

Effective Date: April 24, 2003, Motion #03-013; April 14, 2003  
Revised Date: 5/31/13  
Review Date: 6/13/13

**North Sound Mental Health Administration**  
Section 2500 – Privacy: Disposal of Protected Health Information (PHI)

Authorizing Source: RCW 70.02; 45 CFR 160; 45 CFR 165 (HIPAA)

Cancels:

See Also:

Providers must have own “HIPAA & WAC compliant policy”

Responsible Staff: Privacy Officer

Approved by: Executive Director

Signature:

Date: 7/17/2013

**POLICY #2505.00**

**SUBJECT: DISPOSAL OF PROTECTED HEALTH INFORMATION (PHI)**

**PURPOSE**

The purpose of this policy is to provide management and workforce members with the procedures for the proper disposal of PHI.

**DEFINITIONS**

**Protected Health Information (PHI):** All Individually Identifiable Health Information transmitted or maintained by NSMHA.

**POLICY**

NSMHA has a duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and applicable state and federal law. PHI may only be disposed of by means that assure that it will not be accidentally released to an outside party. Management must assure that appropriate means of disposal are reasonably available and operational. This policy is to define the guidelines and procedures that must be followed when disposing of information containing PHI.

Pursuant to 45 CFR 164.306(a)(4), 164.308(a)(5), and 164.530(b) and (i), Covered Entities must ensure that their workforce members receive training on, and follow the disposal policies and procedures of the Covered Entity, as necessary and appropriate for each workforce member. Therefore, any workforce member (i.e., any employee of NSMHA) involved in disposing of PHI, or who supervises others who dispose of PHI, must receive training on disposal. This also includes any volunteers.

**ATTACHMENTS**

2505.01 – Procedure: 2505 A