



**CITY OF SHEBOYGAN  
HIPAA POLICIES AND PROCEDURES MANUAL**

**VOLUME 1:  
ADMINISTRATION OF HIPAA COMPLIANCE PROGRAM**

**ADOPTED:** \_\_\_\_\_

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<sup>1</sup> Exhibits are provided in a separate document.

## I. GLOSSARY OF DEFINED TERMS

The following terms are used throughout the City of Sheboygan's HIPAA Policies and Procedures Manual:

1. Access, with regard to the security of ePHI, means the ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource.
2. Administrative Safeguard means administrative actions, and policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of The City of Sheboygan's Workforce in relation to the protection of that information.
3. Availability means the property that data or information is accessible and useable upon demand by an authorized person.
4. Authorization means a written document or form signed by an Individual or an Individual's Personal Representative that authorizes the Covered Entity or Business Associate to Use or Disclose PHI for a purpose not otherwise permitted under the HIPAA Regulations.
5. BAA means a Business Associate Agreement or contract or other arrangement required by 45 C.F.R. § 164.308(b)(3).
6. Breach means the acquisition, access, Use, or Disclosure of PHI in a manner not permitted under this Manual or HIPAA's Privacy Rule which compromises the security or privacy of the PHI. A Breach does not include the following:
  - a. Any unintentional acquisition, Access, or Use of PHI by the City of Sheboygan Workforce member (or person acting under the authority of the City of Sheboygan), if such acquisition, Access, or Use was made in good faith and within the scope of job duties and does not result in further Use or Disclosure in a manner not permitted under this Manual or the Privacy Rule.
  - b. Any inadvertent Disclosure by the City of Sheboygan Workforce member who is authorized by his/her job duties to Access PHI to another authorized the City of Sheboygan Workforce member, and the information received as a result of such Disclosure is not further Used or Disclosed in a manner not permitted under this Manual or the Privacy Rule.
  - c. A Disclosure of PHI where there is a good faith belief that an unauthorized person to whom the Disclosure was made would not reasonably have been able to retain such information.
7. Breach Notification Rule or the HIPAA Breach Notification Rule means the breach notification rules enforced pursuant to HITECH and codified at 45 C.F.R. Part 164, Subpart D, as may be amended from time to time.

8. Business Associate means a person or entity who, on behalf of the City of Sheboygan, but not in the capacity of the City of Sheboygan’s Workforce, performs or assists in the performance certain functions or activities involving the creation, receipt, maintenance, or transmission of PHI, or provides legal, actuarial, accounting, consulting, Data Aggregation, management, administrative, accreditation, or financial services involving Disclosure of PHI.
9. Confidentiality means the property that data or information is not made available or disclosed to unauthorized persons or processes.
10. Covered Entity means a health plan, Health Care Clearinghouse, or health care provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA. For purposes of this Manual, the term “Covered Entity” shall mean the components of the City of Sheboygan, as designated in Section III (“Hybrid Entity Designation”) of this Manual, and the City of Sheboygan’s health plan.
11. Data Aggregation means, with respect to PHI created or received by a Business Associate or Subcontractor in its capacity as the Business Associate of the City of Sheboygan, the combining of such PHI by the Business Associate with the PHI received by the Business Associate in its capacity as a Business Associate of another Covered Entity to permit data analyses that relate to the Health Care Operations of the City of Sheboygan.
12. De-identify or De-identification means the process by which PHI is used to create De-identified Data pursuant to 45 C.F.R. § 164.514(b).
13. De-identified Data or De-identified Information or De-identified Health Information means health information that is not Individually Identifiable Health Information because it neither identifies nor provides a reasonable basis to identify an Individual and is created with one of two methods:
  - a. A formal determination by a qualified expert pursuant to 45 C.F.R. § 164.514(b);  
or
  - b. The removal of specified Individual identifiers as well as absence of actual knowledge that the remaining information could be used alone or in combination with other information to identify the Individual pursuant to 45 C.F.R. § 164.514(c).
14. Designated Record Set means the group of records maintained by or for The City of Sheboygan, including medical, billing, enrollment, payment, claims adjudication, care or medical management by or for a health plan, and other records used by the City of Sheboygan, in whole or in part, to make decisions about an Individuals.
15. Disclose or Disclosure means the release, transfer, provision of access to, or divulging in any manner of PHI to an organization or individual that is not the Covered Entity maintaining that information.
16. Electronic Protected Information or “E-PHI,” or “ePHI” means PHI transmitted or maintained by electronic format or media.

17. Health Care Clearinghouse means a public or private entity, including a billing service, repricing company, community health management information system or community health information system, and “value-added” networks and switches, that does either of the following functions: (a) processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction; or (b) receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.
18. Health Care Operations means activities normal to the business of providing healthcare, including the following activities (non-exhaustive):
  - a. Quality assessment and improvement activities, including case management and care coordination;
  - b. Competency assurance activities, including health care provider performance evaluation, credentialing, and accreditation;
  - c. Conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs;
  - d. Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the City of Sheboygan; and
  - e. Business management and general administrative activities of the entity, including but not limited to De-identifying PHI.
19. Health Plan means an individual or group plan that provides, or pays the cost of, medical care, including the following, singly or in combination: a group health plan as defined in the HIPAA Rules; a health insurance issuer, as defined in the HIPAA Rules; Part A or Part B of the Medicare program; the Medicaid program; the Voluntary Prescription Drug Benefit Program under Part D the Medicare Program; an issuer of a Medicare supplemental policy; an issuer of a long-term care policy, excluding a nursing home fixed indemnity policy; an employee welfare benefit plan or any other arrangement that is established or maintained for the purpose of offering or providing health benefits to the employees of two or more employers; the health care program for uniformed services; the veterans’ health care program; the Indian Health Service program under the Indian Health Care Improvement Act; the Federal Employees Health Benefits Program; an approved State child health plan under title XXI of the Social Security Act, providing benefits for child health assistance; the Medicare Advantage program under Part C of Medicare; a high risk pool that is a mechanism established under State law to provide health insurance coverage or comparable coverage to eligible individuals; or any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care.
20. HHS means the U.S. Department of Health and Human Services.

21. HIPAA means the Health Insurance Portability and Accountability Act of 1996, as amended.
22. HIPAA Rules means the regulations issued pursuant to HIPAA and HITECH, including without limitation, the Privacy Rule, Security Rule, and Breach Notification Rule.
23. HITECH means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, of the American Reinvestment and Recovery Act of 2009 (Pub. L. 111-5), as amended.
24. Individual means the person who is the subject of the PHI. Unless otherwise provided, the City of Sheboygan will treat a Personal Representative as the Individual for purposes of this Manual.
25. Individually Identifiable Health Information means health information (including demographic information collected from an Individual) that is (a) created or received by a health care provider, health plan, employer, or Health Care Clearinghouse; (b) relates to the past, present, or future physical or mental health or condition of an Individual; the provision of health care to an Individual; or the past, present, or future payment for the provision of health care to an Individual; and (c) identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual.
26. Integrity means the property that data or information has not been altered or destroyed in an unauthorized manner.
27. Limited Data Set information that may be Individually Identifiable Health Information, and (a) that summarizes the claims history, claims, or type of claims experienced by Individuals; and (b) PHI that excludes the following direct identifiers of the Individual or of relatives, employers, or household members of the Individual:
  - a. Names;
  - b. Postal address information, other than town or city, state, and zip code;
  - c. Telephone numbers;
  - d. Fax numbers;
  - e. Electronic mail addresses;
  - f. Social security numbers;
  - g. Medical record numbers;
  - h. Health plan beneficiary numbers;
  - i. Account numbers;
  - j. Certificate/license numbers;
  - k. Vehicle identifiers and serial numbers, including license plate numbers;
  - l. Device identifiers and serial numbers;
  - m. Web Universal Resource Locators (URLs);
  - n. Internet Protocol (IP) address numbers;
  - o. Biometric identifiers, including finger and voice prints; and
  - p. Full face photographic images and any comparable images.

