



# Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

**DATE:** September 18, 2024

**TIME:** 11:30 a.m. – 1:30 p.m.

**MEETING CHAIR:** Angelica Ayala, 3<sup>rd</sup> Supervisorial District

**CEO MEETING FACILITATOR:** Atineh Sepanian

This meeting will be held in hybrid format which allows the public to participate virtually, or in-person, as permitted under the Board of Supervisors' March 19, 2024, order.

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration

500 West Temple Street

Los Angeles, California 90012

Room 140

To participate in the meeting virtually, please call teleconference number:

1 (323) 776-6996 and enter the following: 403 234 317# or [Click here to join the meeting](#)

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to [ClusterAccommodationRequest@bos.lacounty.gov](mailto:ClusterAccommodationRequest@bos.lacounty.gov)

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL \*6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

- I. Call to order
- II. **Information Item(s) (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):**
  - a. **DHS:** Request to Accept Compromise Offers of Settlement for Patients seen under the Trauma Center Service Agreement

III. **Presentation Item(s):**

- a. **DHS:** Approval of Ordinance Amendment to the Los Angeles County Code of Ordinances, Title 3 – Advisory Commission and Committees, Chapter 3.20, Emergency Medical Services Commission
- b. **CEO:** 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)

IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda.

VI. Public Comment

VII. Adjournment

## BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

<b>CLUSTER AGENDA REVIEW DATE</b>	9/18/2024	
<b>BOARD MEETING DATE</b>	10/8/2024	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Department of Health Services	
<b>SUBJECT</b>	REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT FOR PATIENTS SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT.	
<b>PROGRAM</b>	Health Services	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why: N/A	
<b>SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – Not Applicable	
<b>DEADLINES/ TIME CONSTRAINTS</b>	N/A	
<b>COST &amp; FUNDING</b>	Total cost: \$ N/A	Funding source: N/A
	TERMS (if applicable):	
	Explanation: There is no net cost to the County	
<b>PURPOSE OF REQUEST</b>	<p>Requesting Board approval for the acceptance of compromise offers of settlement for patient accounts that are unable to be paid in full. The payments will replenish the Los Angeles County Trauma Funds.</p> <p>The Board is being asked to authorize the Director, or designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code. This will expedite the County's recovery of revenue totaling \$32,615.00 for medical care provided at LA General MC and Harbor UCLA MC.</p>	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	The acceptance of the attached compromise settlements will help maximize net revenues and will help DHS meet its' budgeted revenue amounts.	
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:	
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:	

**DEPARTMENTAL  
CONTACTS**

Name, Title, Phone # & Email:

DHS, Virginia Perez, Associate Hospital Administrator II, (626) 525-6077  
virperez@dhs.lacounty.gov

County Counsel, Georgina Glaviano, Deputy County Counsel, (213) 972-5724  
gglaviano@counsel.lacounty.gov

October 8, 2024

**DRAFT**

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

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT  
FOR PATIENTS SEEN UNDER THE  
TRAUMA CENTER SERVICE AGREEMENT  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Request authorization from the Los Angeles County (LA County) Board of Supervisors (Board) for the Director of Health Services (Director), or designee, to accept compromise offers of settlement for patients who received medical care at either LA County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

**IT IS RECOMMENDED THAT THE BOARD:**

Authorize the Director, or designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

- LA General Medical Center – Account Number 100138191 in the amount of \$4,000.00 – (Attachment I).
- Harbor UCLA Medical Center – Account Number 102578777 in the amount of \$23,615.00 – (Attachment II).

- LA General Medical Center – Account Number 102119914 in the amount of \$5,000.00 – (Attachment III).

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The compromise offer of settlement for patient accounts of patients who received medical care at LA County facilities is recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department of Health Services (DHS) was able to negotiate or was offered.

It is in the best interest of LA County to approve the acceptance of these compromise offers, as it will enable the DHS to maximize net revenue on these accounts.

### **Implementation of Strategic Plan Goals**

The recommended actions support LA County's Strategic Plan North Star 3 – Realize Tomorrow's Government Today, Focus Area Goal G – Internal Controls and Processes, Strategy 1 – Maximize Revenue.

### **FISCAL IMPACT/FINANCING**

The approval will recover revenue totaling \$32,615.00 in charges.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Under LA County Code Chapter Section 2.76.046, the Director, or designee, has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's, or designee's, authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director, or designee, authority to compromise or reduce patient account liabilities when it is in the best interest of LA County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director, or designee, authority to reduce, on an account specific basis, the amount of any liability owed to LA County which relates to medical care provided by third parties for which LA County is contractually obligated to pay and related to which LA County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

The Honorable Board of Supervisors

October 8, 2024

Page 3

Maximizing net revenues on patients who received medical care at LA County facilities will help DHS meet its budgeted revenue amounts.

Respectfully submitted,

Christina R. Ghaly, M.D.

Director

CRG:CB:VP

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

**DATA FOR COMPROMISE SETTLEMENT**

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 24-03-A

Amount of Aid	\$28,597.00	Account Number	100138191
Amount Paid	\$0.00	Name	Adult Female
Balance Due	\$28,597.00	Service Date	02/28/2022 – 11/0/2023
Compromise Amount Offered	\$4,000.00	Facility	LA General Medical Center
Amount to be Written Off	\$24,597.00	Service Type	Inpatient

**JUSTIFICATION**

The patient was treated at LA General Medical Center at a total cost of \$28,597.00. The patient has a total of \$68,090.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$15,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$6,000.00	\$6,000.00	40.00%
Attorney Cost	\$4,896.03	\$4,896.03	32.64%
Other lien holders	\$28,597.00	\$0.00	0.00%
Los Angeles Department of Health Services (LA General MC)	\$28,597.00	\$4,000.00	26.67%
Net to Client (Heirs)	\$0.00	\$103.97	0.69%
<b>Total</b>	<b>\$68,090.03</b>	<b>\$15,000.00</b>	<b>100.00%</b>



