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COUNTY OF LOS ANGELES

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Chief Executive Officer

Fesia A. Davenport

"To Enrich Lives Through Effective and Caring Service"

November 06, 2024

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF NEW BOARD POLICIES – REQUIREMENTS FOR THE COUNTY'S
HEALTHCARE COMPONENT DEPARTMENTS TO COMPLY WITH THE HEALTH INSURANCE
PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
(ALL DISTRICTS) (3 VOTES)**

SUBJECT

Recommendation by the Chief Executive Officer to approve the new Board of Supervisors (Board) Policies to establish minimum requirements for the County of Los Angeles' (County) healthcare component departments to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and its implementing regulations.

IT IS RECOMMENDED THAT THE BOARD:

Approve the enclosed Board Policies to establish minimum HIPAA compliance requirements pertaining to the County's Healthcare Component Departments.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The proposed Board Policies will comprehensively establish minimum requirements for the County's Healthcare Component Departments to comply with HIPAA, and to implement and maintain policies and procedures with respect to Protected Health Information (PHI). These proposed policies will ensure that all County departments within the County's healthcare component have requisite HIPAA policies and ensure enterprise-wide regulatory compliance.

In addition, the newly established Justice, Care and Opportunities Department (JCOD) is coordinating to join the Healthcare Component as a Covered Entity, thereby, making it subject to HIPAA requirements and will benefit from the establishment of these Board Policies. Therefore, the

Office of Privacy, within the Chief Executive Office – Risk Management Branch, now seeks to comprehensively address this compliance requirement through the establishment of Board Policies.

In 1996, Congress enacted HIPAA to improve the efficiency and effectiveness of the health care system. HIPAA requires the Secretary of the United States Department of Health and Human Services (HHS) to publicize standards for the electronic exchange, privacy, and security of health information. Since 2000, HHS issued the Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) and the Security Standards for the Protection of Electronic Protected Health Information (the Security Rule). HHS further modified HIPAA and the Privacy and Security Rules under the Health Information Technology for Economic and Clinical Health Act of 2009, and again in 2013 with the Omnibus Rule, and issued the Breach Notification Rule. The Privacy, Security, and Breach Notification Rules are collectively referred to as the HIPAA Rules.

On January 7, 2003, the Board approved a series of actions required to implement the HIPAA Privacy Rule. These actions included declaring the County as a Hybrid Covered Entity (an entity with both healthcare and non-healthcare components) and establishing a Countywide Privacy Official to address privacy policies and procedures on behalf of the County. In addition, in compliance with HIPAA, the Board designated certain departments as part of the County's Healthcare Component and mandated them to sign an interdepartmental Memorandum of Understanding with departments that performed business associate functions. The County's Healthcare Component structure was modified in 2013 with the enactment of the Omnibus Rule, which mandates that departments carrying out business associate functions be included in the County's Healthcare Component and subject to the HIPAA Rules' requirements. It should be noted that JCOD is currently coordinating with County Counsel to become a Covered Entity department that will be subject to HIPAA requirements under the County's Healthcare Component. The departments that are currently part of the County's Healthcare Component are Auditor-Controller, Chief Executive Office, County Counsel, Health Services, Human Resources, Internal Services, Mental Health, Probation, Public Health, and Treasurer and Tax Collector.

Effective July 1, 2017, the Chief Executive Office – Risk Management Branch incorporated the responsibilities and resultant activities under the newly created Office of Privacy. Under the direction of the Countywide Chief Privacy Officer, the Office of Privacy is responsible for developing, implementing, and maintaining Countywide minimum standards and requirements for all aspects of the Countywide Privacy Program, including operations and policies that relate to Personal Information and Protected Health Information, compliance with data privacy laws/regulations including the HIPAA Rules (45 CFR § 164.530 and 45 CFR § 164.308), and management of data privacy risks.

Although some of the County's Healthcare Component Departments have implemented departmental HIPAA policies, others are working towards full compliance. In addition, County Counsel and outside counsel recently assessed JCOD's operations to determine if it should be added to the County's Healthcare Component. This assessment considered certain transactions between JCOD and HIPAA-covered departments and external entities that are subject to HIPAA, which will trigger HIPAA enforcement. JCOD, in collaboration with counsel, have confirmed that the department will join the County's Healthcare Component and comply with HIPAA Rules and associated County policy requirements. These policies will ensure that all County departments within the County's Healthcare Component, including JCOD, have requisite HIPAA policies, and ensure enterprise-wide regulatory compliance. This is especially important, since regulatory non-compliance with this regulation can result in civil monetary penalties issued by the HHS-Office for Civil Rights.