28. OCR means the U.S. Department of Health and Human Services Office for Civil Rights.
29. Organized Health Care Arrangement or OHCA means:
- a. A clinically integrated care setting in which Individuals typically receive health care from more than one health care provider;
  - b. An organized system of health care in which more than one Covered Entity participates and in which the participating Covered Entities:
    - i. Hold themselves out to the public as participating in a joint arrangement; and
    - ii. Participate in joint activities that include at least one of the following:
      1. Utilization review, in which health care decisions by participating Covered Entities are reviewed by other participating Covered Entities or by a third party on their behalf;
      2. Quality assessment and improvement activities, in which Treatment provided by participating Covered Entities is assessed by other participating Covered Entities or by a third party on their behalf; or
      3. Payment activities, if the financial risk for delivering health care is shared, in part or in whole, by participating Covered Entities through the joint arrangement and if PHI created or received by a Covered Entity is reviewed by other participating Covered Entities or by a third party on their behalf for the purpose of administering the sharing of financial risk.
  - c. A group health plan and a health insurance issuer with respect to such group health plan, but only with respect to PHI created or received by such health insurance issuer that relates to Individuals who are or who have been participants or beneficiaries in such group health plan;
  - d. A group health plan and one or more other group health plans each of which are maintained by the same plan sponsor; or
  - e. The group health plans described in paragraph (d) of this definition and health insurance issuers with respect to such group health plans, but only with respect to PHI created or received by such health insurance issuers that relates to Individuals who are or have been participants or beneficiaries in any of such group health plans.
30. Payment means the activities undertaken by (a) a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan or (b) a health care provider or health plan to obtain or provide reimbursement for the provision of health care if all such activities in (a) and/or (b) above relate to the Individual to whom the health care is provided and include but are not limited to:

- a. Determinations of eligibility or coverage (including coordination of benefits or determination of cost sharing amounts) and adjudication or subrogation of health benefit claims;
  - b. Risk adjusting amounts due based on enrollee health status and demographic characteristics;
  - c. Billing, claims management, collection activities, obtaining payment under a reinsurance contract (including stop-loss), and related health care data processing;
  - d. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
  - e. Utilization review activities, including precertification and preauthorization, concurrent and retrospective review of services; and
  - f. Disclosure to consumer reporting agencies any of the PHI listed in 45 C.F.R. § 164.501 relating to collection of premiums or reimbursement.
31. Personal Representative means a person legally authorized to make health care decisions on an Individual's behalf or to act for a deceased Individual or the estate. A legally authorized personal representative may be a parent of a minor child, a guardian appointed under Chapter 54 of the Wisconsin Statutes, a person designated power of attorney for health care under Chapter 155 of the Wisconsin Statutes, or a person designated durable power of attorney under Chapter 244 of the Wisconsin Statutes.
32. Physical Safeguard means physical measures, policies, and procedures to protect electronic information systems and related buildings and equipment from natural and environmental hazards and unauthorized intrusion.
33. Privacy Rule or the HIPAA Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information located at 45 C.F.R. Part 160 and Subparts A and E of 45 C.F.R. Part 164, as amended from time to time.
34. Protected Health Information or PHI means Individually Identifiable Health Information, that is created, received, or maintained by the City of Sheboygan, that relates to the past, present, or future physical or mental health or condition of an Individual; the provision of health care to an Individual; or the past, present, or future payment for the provision of health care to an Individual. Some examples of PHI are (non-exhaustive list):
- a. Individual demographic information (e.g., address, telephone number, SSN);
  - b. Information doctors, nurses and other health care providers put in a client's medical record;
  - c. Health information about an Individual in the City of Sheboygan's computer system; and



d. Billing information about an Individual.

PHI does not include employment records held by the City of Sheboygan in its role as employer, Individually Identifiable Health Information held in records covered by the Family Educational Rights and Privacy Act, as amended, or regarding a person who has been deceased for more than 50 years.

35. Required by Law means a mandate contained in law that compels an entity to make a Use or Disclosure of PHI and that is enforceable in a court of law, including, but not limited to:
- a. Valid court orders and court-ordered warrants;
  - b. Subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information;
  - c. A civil or an authorized investigative demand;
  - d. Medicare conditions of participation with respect to health care providers participating in the program; and
  - e. Statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.
36. Research means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.
37. Safeguard means the collective applicable Administrative Safeguards, Physical Safeguards, and Technical Safeguards.
38. Sale of PHI means, except as otherwise provided in the HIPAA Rules, a Disclosure of PHI by the City of Sheboygan, if applicable, where the City of Sheboygan directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI.
39. Secretary means the Secretary of the U.S. Department of Health and Human Services or his/her designee.
40. Security Incident means the attempted or successful unauthorized access, Use, Disclosure, modification, or destruction of information or interference with system operations in an information system.
41. Security Rule means the Standards for the Security of Electronic Protected Health Information located at 45 C.F.R. Part 160 and Subparts A and C of 45 C.F.R. Part 164.
42. Technical Safeguard means the technology and the policy and procedures for an entity's use that protect ePHI and control access to it.

43. Treatment means the provision, coordination, or management of health care and related services that a health care provider renders to an Individual. Treatment includes management of health care with a third party, consultation between providers relating to an Individual, or the referral of an Individual for care or services to another provider. HIPAA permits Disclosure of PHI for purposes of providing Treatment without an Authorization or need for a Business Associate Agreement.
44. Treatment Records means the registration and all other records that are created in the course of providing services to Individuals for mental illness, developmental disabilities, alcoholism, or drug dependence and that are maintained by the City of Sheboygan under Wis. Stat. § 51.42 or § 51.437 and its staff or by treatment facilities. Treatment Records do not include notes or records maintained for personal use by an individual providing treatment services for the City of Sheboygan under Wis. Stat. § 51.42 or § 51.437 or a treatment facility, if the notes or records are not available to others.
45. Unsecured PHI means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary in the guidance issued.
46. Use means, with respect to PHI or ePHI, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.
47. User means a person or entity with authorized Access.
48. Workforce means employees, volunteers, trainees, and other persons, including contractors and agents, whose conduct, in the performance of work for the City of Sheboygan or a Business Associate, is under the direct control of the City of Sheboygan or Business Associate, whether or not they are paid by the City of Sheboygan or Business Associate.
49. Workstation means desktop computers, laptops, and any other devices that perform similar functions, including offsite devices that can access ePHI.

All references made in this Policy are to the section in the HIPAA Rules, federal regulations, or Wisconsin Statutes currently in effect and as subsequently updated, amended or revised.

<b>References</b>	45 C.F.R. § 160.103 45 C.F.R. § 164.105 45 C.F.R. § 164.304 45 C.F.R. § 164.402 45 C.F.R. § 164.501 45 C.F.R. § 164.502 Wis. Stat. §§ 51.42, 51.437 Wis. Stat. Ch. 54, 155, 244
<b>Attachments</b>	N/A
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	<b>November 4, 2024</b>
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.

## **II. EFFECTIVE DATE AND CHANGES TO HIPAA PRIVACY POLICIES AND PROCEDURES**

### **1. PURPOSE**

To ensure that the City of Sheboygan updates its policies and procedures to comply with any changes under the HIPAA Regulations.

### **2. DEFINITIONS**

Capitalized terms used but not defined in this Policy shall have the meaning set forth in The City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

### **3. POLICY**

These HIPAA Privacy Policies and Procedures are effective as of the date listed in the "Effective Date," as listed at the end of each section. The Privacy Officer or his/her designee will ensure that changes are made to these Policies as appropriate to remain in compliance with all applicable laws.

### **4. PROCEDURE**

- A.** Changes to these HIPAA Privacy Policies and Procedures may occur at any time with approval from the Human Resources Director.
- B.** The Privacy Officer and his/her designee is responsible for periodically initiating review of these HIPAA Privacy Policies and Procedures and modifying these Policies (and any related forms or documents) to reflect any necessary changes. The Privacy Officer or his/her designee will review these HIPAA Privacy Policies and Procedures at least annually to ensure such Policies are in accordance with HIPAA.
- C.** The Privacy Officer or his/her designee is responsible for distributing notice of any such changes to the relevant Workforce members.
- D.** The Privacy Officer or his/her designee will initiate and oversee Workforce training on any such modifications.
- E.** If a change to these Policies materially affects the City of Sheboygan's Notice of Privacy Practices ("NPP"), the NPP shall be amended to reflect such a change(s), and the City of Sheboygan shall redistribute the revised NPP, as required under the HIPAA Regulations.

### III. HYBRID ENTITY DESIGNATION

#### 1. PURPOSE

Certain departments of the City of Sheboygan will be identified as “Health Care Components” for the purpose of designating the City of Sheboygan as a Hybrid Entity pursuant to HIPAA, HITECH, and the HIPAA Rules.

Although the City of Sheboygan is responsible for HIPAA oversight, compliance, and enforcement requirements, as applicable, the HIPAA Rules apply only to the City of Sheboygan’s designated health care components. The purpose of this Policy is to define, in accordance with HIPAA, the Health Care Components of the City of Sheboygan.

#### 2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan’s HIPAA Policies and Procedures Manual Glossary.

Covered Functions means those functions of a Covered Entity in the performance of which makes the entity a health plan, health care provider, or Health Care Clearinghouse.

Covered Transaction means a “standard transaction” as that term is defined in HIPAA, i.e., a transaction that complies with an applicable standard and associated operating rules adopted under 45 C.F.R. Part 162 (e.g., health care claims or equivalent encounter information, payment and remittance advice, coordination of benefits, claim status, enrollment and disenrollment in a health plan, eligibility, health plan premium payments, and referral certification and authorization).

Health Care Component means a component or combination of components of a Hybrid Entity designated by the Hybrid Entity in accordance with the HIPAA Rules.

Hybrid Entity means a single legal entity: (a) that is a “covered entity”; (b) whose business activities include both covered and non-covered functions; and (c) that designates Health Care Components in accordance with the HIPAA Rules.

