


<p>DEPARTMENT: Compliance</p> <p>POLICY TITLE: CMP17 Disposal of Protected Health Information</p>	 <p>Arizona Priority Care™</p> <p><i>One Goal. One Priority. Your Healthcare.</i></p>	
<p>REVIEWED BY: AZPC Compliance Officer</p>	<p>REVIEW DATE: 11/08/2019</p>	<p>EFFECTIVE DATE: 12/01/2019</p>
<p>APPROVED BY: Compliance Committee</p>	<p>APPROVAL DATE: 11/11/2019</p>	

PURPOSE:

To ensure that Arizona Priority Care (AZPC) provide protection for privacy and confidentiality and provide an efficient method for destruction of patient- identifiable and protected health information.

POLICY:

It is AZPC’s policy to protect all patient-identifiable information of their members against indiscriminate and unauthorized access, in order to meet their ethical and legal responsibility to protect the privacy of their members. AZPC will use reasonable care to preserve members’ rights to privacy within the law. Any patient-identifiable information determined to be appropriate for disposal must be discarded in the manner indicated in this policy. Inappropriate use of this procedure or willful disregard of this policy are serious offenses and constitute cause for corrective action up to and including termination.

PROCEDURE:

To comply with above policy, AZPC will follow the procedure detailed below:

1. Any document or electronic storage media containing patient-identifiable information is considered confidential. This includes adhesive I.D. labels, computer storage devices, billing forms, claims, insurance forms, etc., as well as any medical information. Employees shall consult their supervisors if unsure as to the appropriateness of disposal of information.
2. Locked, security storage consoles are placed in strategic locations throughout the facility. Staff is to deposit all confidential waste into the accepted receptacles. Keys are maintained only by a limited number of management staff and duly authorized representatives of a contracted document destruction company.
3. Representatives of the contracted document shredding company make scheduled site visits to collect and shred contents of containers on-site.
4. A Certificate of Destruction is issued each time before the document shredding company leaves the premises.

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5. The certificate will be stored electronically in each groups' shared compliance folder with a specified folder for HIPAA compliance. Path: HIPAA\ Certificate of Destruction\ Year. File name to follow the following minimum format: COD_Year_Month.
6. Shredded documents are recycled through an environmentally friendly program.

DEFINITIONS:

None

REFERENCES:

Provider Network Policies
45 CFR§164.504

APPENDICES:

None

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DOCUMENT REVISION LOG

Date	Document Modification (including deletions)	Page(s)	Location
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