**DATA FOR COMPROMISE SETTLEMENT**

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 24-03-B

Amount of Aid	\$94,420.00	Account Number	102578777
Amount Paid	0.00	Name	Adult Male
Balance Due	\$94,420.00	Service Date	01/31/2023 – 12/29/2023
Compromise Amount Offered	\$23,615.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$70,805.00	Service Type	Inpatient

**JUSTIFICATION**

The patient was treated at Harbor UCLA Medical Center at a total cost of \$94,420.00. The patient has a total of \$137,471.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$100,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$40,000.00	\$40,000.00	40.00%
Attorney Cost	\$195.00	\$195.00	0.20%
Other lien holders	\$2,856.00	\$2,856.00	2.86%
Los Angeles Department of Health Services (Harbor UCLA MC)	\$94,420.00	\$23,615.00	23.62%
Net to Client (Heirs)	\$0.00	\$33,334.00	33.33%
<b>Total</b>	<b>\$137,471.00</b>	<b>\$100,000.00</b>	<b>100.00%</b>

**DATA FOR COMPROMISE SETTLEMENT**

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 24-03-C

Amount of Aid	\$103,748.00	Account Number	102119914
Amount Paid	\$0.00	Name	Adult Female
Balance Due	\$103,748.00	Service Date	06/11/2023 – 08/03/2023
Compromise Amount Offered	\$5,000.00	Facility	LA General Medical Center
Amount to be Written Off	\$98,748.00	Service Type	Inpatient

**JUSTIFICATION**

The patient was treated at LA General Medical Center at a total cost of \$103,748.00. The patient has a total of \$227,769.96 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$25,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$8,332.50	\$8,332.50	33.33%
Attorney Cost	\$0.00	\$0.00	0.00%
Other lien holders	\$115,689.46	\$575.50	2.30%
Los Angeles Department of Health Services (LA General MC)	\$103,748.00	\$5,000.00	20.00%
Net to Client (Heirs)	\$0.00	\$11,092.00	44.37%
<b>Total</b>	<b>\$227,769.96</b>	<b>\$25,000.00</b>	<b>100.00%</b>

## BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

<b>CLUSTER AGENDA REVIEW DATE</b>	9/18/2024	
<b>BOARD MEETING DATE</b>	10/8/2024	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Department of Health Services (DHS)	
<b>SUBJECT</b>	Requests for the Board of Supervisors to approve and adopt Ordinance Title 3 – Advisory Commissions and Committee, Chapter 3.20, Emergency Medical Services Commission to amend the provisions relating to Section 3.20.40 – Composition, to update the names of certain nominating agencies as registered with the California Secretary of State, and require that the nominating agency’s nominee either be working or practicing, in LA County.	
<b>PROGRAM</b>	Emergency Medical Services Commission (EMS Commission)	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why:	
<b>SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – Not Applicable	
<b>DEADLINES/ TIME CONSTRAINTS</b>	N/A	
<b>COST &amp; FUNDING</b>	Total cost: No additional County funds are requested as part of the recommended actions.	Funding source: There is no funding source due to the fact that EMS Commission members serve without compensation.
	TERMS (if applicable):	
	Explanation:	
<b>PURPOSE OF REQUEST</b>	Approval of this recommendation will amend the Ordinance to update the name of certain nominating agencies. Additionally, this amendment will require that nominees work or practice within LA County, establishing a direct connection between the nominee and the interests of LA County residents.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	<p>On April 7, 1981, the Board of Supervisors approved and adopted Ordinance 12332 which established an EMS Commission in accordance with California Health and Safety Code Sections 1797.270, 1797.272, 1797.274, and 1797.276.</p> <p>The EMS Commission, in consultation with the Department of Health Services, has determined that updating the names of, or changing nominating agencies, and adding nominee requirements to either work or practice in LA County better serves its goals, and follows current industry trends to allow insight from active emergency medical care personnel and firefighting professionals.</p>	
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:	

<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email:  Georgina Glabiano, County Counsel, (213)974-0685, <a href="mailto:gglabiano@counsel.lacounty.gov">gglabiano@counsel.lacounty.gov</a>  Peter Tam, DHS C&G, (213) 288-7325, <a href="mailto:ptam@dhs.lacounty.gov">ptam@dhs.lacounty.gov</a>  Ruth Guerrero, DHS C&G, (213) 288-8170, <a href="mailto:rguerrero@dhs.lacounty.gov">rguerrero@dhs.lacounty.gov</a>  Richard Tadeo, EMS Agency, (562) 378-1640, <a href="mailto:rtadeo@dhs.lacounty.gov">rtadeo@dhs.lacounty.gov</a>

October 8, 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 ORDINANCE AMENDMENT TO THE LOS ANGELES COUNTY  
CODE OF ORDINANCES, TITLE 3 – ADVISORY COMMISSIONS AND  
COMMITTEES, CHAPTER 3.20, EMERGENCY MEDICAL SERVICES COMMISSION  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Request approval to amend the Los Angeles County (LA County) Code of Ordinances, Title 3 – Advisory Commissions and Committees, Chapter 3.20, Emergency Medical Services Commission, Section 3.20.040 – Composition.

**IT IS RECOMMENDED THAT THE BOARD:**

Approve and adopt the attached Ordinance (Exhibit A) Title 3 – Advisory Commissions and Committees, Chapter 3.20, Emergency Medical Services Commission (EMS Commission), to amend the provisions relating to Section 3.20.040 – Composition, to update the names of certain nominating agencies as registered with the California Secretary of State, and require that the nominating agency's nominee either be working, or practicing, in LA County.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

LA County Code of Ordinances Title 3 – Advisory Commissions and Committees, Chapter 3.20, Emergency Medical Services Commission establishes the member composition for the EMS Commission and identifies the state or local agencies responsible for nominating representatives. Approval of this recommendation will amend the Ordinance to update the names of certain nominating agencies. The amendment will also establish a direct connection between the nominee and the interest of LA County residents by mandating that the nominee work or practice within LA County. This requirement guarantees that nominees have direct experience with LA County's emergency medical services network.

**Implementation of Strategic Plan Goals**

The recommended action supports North Star 3-E, " Data-Driven Decision Making" and North Star 3-G "Internal Controls and Processes" of LA County's Strategic Plan.