In furtherance of these objectives, the proposed Board Policies will be added as subsections to "Chapter 10 – Privacy," as follows:

I) Compliance with HIPAA:

a. Requires the County's Healthcare Component Departments to comply with HIPAA, and to maintain policies/procedures in accordance with HIPAA and Board Policy.

II) Compliance with the Security Rule:

a. Establishes minimum requirements for implementing administrative, physical, and technical safeguards for electronic PHI, in accordance with the HIPAA Security Rule.

III) Compliance with the Privacy Rule:

a. Requires Healthcare Component Departments to maintain policies/procedures in accordance with the HIPAA Privacy Rule.

IV) Privacy and Security Incidents Involving PHI:

a. Requires Healthcare Component Departments to maintain policies/procedures regarding the reporting, investigation, assessment, mitigation, and notification of Privacy Incidents and Information Security Incidents that involve PHI.

V) Documentation and Record Retention:

a. Establishes minimum requirements for the County's Healthcare Component Departments to maintain HIPAA-compliant policies/procedures regarding documentation and record retention requirements.

VI) Administrative – Complaints:

a. Establishes minimum requirements for Healthcare Component Departments to maintain HIPAA-compliant policies/procedures regarding complaints by individuals.

VII) Administrative – Business Associate Agreements:

a. Establishes Countywide standards and requirements for implementing Business Associate Agreements to ensure proper usage, disclosure, transmittance, and safeguarding of PHI by Business Associates.

VIII) HIPAA Training:

a. Establishes Countywide standards and requirements for complying with the training requirements of HIPAA.

IX) Non-Retaliation:

a. Establishes Countywide requirements that protect individuals from retaliation and intimidation for reporting non-compliance with or violations of HIPAA.

It is recommended that the HIPAA Privacy Policies include an initial sunset date of two years, followed by a sunset date of four years thereafter, to align with the Board Privacy Policies.

The proposed Board Policies were approved by the Audit Committee on October 16, 2024.

Implementation of Strategic Plan Goals

Approval of the proposed Board Policies supports the County's Strategic Plan North Star III, Realize Tomorrow's Government Today, by establishing minimum requirements pertaining to County's Healthcare Component Departments' compliance with HIPAA Rules. This will further improve protection and security of County Information, Data, Personal Information, and PHI.

FISCAL IMPACT/FINANCING

No fiscal impact.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The new Board Policies will have a positive impact on County business and operations by the Board establishing Countywide HIPAA policy requirements to ensure the protection of County Information, including Personal Information and PHI. The proposed Board Policies will become effective upon the Board's approval.

County Counsel reviewed the proposed Board Policies and concurs with their creation.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No negative impact on services (or projects) is foreseen.

Respectfully submitted,



FESIA A. DAVENPORT

Chief Executive Officer

FAD:JMN

DC:LR:JC:bh

Enclosures

- c: Executive Officer, Board of Supervisors
- County Counsel
- Human Resources



Los Angeles County
BOARD OF SUPERVISORS POLICY MANUAL

Policy #:	Title:	Effective Date:
10.100	Compliance with HIPAA	mm/dd/yyyy

PURPOSE

Establishes requirements for the County’s Healthcare Component Departments to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and its implementing regulations, and to develop, implement, and maintain policies and procedures in accordance with HIPAA requirements and Board policy.

This Policy is not intended to incorporate the requirements of other laws and regulations that may be applicable to a County Healthcare Component Department. The Privacy Rule allows a State law to prevail over the Privacy Rule in cases where it is more stringent; however, a County Healthcare Component department must comply with both laws if they are not in conflict. ([45 C.F.R. 160.202](#))

REFERENCE

The Health Insurance Portability and Accountability Act of 1996, [Pub. L. No. 104-191](#) (Aug. 21, 1996) Associated implementing regulations, 45 C.F.R. parts [160](#) and [164](#).

DEFINITIONS

All capitalized terms not defined in this Chapter have the same meaning as outlined in the Board of Supervisors Policy [No. 6.100 – Information Security Policy](#), and Board of Supervisors Policy No. 10.010 - Countywide Privacy Program Policy.

Breach Notification Rule means the breach notification provisions located at 45 CFR §§ 164.400-414.

Business Associate shall have the meaning set forth in 45 CFR § 160.103.

Business Associate Agreement means the contract or other arrangement required by 45 CFR § 164.502(e)(2).

