

SAN LUIS OBISPO COUNTY HEALTH AGENCY



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The County of San Luis Obispo is responsible for the creation, storage, and transmission of Protected Health Information (PHI). State and federal law along with County policy require us to maintain the privacy of all client information. It is the responsibility of all employees, contractors, and visitors to ensure that PHI is private and utilized only for authorized purposes.

While on-site as a visitor or contractor, you may have incidental contact with Protected Health Information. It is your responsibility to maintain client privacy by avoiding PHI whenever possible and alerting a County staff member of incidents where you are exposed to PHI.

Please note:

- PHI is any information that identifies one of our clients or links them to services.
- PHI can be written, electronic, or spoken.

If you come into contact with written PHI:

- Leave it where it is. Do not read it. Inform a County of San Luis Obispo staff person of the location of the written PHI and that it is available in your work space. The staff person will secure the PHI/potential PHI prior to you returning to the area.

If you come into contact with electronic PHI:

- If you are exposed to PHI or can see PHI (or anything you believe may be PHI) on a computer screen in your work space, do not read it. Inform a County of San Luis Obispo staff person that PHI may be able to be viewed on a computer in your work area. The staff person will secure the computer prior to you returning to the area. County of San Luis Obispo computers are for use only by County of San Luis Obispo staff who are authorized to use them.

If you overhear someone talking and you believe the conversation includes PHI:

- Interrupt the discussion and ask the individual(s) if they are sharing PHI. If they say yes, tell them that you are not authorized to see or hear PHI and ask if they can take the conversation elsewhere. Inform a County of San Luis Obispo staff person or supervisor that you overheard PHI. The staff person will ensure that the PHI/potential PHI cannot be overheard prior to you returning to the area.

I agree to comply with the standards set forth above. I understand that I will be visiting or working in an area where I may be exposed to PHI and I agree to take reasonable steps to avoid exposure to PHI. I further agree to report any exposure to PHI to a SLO County staff member.

Contractor/Visitor Name

Contractor/ Visitor Reason for Visit

Contractor/Visitor Signature

Date

County of San Luis Obispo Staff Member Signature

Date