects that there has been a violation of a County or Health Agency policy, or a violation of state or federal law, shall immediately notify a supervisor, manager, or the Compliance Officer of the violation or suspected violation. Regulations require the County to report violations to some state agencies within 24 hours. As such, immediate reporting is essential to meet this statutory timeline. The violation must be reported whether it was committed by the person reporting the violation, or another individual and it must be reported whether intentional or accidental.

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*Jeff Hamm, Health Agency Director*

## COMPLIANCE STATEMENT

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### ATTESTATION:

I understand that, in the course of my work, I am expected to conduct myself in an ethical manner consistent with the Health Agency's core values. I have received the 8 page (including this page) document entitled, "Compliance Training and Standards for Infrequent Temporary Help." I agree to read and abide by the standards articulated therein.

I understand that any violation of SLOHA or County policies and procedures may result in disciplinary action against me including termination of employment. Further, violation of State and federal laws also provide for civil action under the provisions of Welfare and Institutions Code Section 5330, for the greater of the following amount:

- 1.) Ten thousand Dollars (\$10,000)
- 2.) Three times the amount of actual damages, if any sustained by the plaintiff.

This agreement shall remain in effect during my relationship with SLOHA and shall continue thereafter. I agree that upon my separation, termination or if for any other reason I am not affiliated with SLOHA, I will continue to abide by this agreement in its entirety. I further agree that upon leaving SLOHA, I will not remove any confidential or proprietary information from the County and I will return any and all confidential and/or proprietary information I may have in my possession.

**Employee or Contractor: Please keep a copy of this statement for your reference and records.**





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*Jeff Hamm, Health Agency Director*

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**I have read the above confidentiality statement and I agree to comply fully with its terms.**

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Division