**FISCAL IMPACT/FINANCING**

The EMS Commission members serve without compensation; therefore, this recommendation will have no fiscal impact.

**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

LA County Code section 3.20.040 was originally enacted in 1942 and has undergone several amendments since that time. On April 7, 1981, the Board of Supervisors approved and adopted Ordinance 12332 which established an EMS Commission in accordance with California Health and Safety Code Sections 1797.270, 1797.272, 1797.274, and 1797.276.

At various times thereafter, LA County Code section 3.20.040 has been amended to, for example: change one nominating agency for another when the former ceased to exist; add seats on the EMS Commission nominated by the LA Area Fire Chiefs' Association; and add a trauma surgeon who practices in LA County at a designated trauma center and nominated by the Southern California Chapter of the American College of Surgeons.

The EMS Commission, in consultation with the Department of Health Services, has determined that updating the names of, or changing nominating agencies, and adding nominee requirements to either work or practice in LA County better serves its goals, and follows current industry trends to allow insight from active emergency medical care personnel and firefighting professionals.

County Counsel has reviewed and approved Exhibit A.

**CONTRACTING PROCESS**

Not applicable.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

The Ordinance will enhance the EMS Commission's knowledge base through discussion and input from public representation and professionals related to emergency medical care and issues impacting LA County.

Respectfully submitted,

The Honorable Board of Supervisors  
October 8, 2024  
Page 3

Christina R. Ghaly, M.D.  
Director

CRG:am

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Emergency Medical Services



County of Los Angeles

April 8, 2024

Dawyn R. Harrison  
County Counsel



Christina R. Ghaly, M.D., Director  
Department of Health Services  
313 North Figueroa Street, Suite 912  
Los Angeles, California 90012

RE: **Ordinance Amending Title 3 – Advisory Commissions and Committees  
Relating to the Emergency Medical Services Commission and Modifying  
the Composition of its Representatives**

**CONFIDENTIAL:**

*This material is subject  
to the attorney-client  
and/or attorney work  
product privileges.*


Dear Dr. Ghaly:

Enclosed for your consideration is the analysis and ordinance amending Title 3 – Advisory Commissions and Committees of the Los Angeles County Code. The proposed ordinance requires certain commission members to practice and/or work in the County of Los Angeles, and updates other organization and nomination requirements, as requested by your Department.

The analysis and ordinance may be presented to the Board of Supervisors for consideration.

Very truly yours,

DAWYN R. HARRISON  
County Counsel

By   
GEORGINA GLAVIANO  
Deputy County Counsel

APPROVED AND RELEASED:



JUDY W. WHITEHURST  
Chief Deputy

GG:ele


Enclosure



## ANALYSIS

This ordinance amends Section 3.20.040 of Title 3 – Advisory Commissions and Committees of the Los Angeles County Code, relating to the Emergency Medical Services Commission, to require certain commission members to practice and/or work in the County of Los Angeles, and to update other organization and nomination requirements.

DAWYN R. HARRISON  
County Counsel

  
GEORGINA GLAVIANO  
Deputy County Counsel

GG:ele

Requested: 10/10/2023  
Revised 04/5/2024

**ORDINANCE NO. \_\_\_\_\_**

An ordinance amending Section 3.20.040 of Title 3 – Advisory Commissions and Committees of the Los Angeles County Code, relating to the Emergency Medical Services Commission, to require certain commission members to practice and/or work in the County of Los Angeles, and to update other organization and nomination requirements.

The Board of Supervisors of the County of Los Angeles ordains as follows:

**SECTION 1.** Section 3.20.040 is hereby amended to read as follows:

**3.20.040 Composition.**

The ~~€~~Commission shall be composed as follows:

A. Qualifications.

~~1.~~ 1. An emergency medical care physician who practices in Los Angeles County in a paramedic base hospital and is nominated by the California Chapter of the American College of Emergency Physicians;

~~B2.~~ B2. A ~~cardiologist~~ physician who practices in Los Angeles County and is nominated by the American Heart Association, Western States ~~Affiliate~~ Region;

~~C3.~~ C3. A Los Angeles County certified mobile intensive care nurse nominated by the ~~California~~ Greater Los Angeles County Chapter of the Emergency ~~Department~~ Nurses Association California State Council;

~~D4.~~ D4. A hospital administrator who works in Los Angeles County and is nominated by the ~~Healthcare~~ Hospital Association of Southern California;

~~E~~5. A representative of a public provider agency fire chief nominated by ~~from the membership of the Los Angeles Chapter Area of California Fire Chiefs Association;~~

~~F~~6. A representative of a private provider agency Los Angeles County licensed ambulance service provider nominated by the ~~Los Angeles County Southern California Ambulance Association;~~

~~G~~7. A trauma surgeon who practices in Los Angeles County at a designated trauma center nominated by the Southern California Chapter American College of Surgeons;

~~H~~8. A psychiatrist who practices in Los Angeles County and is nominated by the Southern California Psychiatric Society;

~~I~~9. A physician who practices in Los Angeles County and is nominated by ~~the~~ The Los Angeles County Medical Association;

~~J~~10. A licensed paramedic who works in Los Angeles County and is nominated by the ~~California State Firefighters Association, Emergency Medical Services Committee;~~ California Professional Firefighters;

~~K~~11. Five public members, one nominated by each member of the Board of Supervisors. No public member shall be a medical professional or affiliated with any of the other nominating agencies;

~~L~~12. A law enforcement representative nominated initially by the California Highway Patrol. After the first term of office for this position is completed, the law enforcement representative shall be nominated by the Los Angeles County Professional Peace Officers' Association;

~~M~~13. A city manager nominated by the League of California Cities, Los Angeles County Chapter;

~~N~~14. A police chief nominated by from the membership of the Los Angeles County Police Chiefs' Association;

~~O~~15. A representative who works in Los Angeles County and is nominated by the Southern California Public Health Association.

B. Effective Date. Changes to the qualifications of Commission Members in Section 3.20.040 shall take effect upon the new term or new appointment of a Commission Member.