#### 3. POLICY

As a health care provider that transmits health information in electronic form in connection with the conduct of Covered Transactions, the City of Sheboygan is a “covered entity” subject to the requirements of HIPAA and HITECH. As a “covered entity”, the City of Sheboygan conducts business activities that include both Covered Functions and non-Covered Functions. As such, the City of Sheboygan is permitted under HIPAA to comply with the requirements of HIPAA as a Hybrid Entity. The City of Sheboygan must designate the Health Care Components that will be required to comply with HIPAA, HITECH, and the HIPAA Rules.

For clarity, at all times throughout this HIPAA Policies and Procedures Manual, references to “The City of Sheboygan” shall mean the designated Health Care Components of the City of Sheboygan.

#### **4. PROCEDURE**

##### **A. Health Care Component Designation.**

1. The City of Sheboygan, in consultation with the appropriate senior leaders/administration, will identify the departments, programs, and functions determined to be Health Care Components.
2. The Human Resources Director, Information Technology Director, and City Administrator will, not less than annually, review the activities of the City of Sheboygan to determine whether any modifications to the designated Health Care Components should be made. Such determinations will be based on whether the unit/department reviewed meets the definition of a Health Care Component. The results of the review will be documented by the Privacy Officer.
3. The Human Resources & Labor Relations Director will communicate the results of the review and designation of the Health Care Components to the and Administration.
4. All components of The City of Sheboygan that perform Business Associate functions for Health Care Components shall be designated Health Care Components.
5. Designated Health Care Components include:
  - a. The Fire Department;
  - b. The Police and Fire Commission;
  - c. The Information Technology Department; and
  - d. The Human Resources Department.

##### **B. General Safeguard Requirements.**

1. The City of Sheboygan’s Health Care Components shall not Disclose PHI to any non-Health Care Components if such Disclosure would be prohibited to an entity that is separate from the City of Sheboygan The City of Sheboygan under the Privacy Rule and The City of Sheboygan HIPAA Policies and Procedures Manual.
2. A member of the City of Sheboygan’s Workforce that performs duties for both a Health Care Component and a non-Health Care Component of The

City of Sheboygan shall not Use or Disclose PHI created or received in the course of the member’s duties for the Health Care Component while performing duties for the non-Health Care Component if such Disclosure would be prohibited by the Privacy Rule or the City of Sheboygan’s HIPAA Policies and Procedures Manual to an entity that is separate from the City of Sheboygan.

3. The City of Sheboygan shall only permit the Use and Disclosure of PHI between Health Care Components and non-Health Care Components of The City of Sheboygan to the same extent, and in the same manner, as The City of Sheboygan is permitted to Use or Disclose PHI to individuals and entities that are separate from The City of Sheboygan.

**C. Technical Safeguards.**

1. The City of Sheboygan shall implement procedures and Technical Safeguards to limit access to the City of Sheboygan’s PHI by Workforce members that perform duties for the non-Health Care Components. These procedures and Technical Safeguards shall include, but not be limited to, Access control and validation procedures to limit Access to electronic records containing PHI.
2. Where connectivity exists, the City of Sheboygan shall maintain Technical Safeguards between its Health Care Components and non-Health Care Components such that the non-Health Care Components are unable to access PHI maintained electronically by the Health Care Components.

**D. Documentation.** For each designation by the City of Sheboygan of a Health Care Component, the City of Sheboygan shall maintain a written or electronic record of such designation for six years from the date of the designation, or the date when such designation was last in effect, whichever is later.

<b>References</b>	45 C.F.R. § 162.103 – Definitions 45 C.F.R. § 164.103 – Definitions 45 C.F.R. § 164.105(a)(2)(ii) – Safeguard Requirements 45 C.F.R. § 165.105 – Organizational Requirements, Responsibilities of Covered Entity Sanction and Discipline Policy and Procedure
<b>Attachments</b>	N/A
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	November 4, 2024
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.

## IV. HIPAA POLICIES AND PROCEDURES OVERVIEW

### 1. PURPOSE

HIPAA requires all Covered Entities to have policies and procedures reflecting HIPAA and HITECH privacy, security, and breach notification mandates. The City of Sheboygan, as a Covered Entity, shall develop administrative policies and procedures reflecting the HIPAA and HITECH privacy, security, and breach notification standards.

### 2. DEFINITIONS

Capitalized terms used but not defined in this Policy shall have the meaning set forth in The City of Sheboygan's HIPAA Policy and Procedure Manual Glossary.

### 3. POLICY

This Policy identifies and establishes procedures for the creation, revision, distribution, and archiving of the City of Sheboygan's HIPAA Policies and Procedures Manual to satisfy HIPAA and HITECH privacy, security, and breach notification requirements.

### 4. PROCEDURE

- A. HIPAA Policies and Procedures Manual.** HIPAA requires Covered Entities to have policies and procedures to ensure compliance with HIPAA and HITECH privacy, security, and breach notification regulations. The City of Sheboygan is a Covered Entity under HIPAA and is therefore responsible for the research, development, implementation, monitoring, and maintenance of the City of Sheboygan's HIPAA Policies and Procedures Manual.
- B. Training.** Training for the City of Sheboygan's Workforce in privacy, security, and breach notification policies and procedures shall be provided to the City of Sheboygan's Workforce as set forth in the City of Sheboygan's Compliance Training and Education Policy and Procedure.
- C. Reviews and Revisions.** The City of Sheboygan's HIPAA Policies and Procedures Manual shall be reviewed at least annually and may be revised at any time in order to comply or enhance compliance with HIPAA and HITECH standards.
- D. Distribution.** Notice to any substantive revisions to the City of Sheboygan's HIPAA Policies and Procedures Manual will be distributed to Workforce members within five business days of the release of such revisions.
- E. Inquiries.** Any inquiry relative to the City of Sheboygan's HIPAA Policies and Procedures Manual should be directed to the Privacy Officer and/or Security Officer, as appropriate.

- F. Sanctions for Non-Compliance.** Workforce members who violate this Manual may be subject to disciplinary action for misconduct and/or performance based on the City of Sheboygan’s Sanction and Discipline Policy and Procedure.
- G. Third Party Service Providers.** The City of Sheboygan may contract with a third party for assistance in complying with the City of Sheboygan’s HIPAA Policies and Procedures Manual.

<b>References</b>	45 C.F.R. § 164.501 – Definitions 45 C.F.R. §§ 164.316(a)-(b) – Policies and Procedures and Documentation Requirements Compliance Training and Education Policy and Procedure
<b>Attachments</b>	N/A
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	<b>October 1 2024</b>
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.



**V. APPLICABILITY OF MANUAL**

**1. PURPOSE**

To define the applicability of this Manual to the City of Sheboygan.

**2. POLICY**

This Manual, including all volumes, applies to the City of Sheboygan, facilities owned or controlled by the City of Sheboygan, and all Workforce members, providers, volunteers, contractors, students, temporary healthcare providers, and Business Associates of the City of Sheboygan who provide services on-site in the City of Sheboygan facilities.

**3. PROCEDURE**

**A. Mandatory Compliance.** All Workforce members are responsible for compliance with this Manual. All Workforce members are responsible for completing ongoing education on HIPAA and HITECH as directed by the City of Sheboygan’s [Privacy Officer].

<b>References</b>	45 C.F.R. § 164.306(a)(4) – Security Standards. General rules 45 C.F.R. § 164.308(a)(1)(ii)(C) – Sanctions Policy 45 C.F.R. § 164.530(b) – Administrative Requirements. Training 45 C.F.R. § 164.530(e)(1) – Administrative Requirements. Sanctions Sanction and Discipline Policy and Procedure
<b>Attachments</b>	N/A
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	<b>November 4, 2024</b>
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.

## **VI. DESIGNATION OF PRIVACY OFFICER AND SECURITY OFFICER**

### **1. PURPOSE**

To designate the City of Sheboygan's Privacy Officer and Security Officer and define the job responsibilities of the designated Privacy Officer and Security Officer.

### **2. POLICY**

The City Administrator shall designate the individual(s) to serve as the Privacy officer and Security Officer for the City of Sheboygan, and the City of Sheboygan shall maintain documentation reflecting such appointment. The Privacy Officer and Security office shall have overall responsibility for the development and implementation of the City of Sheboygan's HIPAA compliance program and the City of Sheboygan's HIPAA Policies and Procedures Manual, in addition to the responsibilities outlined herein.

### **3. PROCEDURE**

#### **A. Privacy Officer Responsibilities.** Privacy Officer responsibilities include:

##### **1. Policy and Procedure Management.**

- a. Maintain current knowledge of applicable federal and state privacy laws.
- b. Execute, manage, develop, implement, and update/revise the City of Sheboygan's HIPAA Policies and Procedures Manual and ensure that the integrity of the HIPAA Policies and Procedures Manual is maintained at all times.
- c. Monitor industry development, best practice, and OCR settlements and guidance related to privacy of PHI and recommend, as appropriate, for consideration by the City of Sheboygan's.
- d. Coordinate and facilitate the allocation of appropriate resources for the support of and the effective implementation of the HIPAA privacy compliance program.
- e. Coordinate with the City of Sheboygan's legal counsel, management, and City Administrator to ensure that the City of Sheboygan maintains appropriate privacy forms, notices, and other administrative materials in accordance with the City of Sheboygan's management and legal requirements.
- f. Monitor and evaluate, on no less than an annual basis, the success of the City of Sheboygan's HIPAA privacy compliance program.