Healthcare Component Department means the departments, divisions, and commissions designated by the County as part of its healthcare component in accordance with 45 CFR § 164.105(a)(2)(iii)(D).

Individual shall have the meaning set forth in in 45 CFR § 160.103.

Notice of Privacy Practices means the notice of privacy practices for protected health information required by 45 CFR § 164.520.

Privacy Rule means standards for Privacy of Individually Identifiable Health Information, codified at 45 CFR Part 160 and Subparts A and E of Part 164.

Security Rule means the Security Standards for the Protection of Electronic Protected Health Information, codified at 45 CFR Part 160 and Subparts A and C of Part 164.

POLICY

The Countywide Privacy Office, in collaboration with the County Chief Information Security Officer as the lead for security related items, is responsible for developing, implementing, and maintaining Countywide minimum standards and requirements for policies, procedures, and documentation required to comply with HIPAA, including the Privacy Rule, the Security Rule, and the Breach Notification Rule.

RESPONSIBILITIES

As part of the Countywide Privacy Program, County Healthcare Component Departments must comply with the requirements of HIPAA. Each Healthcare Component Department Head, or designee, is responsible for departmental compliance with all applicable Board of Supervisors policies and procedures, the Countywide Privacy Program, departmental policies, and applicable privacy laws and regulations. Each Healthcare Component Department Head, or designee, shall ensure that Workforce Members that are assigned to departmental divisions/units that are within the County's Healthcare Component are made aware of these policies, standards, and procedures, and that compliance is mandatory.

RESPONSIBLE DEPARTMENT

Chief Executive Office

DATE ISSUED/SUNSET DATE

Issue Date: Month, Day, Year

Sunset Date: Month, Day, Year

Initial sunset date of two years is recommended, followed by a sunset date of four years thereafter, to align with the Board Privacy Policies.



Los Angeles County
BOARD OF SUPERVISORS POLICY MANUAL

Policy #:	Title:	Effective Date:
10.101	Compliance with the Security Rule	mm/dd/yyyy

PURPOSE

Establishes minimum requirements for implementing administrative, physical, and technical safeguards to prevent unauthorized uses and/or disclosures of electronic Protected Health Information PHI (ePHI), in accordance with the HIPAA Security Rule.

REFERENCE

45 C.F.R. §§ 160.103, 164.308, 164.310, 164.312, and 164.530(c)
 Board of Supervisors Policy [6.100](#) — Information Security Policy

DEFINITIONS

All capitalized terms not defined in this Policy have the same meaning as outlined in the Board of Supervisors Policy No. 6.100 — Information Security Policy and Board of Supervisors Policy No. 10.010 — Countywide Privacy Program Policy.

POLICY

Healthcare Component Departments must implement reasonable administrative, technical, and physical safeguards, including appropriate policies and procedures, to protect ePHI, in accordance with the HIPAA Security Rule.

RESPONSIBILITIES

As part of the Countywide Privacy Program, County Healthcare Component Departments must comply with the requirements of HIPAA. Each Healthcare Component Department Head, or designee, is responsible for departmental compliance with all applicable Board of Supervisors policies and procedures, County security standards, the Countywide Privacy Program, departmental policies, and applicable privacy laws and regulations. They shall ensure that Workforce Members that are assigned to departmental divisions/units that are within the County’s Healthcare Component are made aware of these policies, procedures, and HIPAA standards, and that compliance is mandatory.

RESPONSIBLE DEPARTMENT

Chief Executive Office

DATE ISSUED/SUNSET DATE

Issue Date: Month, Day, Year

Sunset Date: Month, Day, Year

Initial sunset date of two years is recommended, followed by a sunset date of four years thereafter, to align with the Board Privacy Policies.



Los Angeles County
BOARD OF SUPERVISORS POLICY MANUAL

Policy #:	Title:	Effective Date:
10.102	Compliance with the Privacy Rule	mm/dd/yyyy

PURPOSE

Provides requirements for Healthcare Component Departments to develop, implement, and maintain policies and procedures to effectuate compliance with the HIPAA Privacy Rule.

REFERENCE

45 C.F.R.

- §§ 164.502 – 514 (Uses and Disclosures of Protected Health Information [PHI])
- §§ 154.508 (Authorizations)
- §§ 164.520 (Notice of Privacy Practices)
- §§164.522 – 528 (Individual Rights)
- § 164.530(i) (1) (Implementation of Policies and Procedures)

DEFINITIONS

All capitalized terms not defined in this Policy have the same meaning as outlined in the Board of Supervisors Policy No. 10.010 — Countywide Privacy Program Policy.