[320040GGCC]

## BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

<b>CLUSTER AGENDA REVIEW DATE</b>	11/6/2024		
<b>BOARD MEETING DATE</b>	11/6/2024		
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>		
<b>DEPARTMENT(S)</b>	Chief Executive Office		
<b>SUBJECT</b>	<b>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)</b>		
<b>PROGRAM</b>	Countywide Privacy Program		
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If Yes, please explain why:		
<b>DEADLINES/ TIME CONSTRAINTS</b>	N/A		
<b>COST &amp; FUNDING</b>	Total cost: N/A	Funding source: N/A	
	\$N/A	N/A	
	TERMS (if applicable): N/A		
	Explanation: N/A		
<b>PURPOSE OF REQUEST</b>	The County is committed to protecting the privacy, security, and confidentiality of the health information of all consumers that we serve. The proposed Board Policies will establish minimum requirements for the County’s Healthcare Component Departments to comply with HIPAA, and to develop, implement, and maintain policies and procedures in accordance with HIPAA requirements.		
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	The proposed Board Policies will comprehensively establish minimum requirements for the County’s Healthcare Component Departments to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), requirements (45 CFR § 164.530 and 45 CFR § 164.308) to develop, implement, and maintain policies and procedures with respect to Protected Health Information and to prevent, detect, contain, and correct security violations. These 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 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.		
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:		
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:		
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: Lillian Russell, Chief Privacy Officer Ph. (213) 351-5363 <a href="mailto:LRussell@ceo.lacounty.gov">LRussell@ceo.lacounty.gov</a>		



**Chief  
Executive  
Office.**

**COUNTY OF LOS ANGELES**

Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, CA 90012  
(213) 974-1101 ceo.lacounty.gov

**CHIEF EXECUTIVE OFFICER**

Fesia A. Davenport

November 6, 2024

***DRAFT***

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 with 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 year 2000, HHS issued the Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) and the Security Standards for the Protection of Electronic PHI (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 PHI, 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) 10.100 - 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) 10.101 - 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) 10.102 - Compliance with the Privacy Rule:
  - a. Requires Healthcare Component Departments to maintain policies/procedures in accordance with the HIPAA Privacy Rule.



- IV) 10.103 - 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) 10.104 - 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) 10.105 - Administrative – Complaints:
  - a. Establishes minimum requirements for Healthcare Component Departments to maintain HIPAA-compliant policies/procedures regarding complaints by individuals.
  
- VII) 10.106 - 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) 10.107 - HIPAA Training:
  - a. Establishes Countywide standards and requirements for complying with the training requirements of HIPAA.
  
- IX) 10.108 - 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:sg

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**

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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**

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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**

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Chief Executive Office

## **DATE ISSUED/SUNSET DATE**

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**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**

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

**PURPOSE**

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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**

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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**

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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**

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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**

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Chief Executive Office

**DATE ISSUED/SUNSET DATE**

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**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**

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

**PURPOSE**

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

**REFERENCE**

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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**

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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**

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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**

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Chief Executive Office

**DATE ISSUED/SUNSET DATE**

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**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

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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

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

## DEFINITIONS

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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**

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Chief Executive Office

**DATE ISSUED/SUNSET DATE**

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**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**

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

**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**

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45 CFR §§164.316(b), 164.530(j)

**DEFINITIONS**

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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**

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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**

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

**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**

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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**

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Chief Executive Office

**DATE ISSUED/SUNSET DATE**

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**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**

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

**PURPOSE**

---

Establishes Countywide standards and requirements for implementing Business Associate Agreements to ensure proper usage, disclosure, transmittance, and safeguarding of Protected Health Information (PHI) 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**

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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**

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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**

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

**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**

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Chief Executive Office

**DATE ISSUED/SUNSET DATE**

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**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:
10.108	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

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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**

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Chief Executive Office

**DATE ISSUED/SUNSET DATE**

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**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.*

# CEO Risk Management: Office of Privacy

Briefing to the Health and Mental Health Cluster

*Approval of new Board Policies – Requirements for the County's  
Healthcare Component Departments to comply with HIPAA.*

**Lillian Russell**

Chief Privacy Officer  
Office of Privacy

September 18, 2024

**Julia Chen**

HIPAA Compliance Officer  
Office of Privacy

**CEO.**

## Agenda

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- **Office of Privacy: Background & Functions**
- **Countywide Privacy Policies**
- **Countywide HIPAA Policies**

## Mission of CEO Risk Management Program

Protect the safety and well-being of the people, places, and resources of Los Angeles County.

- ✓ Identify and reduce organizational risks
  - ✓ Prevent loss
- ✓ Increase effectiveness of County safety programs
- ✓ Build strategic initiatives that align with the County's risk strategy

### Workers' Compensation

- Countywide Workers' Compensation Program
- Claims Management

### Risk Mitigation

- Risk Management Finance
- Risk Management Inspector General
- Loss Control & Prevention

### Office of Privacy

- Countywide Privacy Program
- Countywide HIPAA Program



## The Office of Privacy:

Oversees the Countywide Privacy Program

Develop data privacy procedures regarding the access, use, disclosure, and protection of County Information

## Risk Management functions via the Countywide Privacy Program:

Manage Countywide standards and protocols to protect County Information

Compliance with emerging data privacy laws, regs and other requirements applicable to the County & regulated data

Minimize / avoid privacy risks & business disruption involving County Information



HIPAA Audits

HIPAA  
Incident  
Response

HIPAA  
Training

Regulatory  
Reporting +  
Investigations

HIPAA  
Compliance  
Functions

✓ **HIPAA Audits** – OOP is nearing completion of a two-year project to implement the County's HIPAA Audit plan and perform 100 HIPAA audits of County Hospitals, clinics, and County departments that are Business Associates.

HIPAA requires covered entities to regularly self-audit, and this information is used to document HIPAA compliance and proactively identify organizational needs.

HIPAA Audits

HIPAA  
Incident  
Response

HIPAA  
Training

Regulatory  
Reporting +  
Investigations

HIPAA  
Compliance  
Functions

- ✓ **HIPAA Training** – County is required to regularly train employees who have access to PHI on current & updated HIPAA regulations. OOP also tracks HIPAA training compliance.