- g. Report regularly to the City of Sheboygan's City Administrator regarding the status of the privacy policies.
- h. Provide Workforce members, Business Associates, Individuals, government agencies, and vendors with information relative to the City of Sheboygan's HIPAA Policies and Procedures Manual.

2. Individual Rights.

- a. Oversee the City of Sheboygan's policies for addressing Individual requests to obtain or amend records, restrict the means of communication, and obtain accountings of Disclosures and ensure compliance with the City of Sheboygan's policies and legal requirements regarding such requests.
- b. Establish and oversee grievance and appeals processes for denials of requests related to Individual access or amendments.

3. Complaint Management.

- a. Act as the point of contact for receiving, documenting, and tracking all complaints concerning privacy policies or procedures.
- b. Establish and administer a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the City of Sheboygan's HIPAA Policies and Procedures Manual in coordination and collaboration with other similar functions, and, when necessary, with legal counsel.

4. Training.

- a. Oversee and direct HIPAA and HITECH training and orientation to all Workforce members – and Business Associates and appropriate third parties as needed – to ensure all understand the City of Sheboygan's requirements and HIPAA Policies and Procedures Manual requirements relating to the Use and Disclosure of PHI.
- b. Initiate, facilitate, and promote activities to foster privacy information awareness within the City of Sheboygan.
- c. Maintain appropriate documentation of privacy training.
- d. Monitor attendance at all privacy policy training sessions and evaluate participants' comprehension of the information provided at training sessions.

5. Compliance.
  - a. Participate in the development and implementation of business associate agreements to ensure privacy concerns, requirements, and responsibilities are addressed. Maintain all business associate agreements and respond appropriately if problems arise.
  - b. Maintain necessary documentation in compliance with HIPAA.
  - c. Coordinate and participate in disciplinary actions related to the failure of Workforce members to comply with the City of Sheboygan's privacy policies and applicable law.
  - d. Cooperate with OCR, other legal entities, and organization officials in any compliance reviews or investigations.
  - e. Support management in the assigning of passwords and user identification codes for Access to PHI by authorized users.
  - f. Perform periodic privacy risk assessments and ongoing compliance monitoring activities at each of the City of Sheboygan's facilities/locations.
  - g. Act as point of contact for the City of Sheboygan's legal counsel in an ongoing manner and in the event of a reported violation.
6. Delegation of Responsibilities. The Privacy Officer may delegate certain job functions to be performed by other qualified individuals. However, the ultimate responsible for the City of Sheboygan's Privacy Rule and Breach Notification Rule compliance remains with the Privacy Officer.

**B. Security Officer Responsibilities.** Security Officer responsibilities include:

1. Policy and Procedure Management.
  - a. Maintain current knowledge of applicable federal and state privacy laws.
  - b. Maintain a current and appropriate body of knowledge necessary to perform the City of Sheboygan's information security management function.
  - c. Monitor industry development, best practice, and OCR settlements and guidance related to security of PHI and recommend, as appropriate, for consideration by the City of Sheboygan.
  - d. Maintain current knowledge of applicable federal and state privacy laws and accreditation standards and monitor advancements in

information security technologies for ensuring organizational adaptation and compliance.

- e. Execute, manage, develop, implement, and update/revise the City of Sheboygan's HIPAA Policies and Procedures Manual and ensure that the integrity of the HIPAA Policies and Procedures Manual is maintained at all times.
- f. Coordinate and facilitate the allocation of appropriate resources for the support of and the effective implementation of the HIPAA security compliance program.
- g. Monitor and evaluate, on no less than an annual basis, the success of the City of Sheboygan's HIPAA security compliance program.
- h. Report regularly to the City of Sheboygan's City Administrator regarding the status of the security policies.
- i. Provide Workforce members, Business Associates, Individuals, government agencies, and vendors with information relative to the City of Sheboygan's HIPAA Policies and Procedures Manual.

2. Oversight and Coordination.

- a. Manage and oversee the information security of the City of Sheboygan's ePHI.
- b. Monitor information security program compliance and effectiveness in coordination with other compliance and operational assessment functions of the City of Sheboygan.
- c. Serve as a member of or liaison to the City of Sheboygan's HIPAA privacy taskforce and information security liaison for users of clinical and administrative systems.
- d. Serve as information security consultant to the City of Sheboygan.
- e. Cooperate with OCR, other legal entities, and organization officials in any compliance reviews or investigations.

3. Security Management.

- a. Establish with management and operations a mechanism to track Access to PHI, within the scope of the City of Sheboygan and as Required by Law, and to allow qualified individuals to review or receive a report on such activity.

- b. Review all systems-related information security plans throughout the City of Sheboygan's network to ensure alignment between security and privacy practices and act as a liaison to the information systems department.
  - c. Certify that IT systems meet predetermined security requirements.
  - d. Strive to maintain high system availability.
  - e. Make recommendations for the improvement of operational and procedural changes.
4. Training. Oversee and direct security training and orientation to all Workforce members – and Business Associates and appropriate third parties as needed – to ensure all understand the City of Sheboygan's requirements and HIPAA Policies and Procedures Manual relating to the Use and Disclosure of PHI.
5. Compliance.
- a. As requested, participate in assessment of sanctions related to Workforce members' failure to comply with security policies, in cooperation with the Human Resources Department, the Privacy Officer, administration, and legal counsel, as applicable.
  - b. Initiate, facilitate, and promote activities to encourage information security awareness within the organization and related entities.
  - c. Conduct investigations of information security violations and work in coordination with management and external law enforcement to resolve these instances.
  - d. Review instances of noncompliance and work effectively and tactfully to correct deficiencies.
6. Delegation of Responsibilities. The Security Officer may delegate certain job functions to be performed by other qualified individuals. However, the ultimate responsible for the City of Sheboygan's Security Rule compliance remains with the Security Officer.

**C. Designation of Privacy Officer and Security Officer.**

1. Privacy Officer.

Name of Privacy Officer: Kelly Hendee  
Email Address: Kelly.Hendee@sheboyganwi.gov  
Phone Number: 920-459-3374

2. Security Officer.

Name of Security Officer: Matt Greenwood

Email Address: matt.greenwood@sheboyganwi.gov

Phone Number: 920-459-3351

<b>References</b>	45 C.F.R. § 164.308(a)(2) – Assigned Security Responsibility 45 C.F.R. § 164.530(a)(1) – Personnel Designations
<b>Attachments</b>	Privacy Officer Job Description and Security Officer Job Description
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	<b>November 4, 2024</b>
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.

## VII. COMPLIANCE TRAINING AND EDUCATION

### 1. PURPOSE

To help ensure that all relevant members of the City of Sheboygan's Workforce are trained on HIPAA, HITECH, and these HIPAA Privacy Policies and Procedure, and agree to abide by them in order to protect PHI from inappropriate Use and Disclosure.

### 2. POLICY

Relevant City of Sheboygan Workforce members will be required to complete training regarding the City of Sheboygan's HIPAA and HITECH compliance program within 30 days after commencing work and annually thereafter. The City of Sheboygan will also provide supplemental informal and/or formal training opportunities throughout the year, as appropriate in response to changes in the City of Sheboygan's HIPAA Policies and Procedures Manual, changes in the City of Sheboygan's security safeguarding measures or information technology resources, and in response to changes in industry standards or OCR settlements/guidance.

### 3. PROCEDURE

**A. Training.** The City of Sheboygan will provide or arrange for the provision of training to all Workforce members on the City of Sheboygan's HIPAA Policies and Procedures Manual with respect to PHI and ePHI as regulated by applicable state and federal law as necessary and appropriate for Workforce members to carry out their work functions. Training shall be provided to all Workforce members who have responsibilities involving Access to, Use, or Disclosure of PHI and other Workforce members deemed necessary within the discretion of the Privacy Officer.

1. Initial Training. Applicable new Workforce members will receive training within 30 days of commencing work with the City of Sheboygan (or within 30 days of commencing a job duty requiring Access to PHI). Training content will include, at a minimum: HIPAA and HITECH overview, state law preemption, privacy and security overview, Use and Disclosure of PHI, minimum necessary standard, permissible Uses and Disclosures of PHI, secure use of the City of Sheboygan's information systems and data, protection from malicious software, password management, Breach and Security Incident response, Breach notification, noncompliance and sanctions, non-retaliation, application of the City of Sheboygan's HIPAA Policies and Procedures Manual to job responsibilities, the identity and location of the City of Sheboygan's Privacy Officer and Security Officer, the requirement that all Workforce members report any potential violations of the City of Sheboygan's HIPAA Policies and Procedures Manual or the HIPAA Rules (whether caused by a Workforce member or service provider) to the Privacy Officer, and other information relative to the protection and security of PHI.