POLICY

Healthcare Component Departments must comply with the requirements of the Privacy Rule, including by establishing and maintaining required notices, policies and procedures and conforming their processing of PHI to the Privacy Rule’s requirements.

Uses and Disclosures of PHI

To ensure compliance with HIPAA’s requirements regarding the use and disclosure of PHI, Healthcare Component Departments are required to develop, implement, and maintain policies and procedures outlining permissible and impermissible uses and disclosures of PHI, as well as processes to limit the use and disclosure of PHI to only the minimum necessary required for the specific use or disclosure.

Authorizations for Use and Disclosure of PHI

Except as permitted by HIPAA, Healthcare Component Departments may not use or disclose PHI without a valid authorization from an Individual. Healthcare Component Departments are required to maintain departmental policies and procedures outlining authorization requirements in compliance with applicable laws.

Notice of Privacy Practices

Healthcare Component Departments are required to develop, implement, and maintain departmental policies and procedures pertaining to the Notice of Privacy Practices, including the contents of the Notice of Privacy Practices, provision, and acknowledgment of receipt of the Notice of Privacy Practices, and documentation of attempts to obtain written acknowledgment from Individuals.

Individual Rights

Healthcare Component Departments are required to maintain departmental policies and procedures outlining individual rights concerning their PHI.

RESPONSIBILITIES

As part of the Countywide Privacy Program, County Healthcare Component Departments must comply with the requirements of HIPAA. Each Healthcare Component Department Head, or designee, is responsible for departmental compliance with all applicable Board of Supervisors policies and procedures, the Countywide Privacy Program, departmental policies, and applicable privacy laws and regulations. Each Healthcare Component Department Head, or designee, shall ensure that Workforce Members that are assigned to departmental divisions/units that are within the County’s Healthcare Component are made aware of these laws, regulations, policies, standards, and procedures and that compliance is mandatory.

RESPONSIBLE DEPARTMENT

Chief Executive Office

DATE ISSUED/SUNSET DATE

Issue Date: Month, Day, Year

Sunset Date: Month, Day, Year

Initial sunset date of two years is recommended, followed by a sunset date of four years thereafter, to align with the Board Privacy Policies.



Los Angeles County
BOARD OF SUPERVISORS POLICY MANUAL

Policy #:	Title:	Effective Date:
10.103	Privacy and Security Incidents Involving Protected Health Information	mm/dd/yyyy

PURPOSE

Provides requirements for Healthcare Component Departments to develop, implement, and maintain policies and procedures concerning the reporting, investigation, assessment, mitigation, and notification of Privacy Incidents and Information Security Incidents that involve Protected Health Information (PHI) in accordance with the Breach Notification Rule.

This Policy establishes the requirement for HIPAA and does not address other laws that require notification.

REFERENCE

45 C.F.R. §§ 164.308(a)(6), 164.400 – 414

DEFINITIONS

All capitalized terms not defined in this Policy have the same meaning as outlined in the Board of Supervisors Policy No. 10.010 — Countywide Privacy Program Policy.

POLICY

Healthcare Component Departments are required to develop, implement, and maintain policies and procedures outlining the Department’s responsibility to report, investigate, assess, and, if applicable, mitigate and notify individuals impacted by Privacy Incidents and Information Security Incidents involving PHI in accordance with HIPAA breach notification requirements. These policies and procedures must include the individual obligation of the Workforce Members to report these incidents. Healthcare Component Departments must notify the Countywide Privacy Office of any Privacy Incidents or Information Security Incidents involving PHI.

RESPONSIBILITIES

As part of the Countywide Privacy Program, County Healthcare Component Departments must comply with the requirements of HIPAA. Each Healthcare Component Department head, or designee, is responsible for departmental compliance with all applicable Board of Supervisors policies and procedures, the Countywide Privacy Program, departmental policies, and applicable privacy laws and regulations. Each Healthcare Component Department Head, or designee, shall ensure that Workforce Members that are assigned to departmental divisions/units that are within the County’s Healthcare Component are made aware of these laws, regulations, policies, standards, and procedures and that compliance is mandatory.

RESPONSIBLE DEPARTMENT

Chief Executive Office

DATE ISSUED/SUNSET DATE

Issue Date: Month, Day, Year

Sunset Date: Month, Day, Year

Initial sunset date of two years is recommended, followed by a sunset date of four years thereafter, to align with the Board Privacy Policies.