HIPAA Audits

HIPAA  
Incident  
Response

HIPAA  
Training

Regulatory  
Reporting +  
Investigations

HIPAA  
Compliance  
Functions

✓ **HIPAA Incident Response** – Consult and advise on privacy incidents and HIPAA breaches, and ensure timely reporting and compliance with notification obligations.

HIPAA Audits

HIPAA  
Incident  
Response

HIPAA  
Training

Regulatory  
Reporting +  
Investigations

HIPAA  
Compliance  
Functions

- ✓ **HIPAA Training** – County is required to regularly train employees who have access to PHI on current & updated HIPAA regulations. OOP also tracks HIPAA training compliance.

HIPAA Audits

HIPAA  
Incident  
Response

HIPAA  
Training

Regulatory  
Reporting +  
Investigations

HIPAA  
Compliance  
Functions

- ✓ **Regulatory Reporting and Federal Investigations** – Annual HIPAA breach reporting and investigation inquiries are centralized through OOP, along with regulatory reporting that is subject specific timelines. HHS-Office for Civil Rights investigates all HIPAA breaches impacting more than 500 individuals.

HIPAA Audits

HIPAA  
Incident  
Response

HIPAA  
Training

Regulatory  
Reporting +  
Investigations

HIPAA  
Compliance  
Functions

- ✓ **HIPAA Compliance Functions** - Policies, Notice of Privacy Practices, Business Associate Agreements.

HIPAA Audits

HIPAA  
Incident  
Response

HIPAA  
Training

Regulatory  
Reporting +  
Investigations

HIPAA  
Compliance  
Functions



## Office of Privacy deploys annual HIPAA + Privacy Awareness Training for County Employees

### Standardized employee education:

- Annual computer-based training deployed through the Learning Management System
- Privacy Awareness Training, and HIPAA training are separate from Cybersecurity Awareness Training
- Topics are based on changes in technology and risk

### Employee Training Completion Rates

YEAR	Privacy	HIPAA
2023	22 Depts > 80 %	81%
2022*	80 %	81%
2021	--	70 %
2020	--	78 %

\* Countywide training deployed via LMS in 2022





## Incident Response & the Countywide Privacy Program

*Coordinated actions among County IR Stakeholders*



### Incident Response is the process to:

- ✓ Detect, respond, and contain cybersecurity or privacy threats, incidents, or breaches
- ✓ Mitigate loss, damage, or costs resulting from such incidents
- ✓ Minimize business disruption and organizational risks
- ✓ Comply with legal/regulatory obligations related to the incidents

### Key County Incident Response Stakeholders:

- ISD Team: Cyber Governance and Operations
- County Counsel / District Attorney
- CEO Teams: Office of Privacy & CIO
- Impacted County Departments
- Office of Emergency Management
- Auditor-Controller