2. Refresher Training. All applicable Workforce members will complete additional training on topics specified by the Privacy Officer and Security Officer at least annually. When formatted as a live training, every effort will be made to offer multiple training sessions at days/times convenient for Workforce members. Sessions will be scheduled until all applicable Workforce members have attended a refresher HIPAA training. When formatted as an online training, Workforce members will be required, upon reviewing the materials, to complete an acknowledgment of training.
3. Additional Training. Additional training or updates, as deemed appropriate by the Privacy Officer and Security Officer, will take place for appropriate Workforce members within a reasonable time period upon the occurrence of:
  - a. Revisions to the City of Sheboygan's HIPAA Policies and Procedures Manual;
  - b. New information security controls implemented at the City of Sheboygan;
  - c. Changes to the City of Sheboygan's information security controls;
  - d. Changes in legal or business responsibilities;
  - e. New threats or risks to PHI;
  - f. Substantial change in federal or state law that affects current functions; or
  - g. Identified training need or area of non-compliance.

Periodic HIPAA reminders are distributed to Workforce members via email and/or ESS (Employee portal).

Specific HIPAA/HITECH training will take place, as needed, for Workforce members whose job responsibilities require specific knowledge in order to comply with complex laws, regulations, or concepts.

4. Management Responsibility. Workforce members who manage and supervise others are responsible for ensuring that the individuals they supervise attend training, receive information, and understand the City of Sheboygan's HIPAA Policies and Procedures Manual.
5. Scheduling. When formatted as a live training, every effort will be made to offer multiple training sessions at days/times convenient for Workforce members. Sessions will be scheduled until all applicable Workforce members have attended training. All Workforce members are expected to make every effort to attend training sessions.

**B. Privacy Awareness and Training Plan.**

1. Workforce Training. Each Workforce member who has responsibilities involving the creation, Access to, Use, or Disclosure of PHI will receive training to safeguard PHI and protect the confidentiality and privacy of PHI.
2. Privacy Training Program. The City of Sheboygan has developed, implemented, and regularly reviews a documented program for providing timely and appropriate HIPAA training to Workforce members.
3. Privacy Training Materials. All Workforce members are provided sufficient regular training and supporting reference material to enable them to appropriately identify and protect the confidentiality and privacy of PHI. Such training will include but is not limited to:
  - a. An overview of the Privacy Rule relative to the identification and protection of PHI;
  - b. A review of all appropriate the City of Sheboygan HIPAA policies, procedures, and standards;
  - c. The identity and location of the City of Sheboygan’s HIPAA Privacy Officer;
  - d. Application of the City of Sheboygan’s policies and procedures to job responsibilities;
  - e. The requirement that all Workforce members report any potential violations of the City of Sheboygan’s policies and procedures or the HIPAA Rules, whether caused by a Workforce member or a service provider, to the Privacy Officer;
  - f. Permissible Uses and Disclosures of PHI; and
  - g. Other appropriate information relative to the protection of PHI.

**C. Security Awareness and Training Plan.**

1. Workforce Training. Each Workforce member who has access to the City of Sheboygan’s information systems will receive training to protect Confidentiality, Integrity, and Availability of all systems.
2. Security Training Program. The City of Sheboygan has developed, implemented, and regularly reviews a documented program for providing timely and appropriate security training and awareness to Workforce members.

3. Security Training Materials. All Workforce members are provided sufficient regular training and supporting reference materials to enable them to appropriately protect ePHI. Such training will include but is not limited to:
  - a. An overview of the Security Rule relative to the Safeguarding of ePHI;
  - b. A review of all appropriate the City of Sheboygan HIPAA policies, procedures, and standards;
  - c. The identity and location of the City of Sheboygan's Security Officer;
  - d. Application of the City of Sheboygan's policies and procedures to job responsibilities;
  - e. The requirement that all Workforce members report any potential violations of the City of Sheboygan's policies and procedures or the HIPAA Rules, whether caused by a Workforce member or a service provider, to the Security Officer;
  - f. The secure use of the City of Sheboygan's information systems, e.g., log-on procedures (See Log-in Monitoring Policy and Procedure, Password Management Policy and Procedure, and Computer Terminals/Workstations Policy and Procedure);
  - g. Significant risks to the City of Sheboygan information systems and data;
  - h. The City of Sheboygan's legal and business responsibilities for protecting its information systems and data; and
  - i. Security best practices.
4. Protection from Malicious Software. The City of Sheboygan regularly trains and reminds its Workforce members about its process for guarding against, detecting, and reporting malicious software that poses a risk to its information systems and data. (See Protection from Malicious Software Policy and Procedure.)
5. Emergency Response. The City of Sheboygan regularly trains its Workforce members about its process for disaster preparedness and emergency response processes. (See Contingency Planning & Recovery Strategy Policy and Procedure.)

6. Password Management. The City of Sheboygan regularly trains and reminds its Workforce members about its process for creating, changing, and safeguarding passwords.
7. Current Training. All Workforce members responsible for implementing Safeguards to protect information systems receive formal training that enables them to stay up to date on current security practices and technology.
8. Security Reminders. The City of Sheboygan will periodically distribute security reminders to all applicable Workforce members. Security reminders will address security topics, including but not limited to: information security policies, information security controls and processes, risks to information systems and ePHI, security best practice, and the City of Sheboygan's information, security, legal, and business responsibilities.

**D. Third Party Training.** Business Associates are informed about and provided access to the City of Sheboygan's standards as needed. Third parties that Access the City of Sheboygan's information systems or data are informed and are provided access to applicable the City of Sheboygan standards.

**E. Policy and Procedure Accessibility.** The HIPAA Policies and Procedures Manual is readily available for reference and review by Workforce members.

**F. Documentation.**

1. Acknowledgement. Each Workforce member attending individualized or small group initial training will be required to sign an Acknowledgement of Initial Training Form. Before being allowed access to PHI, all newly hired Workforce members – and Workforce members new to a position requiring access to PHI – shall be required to provide such Acknowledgement of Initial Training.

Each Workforce member attending the refresher HIPAA training will be required to sign an Education and Training Attendance Form. The Privacy Officer will maintain a record of attendance at all HIPAA trainings, supplemental/informal education, and reminders for a minimum of six years.

2. Materials. The Privacy Officer will maintain materials presented at each education session (initial, refresher, periodic), whether presented in live or electronic form, for a minimum of six years from the date of its creation or the date when it was last in effect, whichever is later.

<b>References</b>	45 C.F.R. § 164.306(a)(4) – Security Standards. General Rules 45 C.F.R. § 164.308(a)(5)(i)-(ii) – Security Awareness and Training 45 C.F.R. § 164.530(b) – Training 45 C.F.R. § 164.530(j)(1)(i) – Documentation Log-in Monitoring Policy and Procedure Password Management Policy and Procedure Computer Terminals/Workstations Policy and Procedure Contingency Planning & Recovery Strategy Policy and Procedure Protection from Malicious Software Policy and Procedure Retention of HIPAA Documentation Policy and Procedure Sanction and Discipline Policy and Procedure
<b>Attachments</b>	Acknowledgement of Initial Training Form Education and Training Attendance Form
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	<b>October 24, 2024</b>
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.

## VIII. SANCTION AND DISCIPLINE POLICY

### 1. PURPOSE

The City of Sheboygan will ensure that all Workforce members comply with the City of Sheboygan's privacy and security policies and procedures and also applicable provisions of HIPAA, HITECH, and the HIPAA Rules by applying sanction and disciplinary actions appropriate to the breach of policy. This Policy establishes guidelines for such actions.

### 2. POLICY

Failure to comply with the City of Sheboygan's Policies and Procedures Manual and HIPAA compliance program will result in disciplinary action against the individual committing the violation.

This Policy assists the City of Sheboygan's supervisors and managers of different Workforce members with different discipline processes, sets forth general practices and policies of The City of Sheboygan that should be followed in consultation with the City Administrator, and notifies all Workforce members of consequences for misconduct or violations of The City of Sheboygan's HIPAA Policies and Procedures Manual.

### 3. PROCEDURE

**A. Sanction/Discipline Policy.** A Workforce member's failure to comply with the City of Sheboygan's HIPAA Policies and Procedures Manual or with the applicable provisions of HIPAA, HITECH, or the HIPAA Rules will be addressed in a timely manner. The City of Sheboygan's HIPAA Policies and Procedures Manual will be enforced consistently across the City of Sheboygan.

**B. Duty to Report.** A Workforce member who fails to report either an actual or suspected violation will have violated the City of Sheboygan's HIPAA Policies and Procedures Manual and may be subject to disciplinary action in accordance with this Policy.

**C. Initial Assessment.** The Privacy Officer is responsible for conducting an initial determination. If complaints or concerns are verified, the complaint/concern may indicate a violation of the City of Sheboygan's HIPAA Policies and Procedures Manual or applicable provisions of HIPAA, HITECH, or the HIPAA Rules.

**D. Sanction/Discipline Procedure.** Complaints against and concerns regarding a Workforce member will be discussed with the individual in question by the Privacy Officer and, if deemed appropriate, will be investigated by the Privacy Officer and City Administrator.

1. Fair and impartial levels of sanctions will be assessed on a case-by-case basis based on the type and magnitude of violation, the specific circumstances of the violation, prior performance reviews and non-compliance, previous education provided, as well as whether the violation

was intentional or non-intentional. Sanctions will be imposed consistently across the City of Sheboygan.

