

Shred-All Confidential Document Destruction Policy

V-Tag

V226	Confidentiality of Patient Personal and Medical Records
V245	Protection of Medical Record Information

Application

This Policy applies to all Northwest Kidney Centers (NKC) board of trustees and board committee members, NKC permanent and temporary employees, medical directors, volunteers, student interns, vendors, and other agents that act on behalf of NKC (collectively referred to herein as workforce members).

Policy

NKC generates, transmits, and stores many documents and records of a confidential nature regarding our patients, workforce members, and donors. If confidential documents and records are not securely maintained and periodically destroyed/shredded, there is a potential danger that business-sensitive, personal, and confidential information can be obtained and misused for illicit purposes such as identity theft; fraud; and to gain access to electronic systems and physical.

All workforce members must use caution when disposing of written documentation and electronically protected health information (ePHI) stored on electronic devices. Written and ePHI documentation includes business-sensitive, confidential, proprietary, workforce personal, and patient private information (collectively referred to as confidential information throughout this policy).

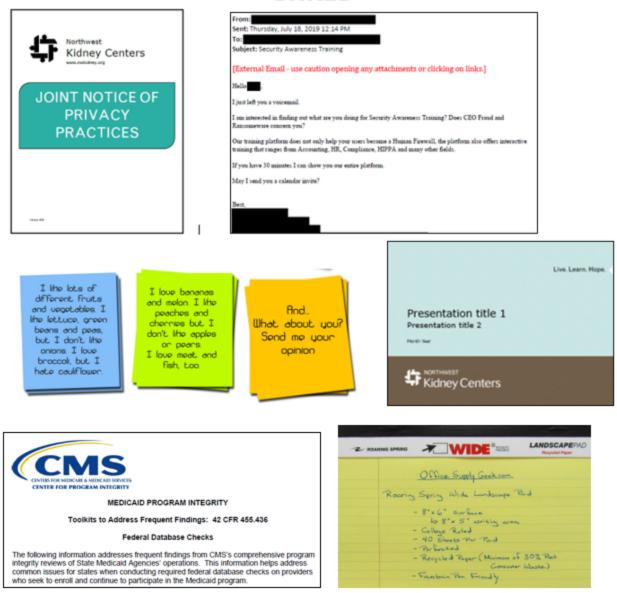
To ensure that all confidential information is appropriately discarded in a secure manner according to federal and state law, and NKC policies, all documents, including flyers, sticky-notes, placards, personal correspondence, patient information, and any other documents with type or written text must be disposed of in a confidential Shred-All console or bin.

Procedure

Confidential Document Storage and Disposal

- Confidential documents must be collected and stored in a secure location and disposed of securely according to NKC policy requirements (see Reference Section for related policies). A secure location means any storage area, e.g., a closet or cabinet that can be securely locked, is supervised throughout the business day, and which is not readily accessible to unauthorized persons.
- 2. Confidential documents and records shall be destroyed/shredded by placing the documents in a Shred-All console or bin to be securely disposed of by the NKC authorized document destruction vendor.

- 3. Confidential records, found by any workforce member in a location other than where they are to be properly stored or disposed of, such as in trash receptacles, recycle bins or other locations, should be returned to the document owner (if known), given to a manager, or placed in a Shred-All console or bin. Workforce members may contact the Compliance Officer if they have questions or concerns about confidential documents that may be left unattended or in an unsecured location or disposed of improperly.
- 4. Examples of documents that must be placed in a Shred-All console or bin for proper destruction include:



SHRED

5. Some printed materials may be placed in a recycling or trash containers. Please don't put trash in the Shred-All consoles and bins, or the recycle containers.



RECYCLE



TRASH



* Remember to consider reusing documents in the form of flyers, brochures, etc., instead of recycling the materials.

6. Electronic media that stores or transmits confidential information must be securely destroyed when disposing of the device. To ensure electronic media is securely disposed of, all electronic medial must be returned to the Helpline for secure destruction. Call the Helpline (206-292-2579) for assistance with the electronic media destruction process.