## Incident Response & the Countywide Privacy Program

*Coordinated actions among County IR Stakeholders*

**DATA BREACH**

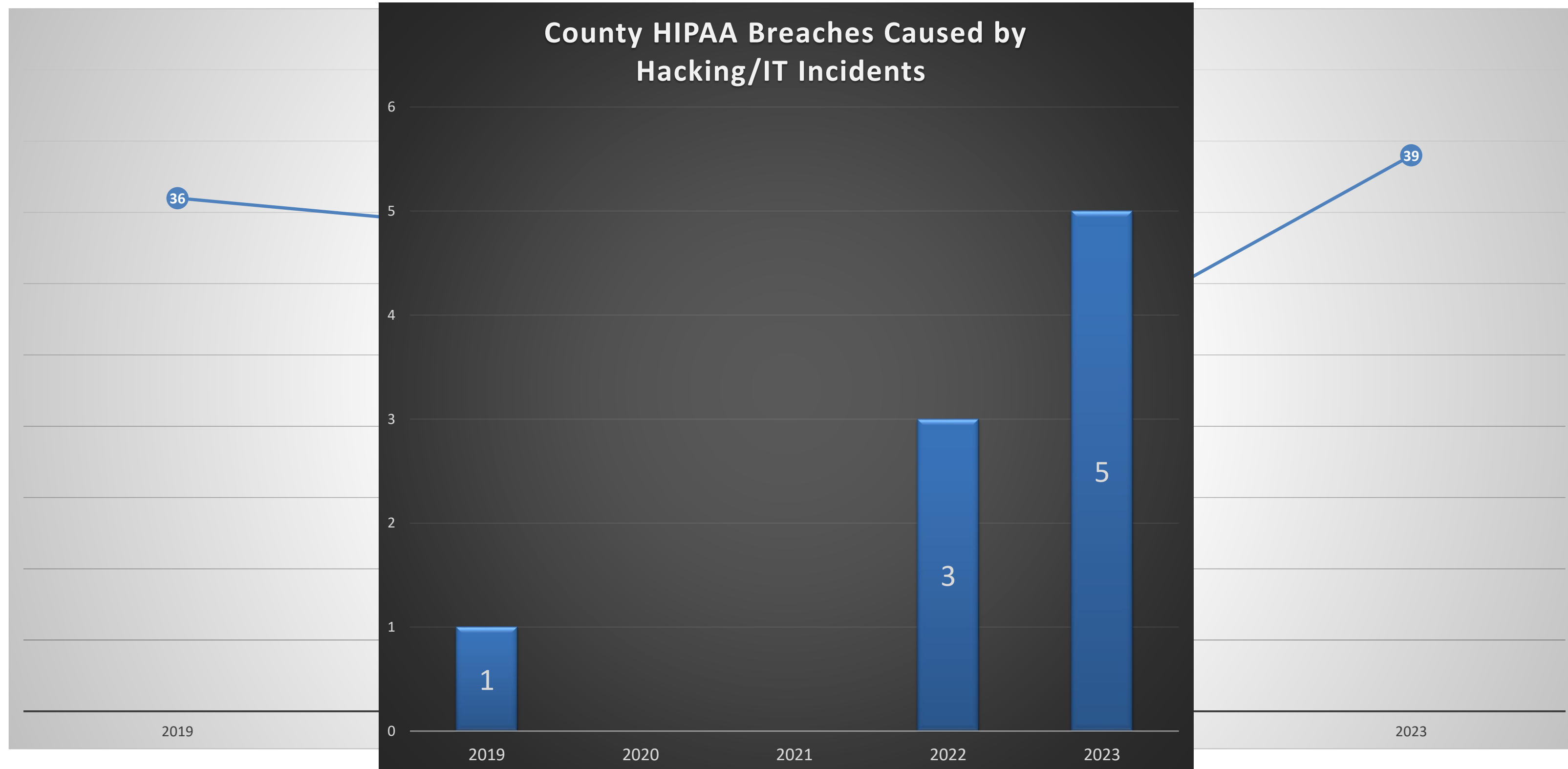
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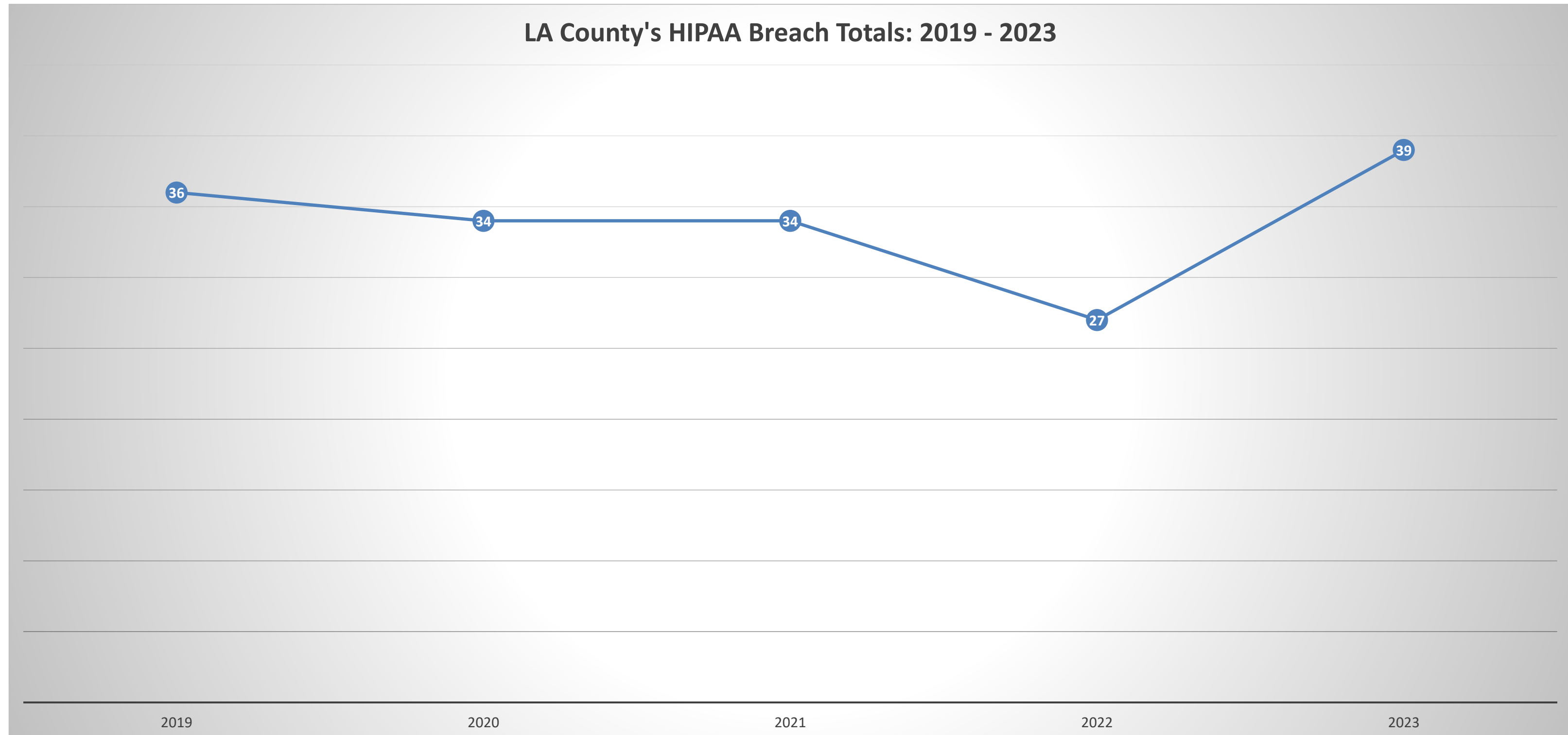
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- ISD Team: Cyber Governance and Operations
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## County HIPAA Breaches 2019-2023