Los Angeles County
BOARD OF SUPERVISORS POLICY MANUAL

Policy #:	Title:	Effective Date:
10.104	Documentation and Record Retention	mm/dd/yyyy

PURPOSE

Establishes minimum requirements for the County’s Healthcare Component Departments to comply with HIPAA requirements pertaining to documentation and record retention requirements.

Note: This Policy establishes the requirement for HIPAA, is not intended to incorporate the requirements or other laws, regulations, or the County’s Record Retention Schedule.

REFERENCE

45 CFR §§164.316(b), 164.530(j)

DEFINITIONS

All capitalized terms not defined in this Policy have the same meaning as outlined in the Board of Supervisors Policy No. 10.010 — Countywide Privacy Program Policy.

POLICY

Healthcare Component Departments must retain documents, in all forms, that are subject to HIPAA’s record retention requirements for six (6) years from the date of its creation or the date when it last was in effect, whichever is later. Healthcare Component Departments must implement departmental policies and procedures to ensure appropriate documentation and record retention is maintained in accordance with County policies and HIPAA requirements.

RESPONSIBILITIES

County Healthcare Component Departments must comply with the requirements of HIPAA. Each Healthcare Component Department Head, or designee, is responsible for departmental compliance with all applicable Board of Supervisors policies and procedures, the Countywide Privacy Program, departmental policies, and applicable privacy laws and regulations. Each Healthcare Component Department Head, or designee, shall ensure that Workforce Members that are assigned to departmental divisions/units that are within the County’s Healthcare Component are made aware of these policies, standards, and procedures, and that compliance is mandatory.

RESPONSIBLE DEPARTMENT

Chief Executive Office

DATE ISSUED/SUNSET DATE

Issue Date: Month, Day, Year

Sunset Date: Month, Day, Year

Initial sunset date of two years is recommended, followed by a sunset date of four years thereafter, to align with the Board Privacy Policies.



Los Angeles County BOARD OF SUPERVISORS POLICY MANUAL

Policy #:	Title:	Effective Date:
10.105	Administrative – Complaints	mm/dd/yyyy

PURPOSE

Establishes minimum requirements for Healthcare Component Departments to develop, implement, and maintain policies and procedures to comply with HIPAA requirements pertaining to complaints by Individuals.

This Policy establishes requirements associated with HIPAA and is not intended to incorporate the requirements of other laws and regulations that may be applicable to a County Healthcare Component Department.

REFERENCE

45 C.F.R. §§ 164.530(d), 164.530(i)

DEFINITIONS

All capitalized terms not defined in this Policy have the same meaning as outlined in the Board of Supervisors Policy No. 10.010 — Countywide Privacy Program Policy.

POLICY

Healthcare Component Departments must provide a process for individuals to make complaints to the Department concerning its HIPAA-related policies and procedures, and/or compliance with HIPAA or HIPAA-related policies and procedures. Healthcare Component Departments are required to develop, implement, and maintain policies and procedures outlining the complaint process, including the Department’s investigation, and tracking of received complaints. Healthcare Component Departments must, on a quarterly basis, submit their respective HIPAA complaint tracking logs to the Countywide Privacy Office.

RESPONSIBILITIES

County Healthcare Component Departments must comply with the requirements of HIPAA. Each Healthcare Component Department Head, or designee, is responsible for departmental compliance with all applicable Board of Supervisors policies and procedures, the Countywide Privacy Program, departmental policies, and applicable privacy laws and regulations. Each Healthcare Component Department Head, or designee, shall ensure that Workforce Members that are assigned to departmental divisions/units that are within the County’s Healthcare Component are made aware of these laws, regulations, policies, standards, and procedures and that compliance is mandatory.

RESPONSIBLE DEPARTMENT

Chief Executive Office

DATE ISSUED/SUNSET DATE

Issue Date: Month, Day, Year

Sunset Date: Month, Day, Year

Initial sunset date of two years is recommended, followed by a sunset date of four years thereafter, to align with the Board Privacy Policies.



Los Angeles County
BOARD OF SUPERVISORS POLICY MANUAL

Policy #:	Title:	Effective Date:
10.106	Administrative – Business Associate Agreements	mm/dd/yyyy

PURPOSE

Establishes Countywide standards and requirements for implementing Business Associate Agreements to ensure proper usage, disclosure, transmittance, and safeguarding of Protected Health Information by Business Associates.

REFERENCE

45 C.F.R. §§ 164.308(b), 164.504(e)

DEFINITIONS

All capitalized terms not defined in this Policy have the same meaning as outlined in the Board of Supervisors Policy No. 10.010 — Countywide Privacy Program Policy.