2. Disciplinary action/sanctions may be up to and include termination of employment or of the business relationship, as appropriate. Disciplinary action/sanctions include singularly or in combination (non-exhaustive list):
  - a. Attendance and successful completion of additional training;
  - b. Verbal reprimand by the individual’s immediate supervisor, with summary documentation in the individual’s personnel file;
  - c. Written warning to the individual’s personnel file;
  - d. Termination of Access to PHI;
  - e. Administrative leave without pay; and
  - f. Termination.
3. Final determination of disciplinary action will be as deemed appropriate by City Administrator upon the recommendation of the Privacy Officer and/or Security Officer (as appropriate), presented to the individual and the individual’s immediate supervisor (as appropriate), and documented in the personnel file.
4. Notwithstanding this Section D, the Privacy Officer and City Administrator retains discretion to deviate from defined procedures based on the particular facts and circumstances. Each violation will be handled on an individual basis to ensure that disciplinary actions/sanctions are proportional to the severity of the violation.

**E. Reporting.** The City of Sheboygan shall report sanctions to appropriate regulatory and licensing bodies in compliance with applicable law.

**F. Violation of State or Federal Confidentiality Laws and Regulations.** Workforce members who knowingly and willfully violate state or federal law for improper Use or Disclosure of an Individual’s information may be subject to investigation, prosecution, and/or civil monetary penalties.

**G. Documentation.** The Privacy Officer will maintain documentation related to compliance enforcement and sanction activities for a minimum of six years from the date of the sanction.

<b>References</b>	45 C.F.R. § 160.316 – Refraining From Intimidating or Retaliatory Acts 45 C.F.R. § 164.308(a)(1)(ii)(C) – Sanction Policy 45 C.F.R. § 164.530(e)(1)-(2) – Sanctions and Documentation 45 C.F.R. § 164.530(j)(2) – Documentation
<b>Attachments</b>	N/A
<b>Responsible Senior Leader</b>	City Administrator

<b>Effective Date</b>	<b>November 4, 2024</b>
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.



## **IX. REFRAINING FROM INTIMIDATING OR RETALIATORY ACTS**

### **1. PURPOSE**

The City of Sheboygan is committed to protecting the privacy of Individuals as mandated by applicable federal and state laws and expects its Workforce members to report actual or suspected violations of confidentiality laws without fear of intimidation or retaliation.

### **2. POLICY**

The City of Sheboygan will refrain from threatening, intimidating, coercing, harassing, discriminating against, or taking any other retaliatory action against any Workforce member or other individual for the exercise of any right under, or for participation in any process permitted or required by, HIPAA.

### **3. PROCEDURE**

**A. Non-Retaliation for Exercising Rights or Reporting Actual or Suspected Violations.** The City of Sheboygan will not retaliate against any Workforce member or other individual for:

1. Exercising any right granted under, or participating in any process established by, applicable state or federal confidentiality laws or regulations, including those rights and processes mandated in HIPAA;
2. Filing a complaint about an improper or unauthorized Use or Disclosure of PHI to the City of Sheboygan Workforce member or with the Secretary;
3. Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing related to HIPAA; or
4. Opposing in good faith, any act or practice made unlawful by HIPAA as long as the manner of the opposition is reasonable and does not cause Use or Disclosure of PHI in violation of HIPAA.

**B. Open Door Policy.** The City of Sheboygan will maintain an “open door policy” at all levels of management to encourage Workforce members to report actual or suspected problems and concerns.

**C. Duty to Report.** Any Workforce member who observes or becomes aware of or suspects a wrongful Use or Disclosure of PHI is expected to report his/her suspicion, concern, or the wrongful Use or Disclosure of PHI as soon as possible to his/her supervisor, the Privacy Officer, or the Security Officer. A Workforce member who makes a report of suspected or actual improper Use or Disclosure in good faith will not be retaliated against for making the report.

<b>References</b>	45 C.F.R. § 160.316 – Refraining From Intimidation or Retaliation Sanction and Discipline Policy and Procedure
<b>Attachments</b>	N/A
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	<b>November 4, 2024</b>
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.

## **X. RETENTION OF HIPAA DOCUMENTATION**

### **1. PURPOSE**

To establish a policy on the retention of the City of Sheboygan's HIPAA compliance-related documents.

### **2. POLICY**

The City of Sheboygan shall maintain all HIPAA required documentation for a period of at least six years from the date of its creation, or the date on which the document was last in effect, whichever is later.

This Policy does *not* apply to the retention of PHI or medical records. Retention of PHI and medical records is governed by The City of Sheboygan's Record Retention follows Municipal Code Section 2-804.

### **3. PROCEDURE**

**A. Retention.** The City of Sheboygan shall maintain all documents and records created as HIPAA compliance-related documents for a period of at least six years from the date of its creation, or the date on which the document was last in effect, whichever is later.

See the City of Sheboygan's Record Retention Policy which follows Municipal Code Section 2-804 for retention schedules.

**B. Compliance Documents.** HIPAA compliance-related documents include:

1. Documentation of any action, activity, or assessment performed pursuant to HIPAA or HITECH compliance.
2. Risk assessment and risk management materials created pursuant to the Risk Analysis and Risk Management Policy and Procedure.
3. Documentation that identifies the:
  - a. Name, telephone number and address of the City of Sheboygan's HIPAA Privacy Officer and Security Officer;
  - b. Name, title, telephone number and address of the individual responsible for receiving complaints;
  - c. Name, title, telephone number and address of the individual responsible for obtaining and processing Access, Use, and Disclosure of PHI requests; and

- d. Name, title, telephone number and address of the individual responsible for receiving and processing amendment of PHI requests.
4. Methods by which PHI will be De-identified.
5. Sanctions imposed against Workforce members or others who violate the City of Sheboygan’s HIPAA Policies and Procedures Manual, HIPAA, HITECH, or the HIPAA Rules.
6. All signed Authorizations and agreed to restrictions.
7. Copies of all Notices of Privacy Practices, including any revisions to such Notices of Privacy Practices.
8. Acknowledgements of the receipt by Individuals of the City of Sheboygan’s Notice of Privacy Practices and documentation of any refusals to acknowledge such receipt.
9. Accounting of Disclosure logs.
10. All complaints received and their dispositions.
11. Copies of the City of Sheboygan’s HIPAA Policies and Procedures Manual, including all revisions and versions thereof.

Documents may be added or deleted from the above listing as may become necessary by law or as may be established by the City of Sheboygan.

**C. Longer Retention.** Certain HIPAA documentation may require a record retention period longer than the standard retention period outlined above. These documents include destruction of PHI logs, which shall be maintained permanently.

**D. Identifying/Storage of Documents.** The Privacy Officer is responsible for identification and storage of records, electronic files, etc. for purposes of complying with this Policy.

<b>References</b>	45 C.F.R. § 164.530(j) – Documentation Record Retention Policy, Employee Handbook Sanction and Discipline Policy and Procedure Risk Analysis and Risk Management Policy and Procedure
<b>Attachments</b>	N/A
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	<b>November 4, 2024</b>
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.

## XI. DESTRUCTION/DISPOSAL OF PHI

### 1. PURPOSE

To describe the appropriate methods for disposal and destruction of PHI.

### 2. POLICY

The City of Sheboygan strives to ensure the privacy and security of all PHI in the maintenance, retention, and eventual destruction/disposal of such information. Destruction/disposal of this information in whatever format shall be carried out as described in this Policy, but always in a manner that leaves no possibility for reconstruction of PHI.

This Policy describes *how* records shall be disposed of/destroyed. *When* records may be disposed of/destroyed is outlined in the City of Sheboygan's Record Retention Policy follows Municipal Code Section 2-804.

#### PROCEDURE.

**A. Destruction/Disposal Generally.** All destruction/disposal of PHI will be done in accordance with applicable federal and state law and any applicable record retention schedule of the City of Sheboygan. Records containing PHI that have satisfied the period of retention may be destroyed/disposed of by an appropriate method as described in this Policy.

**B. Suspension of Destruction/Disposal.** Records involved in any open investigation, audit, or litigation must not be destroyed/disposed of. If the City of Sheboygan receives notification that any of the above situations have occurred or there is the reasonable potential for such or if the City of Sheboygan anticipates that any of the above situations will occur, the record retention schedule shall be suspended for these records until such time as the situation has been resolved and the continuation of destruction/disposal has been authorized by the City Administrator

If any Workforce member learns of any of the above situations, such Workforce member shall immediately inform the City Administrator, who shall in turn notify the Privacy Officer, Security Officer, corporate counsel, and/or outside counsel as appropriate.

If records have been requested in the course of a judicial or administrative hearing, the Privacy Officer will determine if a qualified protective order should be obtained to ensure that the records are returned to the City of Sheboygan or properly destroyed/disposed of by the requesting party.

**C. Non-Originals.** Records containing PHI that are not originals and that have no retention requirements (e.g., provider copies, shadow charts, etc.) will be destroyed/disposed of by shredding or other comparable method determined by each department. Certification of destruction of non-originals is not required.