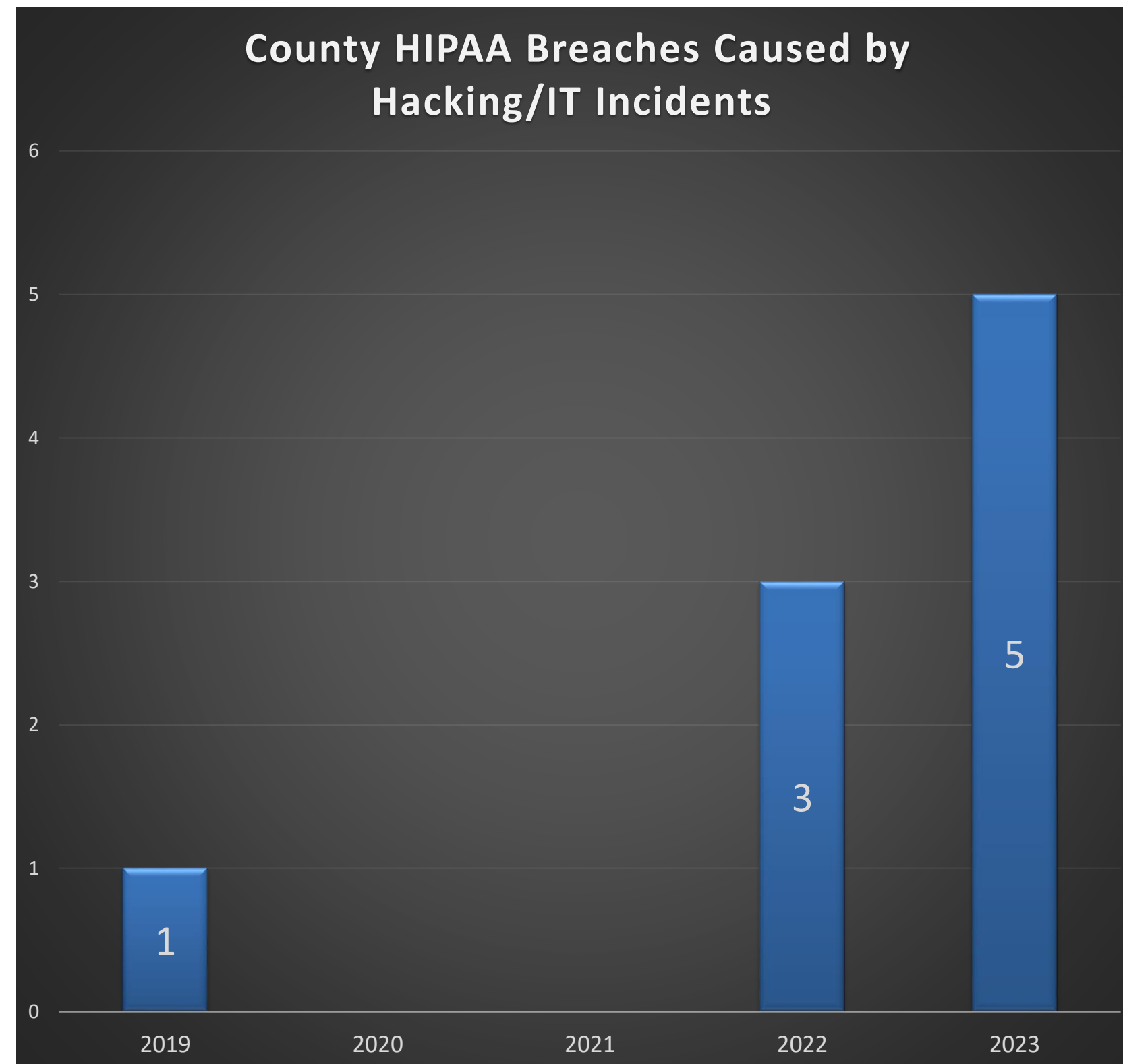


County HIPAA Breaches 2019-2023





## County HIPAA Breaches 2019-2023



## Investigation Considerations

- ✓ Nationwide increase in HHS-OCR investigations
- ✓ Potential Fines and/or extensive financial consequences
- ✓ Risk of litigation / media coverage / patient distrust
- ✓ Regulatory investigation questions/ data requests

### 2024 Adjusted CMP amounts pursuant to the Federal Civil Penalties Inflation Adjustment Improvement Act of 2015\*

<b>Penalty Amount Per Violation</b>	\$141 to \$71,162* per violation
<b>Calendar Year Cap for Violations of Identical Requirement or Prohibition**</b>	\$25,000-\$2,134,831**

\*The Department of Health and Human Services *may* make annual adjustments to the CMP amounts pursuant to the Federal Civil Penalties Inflation Adjustment Act Improvement Act of 2015. The annual inflation amounts are found at 45 C.F.R. § 102.3.

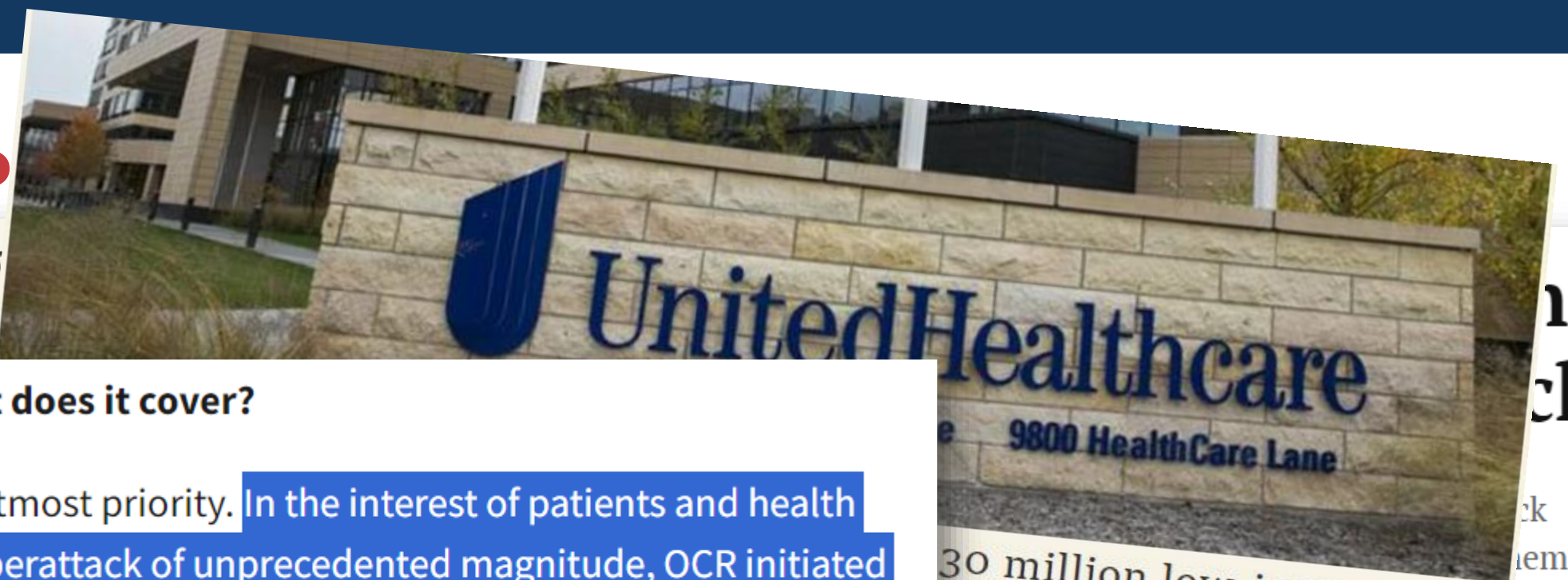
\*\*Pursuant to HHS’s Notification of Enforcement Discretion. See: <https://www.federalregister.gov/documents/2019/04/30/2019-08530/enforcement-discretion-regarding-hipaa-civil-money-penalties>