Shred-All Consoles and Bins

1. All NKC facilities have secure Shred-All Consoles or Bins and appear like:



Shred-All Console



Shred-All Bin

- Access to consoles and bins is prohibited by any workforce member unless approved by a manager, director, Vice President, or the Compliance Officer. When a workforce member accidentally places confidential information in a console or bin, the following people may access the console or bin to retrieve the document(s):
 - a. Compliance Officer or designee;
 - b. Kidney Center managers and directors;
 - c. CEO and Vice Presidents, and executive assistants;
 - d. Director of Purchasing; and
 - e. Authorized document destruction vendor employees.
- 3. Consoles and bins are always to remain locked. Each facility has a set of keys that unlock the consoles and bins. Access to such keys is limited to the above-identified individuals.
- 4. Keys must be stored in a secure location and not be made readily available to unauthorized workforce members.
- 5. If a shredding console or bin is full please contact the compliance officer for assistance.

Shred-All Vendor Management

The Director of Purchasing is responsible for managing the NKC relationship with the document destruction vendor, including:

- 1. Contract negotiation;
- 2. Console and bin placement and replacement, including requesting additional consoles or bins;
- 3. Distribution and tracking of console and bin keys;
- 4. Managing the document destruction vendor pick-up schedule for all NKC facilities and locations; and
- 5. Problem resolution and trouble-shooting issues regarding console or bin management and vendor relations.

Violations of this Policy

Any workforce member who violates the terms of this policy by inappropriately accessing a Shred-All console or bin, or who in any way compromises the security and integrity of confidential information destruction may be subject to discipline according to Human Resources Policy Progressive Discipline HRP-P517.

Shred-All Program Oversight

The Compliance Officer is responsible for routine monitoring of console and bin access and ensuring documents are not inappropriately discarded in a trash or recycling container. Oversight monitoring findings are reported to the Executive Compliance Committee and may be used to improve Shred-All program training and enforcement.

Definitions

<u>Business Sensitive Information</u> means information deemed by NKC to be of a sensitive nature and includes but is not limited to all confidential or proprietary conversations, communications, and documents. Examples of business-sensitive information include business agreements, financial statements, trade secrets, intellectual property, and any nonpublic business strategy or planning documents.

<u>Documents or Documentation</u> means written information in hardcopy or electronic form.

<u>Electronic Protected Health Information (ePHI)</u> means protected health information (PHI) in a digital or electronic format.

<u>Health Insurance Portability and Accountability Act (HIPAA)</u> means the 1996 Federal law that restricts access to an individual's personal medical information through the implementation of a set of information privacy and security rules.

<u>Personally-Identifiable-Information (PII)</u> means individually identifiable information, including an individual's name, gender, address, telephone, email address, or basic biometric data information.

<u>Protected Health Information (PHI)</u> means individually identifiable health information regarding a person, including information that is:

- In paper or hard-copy format;
- Transmitted by electronic media;
- Maintained in electronic media; or
- Transmitted or maintained in any other form or medium.

PHI for deceased individuals is protected for 50 years after the date of death.

<u>Workforce Member</u> means board of trustees and board committee members, Northwest Kidney Centers (NKC) permanent and temporary employees, medical directors, volunteers, student interns, vendors, and other persons or agents whose conduct, in the performance of work for NKC is under the direct control of NKC whether they are paid by NKC.

References

- Media Reuse and Disposal Policy IS-M15049
- PHI Access, Use, and Disclosure Policy ADM-P12060;
- Data Access and Security Management Policy IS-D15019;
- General Security Policy IS-G15044;
- Compliance Monitoring & Auditing Policy ADM-M12057;
- Record Retention Policy HIM-R25006;
- Confidentiality Policy & Agreement HRP-C613;
- Vendor Access and Oversight Policy ADM-V12002;
- Chapter 70.02 RCW Medical Records Health Care Information Access & Disclosure
- WAC 284-04-510 Right to Limit Disclosure of Health Information
- Health Insurance Portability & Accountability Act of 1996 (HIPAA) PL 104-191
- American Recovery & Reinvestment Act of 2009 (ARRA) Pub.L. 111–5
- Health Information Technology for Economic & Clinical Health Act (HITECH); Part of the American Recovery & Reinvestment Act of 2009

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Attachment A Shred-All Facility Poster