**D. Securing Records.** Records containing PHI scheduled for destruction/disposal will be secured against unauthorized or inappropriate access until the destruction/disposal of PHI is complete.

**E. Record of Destruction/Disposal of Originals.** A record of all destruction/disposal of original records/documents containing PHI will be made and retained permanently in accordance with the City of Sheboygan's Retention of HIPAA Documentation Policy and Procedure. Permanent retention is required because the records of destruction/disposal may be needed to demonstrate that the records containing PHI were destroyed/disposed of in the regular course of business. Records of destruction/disposal shall include:

1. Date of destruction/disposal.
2. Method of destruction/disposal.
3. Description of the destroyed/disposed record series or medium.
4. Inclusive dates covered.
5. A statement that the records containing PHI were destroyed/disposed of in the normal course of business.
6. The names, titles, and signatures of the individuals supervising and witnessing the destruction/disposal (when appropriate).

(See Exhibit 1-X Sample Certificate of Destruction.)

**F. Contracted Services.** If destruction/disposal services are contracted, the contract shall:

1. Specify the method of destruction/disposal (which must be consistent with those set forth in this Policy).
2. Specify the time that will elapse between the acquisition and destruction/disposal of data/media.
3. Establish Safeguards against breaches in confidentiality.
4. Provide proof of destruction/disposal.
5. Include a BAA in compliance with the City of Sheboygan's Business Associates and Business Associate Agreement Policy and Procedure.

- G. Methods of Destruction/Disposal.** PHI will be destroyed/disposed of using a method that ensures the PHI cannot be recovered or reconstructed. Appropriate methods for destruction/disposal are as follows:

<b>Medium</b>	<b>Destruction/Disposal Method</b>
Audiotapes	Methods for destroying/disposing of audiotapes include recycling (tape over) or pulverizing.
Computerized Data/ Computers & Hard Disk Drives (including within some fax machines and copiers)	Methods of destruction/disposal should destroy/dispose of data permanently and irreversibly. Methods may include overwriting data with a series of characters or reformatting the disk (destroying everything on it). Deleting a file on a disk does not destroy/dispose of the data, but merely deletes the filename from the directory, preventing easy access and making the sector available on the disk so it may be overwritten. Total data destruction/disposal does not occur until the back-up tapes have been overwritten.
Computer Data/Magnetic Media	Methods may include overwriting data with a series of characters or reformatting the tape (destroying everything on it). Total data destruction does not occur until the back-up tapes have been overwritten. Magnetic degaussing will leave the sectors in random patterns with no preference to orientation, rendering previous data unrecoverable.
Computer Disks	Methods for destroying/disposing of disks include reformatting, pulverizing, or magnetic degaussing.
Laser Disks	Disks used in “write once-read many” (WORM) document imaging cannot be altered or reused, making pulverization an appropriate means of destruction/disposal.
Microfilm/Microfiche	Methods for destroying/disposing of microfilm or microfiche include recycling and pulverizing.
Paper Records	Paper records should be destroyed/disposed of in a manner that leaves no possibility for reconstruction of information. Appropriate methods for destroying/disposing of paper records include: burning, shredding, pulping, and pulverizing.
Videotapes	Methods for destroying/disposing of videotapes include recycling (tape over) or pulverizing.

- H. Additional Information on Disposal of Discarded Paper Containing PHI.** On occasion, when copying or faxing documents containing PHI, additional copies are made that are not subject to a retention schedule (because they are copies, not

originals) and that may be disposed of immediately after the purpose for which they were made has been fulfilled. Such paper copies may be disposed of in recycle bins or waste receptacles only as described below:

1. Unsecured recycle bins/waste receptacles should be located only in areas where the public will not be able to access them.
2. When possible, dispose of paper waste containing PHI in receptacles that are secured by locking mechanisms or that are located behind locked doors after regular business hours.
3. Locked recycle bins/waste receptacles must be used to dispose of paper waste containing PHI in unsecure or unattended areas.
4. Paper documents containing PHI may be placed in recycle bins/waste receptacles as described above only if the paper in such bins or receptacles will be disposed of in a manner that leaves no possibility for reconstruction of the information as described in the chart above.

**I. Review.** The methods of destruction/disposal will be reassessed periodically, based on current technology, accepted practices, and availability of timely and cost-effective destruction/disposal services.

**J. Device Disposal.** Destruction/disposal of devices containing ePHI shall be in accordance with the Device and Media Controls: Disposal Policy and Procedure.

<b>References</b>	45 C.F.R. § 164.310(d)(2)(i) – Device and Media Controls Disposal 45 C.F.R. § 164.530(c) – Safeguards Wis. Stat. § 146.817 – Fetal Tracings Wis. Stat. § 146.819 – Disposition of Records-Cease Practice Wis. Stat. § 895.505 – Disposal of Records Record Retention Policy, Employee Handbook Business Associates and Business Associate Agreement Policy and Procedure Retention of HIPAA Documentation Policy and Procedure Device and Media Controls: Disposal Policy and Procedure Sanction and Discipline Policy and Procedure
<b>Attachments</b>	Sample Certificate of Destruction
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	<b>November 4, 2024</b>
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.



## **XII. BUSINESS ASSOCIATES AND BUSINESS ASSOCIATE AGREEMENTS**

### **1. PURPOSE**

To establish a policy and procedure to identify Business Associates and Subcontractors and obtain written assurances from those Business Associates and Subcontractors in order for The City of Sheboygan to document vendor Safeguarding of PHI.

### **2. DEFINITIONS**

Capitalized terms used but not defined in this Policy shall have the meaning set forth in the City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

### **3. POLICY**

The City of Sheboygan will enter into BAAs in compliance with the relevant provisions of HIPAA and HITECH to establish permitted and required Uses and Disclosures of PHI. These BAAs must be entered into following the specifications of 45 C.F.R. § 164.504(e).

The City of Sheboygan will allow its Business Associates to create, receive, maintain, and transmit PHI on its behalf if the City of Sheboygan obtains satisfactory written assurances that the Business Associate will appropriately maintain the privacy and security of the PHI and fulfill HIPAA and HITECH Business Associate obligations and any additional privacy, security, and/or breach Safeguarding requirements established by the City of Sheboygan.

### **4. PROCEDURE**

**A. Identification of Business Associates.** The City of Sheboygan shall ensure that all of the City of Sheboygan's Business Associates have written, valid, executed BAAs in place.

1. BAA Needed. A BAA is needed with all Business Associates. Services include, but are not limited to, claims processing or administration, data analysis, data processing or administration, utilization review, quality assurance, patient safety activities (as defined at 42 C.F.R. § 3.20), billing, benefit management, practice management, repricing, legal, actuarial, accounting, consulting, Data Aggregation, management, administrative, accreditation, or financial services. At a minimum, persons or organizations that provide the following types of services involving the creation, receipt, maintenance, transmission, Access to, Use or Disclosure of PHI are considered Business Associates:

- a. Health Care Clearinghouse.
- b. Fundraising or Marketing entity.
- c. Data analysis or Data Aggregation of any kind, including services that De-identify PHI.

- d. Professional services, such as consulting, legal, accounting, auditing, actuarial, management or administration, or financial.
- e. Accreditation.
- f. Electronic data processing, including hardware or software maintenance.
- g. Photocopying medical records and other sources of PHI.
- h. Document shredding/destruction.
- i. Repricing (such as performed by a preferred provider organization to apply negotiated discounts to claims).
- j. Storage of PHI (both paper and electronic).
- k. Outsourcing services, such as billing or collections.
- l. Website hosting.
- m. Collection of PHI from Individuals.
- n. Vendor of PHI for the City of Sheboygan.
- o. Health information exchange organization.
- p. Regional health information organization.
- q. E-prescribing gateway.
- r. Other persons or entities that facilitate data transmission for PHI and that require routine access to PHI.
- s. Persons or entities that offer a personal health record to one or more Individuals on behalf of the City of Sheboygan.

In addition, if the City of Sheboygan is conducting business with a vendor that provides data transmission services of PHI and requires access to such information (e.g., health information exchange; regional health information organization, or e-prescribing gateway) or a vendor that allows the City of Sheboygan to offer Workforce members access to a personal health record, that vendor will be treated as a Business Associate.