POLICY

Healthcare Component Departments must enter into Business Associate Agreements with their Business Associates, as defined by 45 C.F.R. § 160.103, which comply with the requirements of 45 CFR 164.504(e). Healthcare Component Departments are required to develop, implement, and maintain policies and procedures outlining requirements for the content, use, and management of Business Associate Agreements.

RESPONSIBILITIES

As part of the Countywide Privacy Program, County Healthcare Component Departments must comply with the requirements of HIPAA. Each Healthcare Component Department Head, or designee, is responsible for departmental compliance with all applicable Board of Supervisors policies and procedures, the Countywide Privacy Program, and applicable privacy laws and regulations. Each Healthcare Component Department Head, or designee, shall ensure that Workforce Members that are assigned to departmental divisions/units that are within the County’s Healthcare Component are made aware of these policies, standards, and procedures and that compliance is mandatory.

RESPONSIBLE DEPARTMENT

Chief Executive Office

DATE ISSUED/SUNSET DATE

Issue Date: Month, Day, Year

Sunset Date: Month, Day, Year

Initial sunset date of two years is recommended, followed by a sunset date of four years thereafter, to align with the Board Privacy Policies.



Los Angeles County
BOARD OF SUPERVISORS POLICY MANUAL

Policy #:	Title:	Effective Date:
10.107	HIPAA Training	mm/dd/yyyy

PURPOSE

Establishes Countywide standards and requirements for complying with the training requirements of HIPAA.

REFERENCE

45 C.F.R. §§ 164.308(a)(5), 164.530(b).

DEFINITIONS

All capitalized terms not defined in this Policy have the same meaning as outlined in the Board of Supervisors Policy No. 10.010 — Countywide Privacy Program Policy.

POLICY

All County Workforce Members of Healthcare Component Departments must receive training on HIPAA and the policies and procedures with respect to Protected Health Information as necessary and appropriate for the workforce members to carry out their functions in the respective Healthcare Component Department. Healthcare Component Departments must meet or exceed all training requirements mandated by the Countywide Privacy Office.

RESPONSIBILITIES

County Healthcare Component Departments must comply with the requirements of HIPAA. Each Healthcare Component Department Head, or designee, is responsible for departmental compliance with all applicable Board of Supervisors policies and procedures, the Countywide Privacy Program, departmental policies, and applicable privacy laws and regulations. Each Healthcare Component Department Head, or designee, shall ensure that Workforce Members that are assigned to departmental divisions/units that are within the County’s Healthcare Component are made aware of these laws, regulations, policies, standards, and procedures and that compliance is mandatory.

RESPONSIBLE DEPARTMENT

Chief Executive Office

DATE ISSUED/SUNSET DATE

Issue Date: Month, Day, Year

Sunset Date: Month, Day, Year

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Los Angeles County
BOARD OF SUPERVISORS POLICY MANUAL

Policy #:	Title:	Effective Date:
10.108	Non-Retaliation	mm/dd/yyyy

PURPOSE

Establishes Countywide requirements that protect individuals from retaliation and intimidation for reporting non-compliance with or violations of HIPAA.

REFERENCE

45 C.F.R. §160.316

DEFINITIONS

All capitalized terms not defined in this Policy have the same meaning as outlined in the Board of Supervisors Policy No. 10.010 — Countywide Privacy Program Policy.

POLICY

No County department or workforce member may intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for exercising their rights under HIPAA, including, but not limited to, filing a complaint, participating in an investigation, or opposing practice that is counter to HIPAA regulations. Healthcare Component Departments are required to develop, implement, and maintain policies and procedures to ensure compliance with this Policy.

RESPONSIBILITIES

All County Healthcare Component Departments must comply with HIPAA requirements. Each Healthcare Component Department Head, or designee, is responsible for departmental compliance with requirements in all applicable Board of Supervisors policies and procedures, the Countywide Privacy Program, departmental policies, and applicable privacy laws and regulations. Each Healthcare Component Department Head, or designee, shall ensure that Workforce Members that are assigned to departmental divisions/units that are within the County’s Healthcare Component are made aware of these requirements and that compliance is mandatory.

RESPONSIBLE DEPARTMENT

Chief Executive Office

DATE ISSUED/SUNSET DATE

Issue Date: Month, Day, Year

Sunset Date: Month, Day, Year

Initial sunset date of two years is recommended, followed by a sunset date of four years thereafter, to align with the Board Privacy Policies.