2. BAA Exceptions. A BAA is not required in the following situations:

- a. Disclosure of PHI to a health care provider for Treatment purposes;
- b. Disclosures of PHI to an Individual's insurer for Payment purposes;

- c. With members of the City of Sheboygan’s OHCA(s), as applicable;
  - d. With members of the City of Sheboygan’s Workforce;
  - e. Private or public courier service;
  - f. Disclosures of Limited Data Set (however, a Data Use Agreement is required and should be completed in accordance with Section B of this Policy and the Limited Data Sets and Data Use Agreement Policy and Procedure);
  - g. Disclosures to researchers for Research purposes, provided that appropriate consent has been obtained from Research subjects or a Waiver of Authorization has been obtained from the Institutional Review Board acting as the Privacy Board and consistent with the City of Sheboygan’s Uses and Disclosures of PHI for Research Purposes Policy and Procedure, as applicable;
  - h. Disclosures to financial institutions for the purpose of (i) processing consumer-conducted financial transactions by debit, credit, or other payment, (ii) clearing, checking, initiating, or processing electronic fund transfers, or (iii) conducting any other activity that directly facilitates or effects the transfer of funds for payment for health care or health plan premiums.
3. Confidentiality. Contractors that do not require PHI in order to fulfill their contractual responsibilities to the City of Sheboygan are not considered Business Associates. However, because such contractors may encounter PHI incidentally in the process of performing their duties under their contracts, and because the City of Sheboygan has a duty to Safeguard PHI, all of the City of Sheboygan’s contracts for services will contain a basic confidentiality clause.
  4. Subcontractors. Subcontractors that create, receive, maintain, or transmit PHI on behalf of a Business Associate are also Business Associates. However, the City of Sheboygan is not required to enter into a BAA with a Business Associate that is a Subcontractor. Instead, the City of Sheboygan’s Business Associate must obtain satisfactory assurances in the form of a written contract or other arrangement with the Subcontractor.
  5. Content of BAAs. The City of Sheboygan’s BAAs will include, at a minimum, all terms required in BAAs pursuant to HIPAA and HITECH and the terms outlined in this Policy. The City of Sheboygan reserves the right to add any additional terms to its BAAs as it deems reasonable and appropriate.
  6. Verification of Secure Practices. Depending on the potential risks to the security of the City of Sheboygan’s PHI as determined by a risk analysis,

the City of Sheboygan may require verification of secure practices by the Business Associate, including the provision of documentation of secure practices and/or documentation of reviews of secure practices by a qualified third party.

**B. Data Use Agreement.** A Data Use Agreement, and not a BAA, is required with any third party or Business Associate to whom the City of Sheboygan will Disclose a Limited Data Set. See the City of Sheboygan’s Limited Data Sets and Data Use Agreements Policy and Procedure for more information on Data Use Agreements.

**C. BA Agreements.**

1. Disclosure of PHI. No member of the City of Sheboygan’s Workforce is permitted to Disclose PHI to a Business Associate or Subcontractor (collectively, “BA”) or to allow a BA to Access or obtain PHI on behalf of the City of Sheboygan unless a BAA has been executed between the City of Sheboygan and the BA. The BAA must include provisions that meet the standards listed in this Policy. The BA must sign the BAA prior to performing any services. No Access to PHI will be allowed, no account will be set up, and no money will be paid for products or services until the BAA is signed.
2. Negotiation and Execution of BAAs.
  - a. Any BAA that does not follow the City of Sheboygan’s template shall be reviewed and approved by The City of Sheboygan’s Privacy Officer or his/her designee or the City Administrator before the City of Sheboygan may execute the BAA.
  - b. Any BAA that authorizes De-identification, Data Aggregation, or Access to sensitive PHI by a BA must be authorized by the City of Sheboygan’s Privacy Officer.
  - c. The Privacy Officer and City Administrator are authorized to sign BAAs on behalf of the City of Sheboygan.
3. Contract Renewal. Contract renewal will be monitored for continued HIPAA compliance by the Privacy Officer.
4. Retention. BAAs and any appropriate supporting documentation shall be retained for a period of at least six years after the expiration or termination of the Business Associate relationship, which for purposes of this Policy will include such time after a BAA is terminated but the BA still maintains any PHI due to the infeasibility of return or destruction.

<b>References</b>	45 C.F.R. § 160.103 – Definitions 45 C.F.R. § 164.314(2)(i) – Business Associate Agreement 45 C.F.R. § 164.502(e) – Disclosures to Business Associates 45 C.F.R. § 164.504(e)(2) – Business Associate Agreement 45 C.F.R. § 164.514(e) – Limited Data Set 45 C.F.R. § 164.532 – Permission for Research Limited Data Sets and Data Use Agreements Policy and Procedure Sanction and Discipline Policy and Procedure
<b>Attachments</b>	Template Business Associate Agreement (For Use When The City of Sheboygan is a Covered Entity) Template Subcontractor Business Associate Agreement (For Use when The City of Sheboygan is a Business Associate with a Downstream Subcontractor)]
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	<b>November 4, 2024</b>
<b>Review Dates</b>	N/A, to be revised whenever reviewed, even if no changes were made.
<b>Revisions</b>	N/A, to be revised whenever reviewed, even if no changes were made.

### **XIII. LIMITED DATA SETS AND DATA USE AGREEMENTS**

#### **1. PURPOSE**

To establish a policy and procedure for the Use and Disclosure of Limited Data Sets and use of Data Use Agreements.

#### **2. DEFINITIONS**

Capitalized terms used but not defined in this Policy shall have the meaning set forth in The City of Sheboygan's HIPAA Policies and Procedures Manual Glossary.

#### **3. POLICY**

In accordance with the requirements of the HIPAA Rules, the City of Sheboygan may Use PHI to create a Limited Data Set and may Disclose PHI in the Limited Data Set to a recipient if the recipient and the City of Sheboygan have entered into a Data Use Agreement.

#### **4. PROCEDURE**

**A. Using PHI to Create a Limited Data Set.** The City of Sheboygan may Use PHI to create a Limited Data Set, or may Disclose PHI to a Business Associate to create a Limited Data Set, regardless of whether the Limited Data Set is to be Used by the City of Sheboygan or another recipient.

**B. Use of a Limited Data Set.** The City of Sheboygan may Use or Disclose a Limited Data Set to a recipient only for the purposes of Research, public health, or Health Care Operations, and only if the City of Sheboygan enters into a Data Use Agreement with the recipient.

If the City of Sheboygan wishes to Disclose any of the following information (related to an Individual or any relative, employer, or household members of the Individual) to the recipient, a Data Use Agreement cannot be used:

1. Names;
2. Postal address information, other than town or city, state, and zip code;
3. Telephone numbers;
4. Fax numbers;
5. Electronic mail addresses;
6. Social security numbers;
7. Medical record numbers;

8. Health plan beneficiary numbers;
9. Account numbers;
10. Certificate/license numbers;
11. Vehicle identifiers and serial numbers, including license plate numbers;
12. Device identifiers and serial numbers;
13. Web Universal Resource Locators (URLs);
14. Internet Protocol (IP) address numbers;
15. Biometric identifiers, including finger and voice prints; or
16. Full face photographic images and any comparable images.

If any of the above elements will be disclosed, a BAA may be necessary. Please see the City of Sheboygan's Business Associates and Business Associate Agreement Policy and Procedure for more information on when a BAA may be necessary.

**C. Data Use Agreement Contents.**

1. The City of Sheboygan must obtain satisfactory assurances from the intended recipient of the Limited Data Set by entering into a Data Use Agreement prior to the Disclosure of the Limited Data Set to the recipient.
2. The Data Use Agreement must document that the recipient will only Use and Disclose the Limited Data Set for limited purposes.
3. The Data Use Agreement between the City of Sheboygan and the Limited Data Set recipient must be reviewed by Privacy Officer and meet the following requirements:
  - a. Be in writing and signed by the City of Sheboygan and the Limited Data Set recipient prior to providing Access to the Limited Data Set;
  - b. Establish the permitted Uses and Disclosures of the Limited Data Set by the recipient, which must be consistent with limiting its Use and Disclosure to Research, public health, or Health Care Operations;
  - c. May not authorize the recipient to Use or further Disclose the information in any manner that would violate HIPAA or HITECH if done by the City of Sheboygan;
  - d. Establish who is permitted to Use or receive the Limited Data Set; and

- e. Provide that the recipient will:
  - i. Not Use or Further Disclose the Limited Data Set other than as permitted by the Data Use Agreement or as otherwise Required by Law;
  - ii. Use appropriate Safeguards to prevent Use or Disclosure of the Limited Data Set other than as provided for by the Data Use Agreement;
  - iii. Report to The City of Sheboygan any Use or Disclosure of the Limited Data Set not provided for by the Data Use Agreement of which it becomes aware;
  - iv. Ensure that any agents to whom the recipient provides the Limited Data Set agree to the same restrictions and conditions that apply to the recipient with respect to the Limited Data Set; and
  - v. Not identify the Limited Data Set or contact the Individuals.

The City of Sheboygan reserves the right to add any additional terms to its Data Use Agreements as it deems reasonable and appropriate.

In the event The City of Sheboygan learns of a Limited Data Set recipient’s pattern of activity or practice that constitutes a material Breach or violation of the Data Use Agreement, the City of Sheboygan will take steps to cure the Breach, end the violation and discontinue Disclosure of PHI to the recipient.

<b>References</b>	45 C.F.R. § 164.514(e) – Limited Data Set 45 C.F.R. § 164.530 – Administrative Requirements Business Associates and Business Associate Agreement Policy and Procedure Sanction and Discipline Policy and Procedure
<b>Attachments</b>	n/a
<b>Responsible Senior Leader</b>	City Administrator
<b>Effective Date</b>	<b>November 4, 2024</b>
<b>Review Dates</b>	<b>November 1st of even years</b>
<b>Revisions</b>	