WSJ PRO  
**Months After Change Healthcare Hack, Some Medical Cyberattack Paralyzes Waitlist**  
Investigation Co

The aftermath of the cyberattack is t  
healthcare supply chain

By Catherine Stupp and Kim S. Nash  
Sept. 13, 2024 5:30 am ET | WSJ PRO



2. Why is OCR initiating an investigation now and what does it cover?  
**A:** Ensuring continuity of care and patient privacy is the utmost priority. In the interest of patients and health care providers who are reeling from the impact of this cyberattack of unprecedented magnitude, OCR initiated investigations of Change Healthcare and UHG. The investigations are primarily focused on whether a breach of unsecured PHI occurred and on Change Healthcare's and UHG's compliance with the HIPAA Rules.

**UnitedHealth**  
**Per \$22 Million**  
**Cal Req Cost Billions**  
The hacking shut down the nation's big  
causing financial chaos that affected a  
hospitals to single-doctor practices.  
UnitedHealth Group (UHG), the company's patients continue to  
experience difficulties and delays.  
UHG's community health centres, which serve 30 million low-income and  
uninsured patients, are facing both delays to back payments and  
cyberattack

\*The l  
Adjust Noah Barsky Contributor  
\*\*Purs Noah Barsky writes about business insight in a tech-  
driven world.  
discreti  
ment Discretion. See: <https://www.federalregister.gov/documents/2019/04/30/2019-08530/enforcement->  
amounts are found at 45 C.F.R. § 102.3.  
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Investigation Considerations

Cyberattack Paralyzes the Largest U.S. Health Care Payment System

2024 The hacking shut down the nation's biggest health care payment system, causing financial chaos that affected a broad spectrum ranging from large hospitals to single-doctor practices.

Penalty Amount Per Violation	Civil Penalties
Calendar Year Cap for Violations of Identical Requirement or Prohibition**	\$25,000-\$2,134,831**

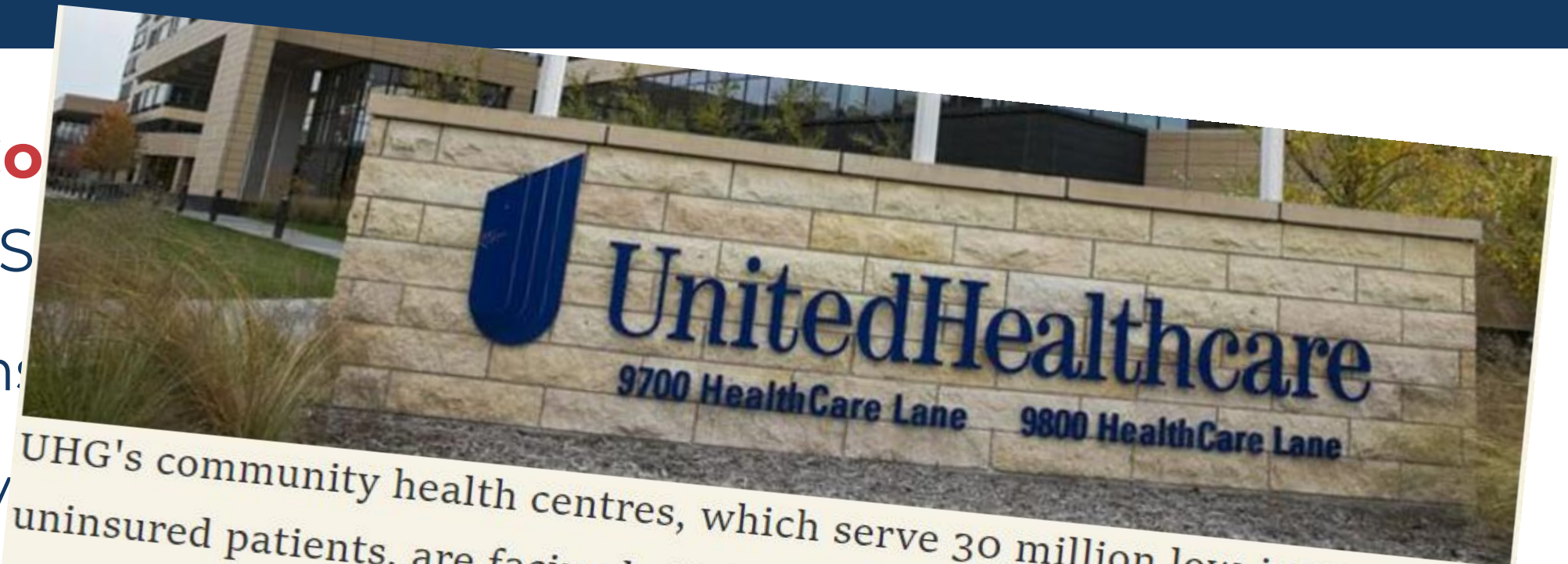
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## Investigation Co

- ✓ Nationwide increase in HHS
- ✓ Potential Fines and/or exten
- ✓ Risk of litigation / media cov
- ✓ Regulatory investigation qu



UHG's community health centres, which serve 30 million low-income and uninsured patients, are facing both delays to back payments. Three months on from the catastrophic **cyberattack on Change Healthcare**, owned by UnitedHealth Group (UHG), the company's patients continue to experience difficulties and delays. UHG's community health centres, which serve 30 million low-income and uninsured patients, are facing both delays to back payments and

## 2024 Adjusted CMP amounts pursuant to the Federal Civil Penalties Inflation Adjustment In

Penalty Amount Per Violation	
Calendar Year Cap for Violations of Identical Requirement or Prohibition**	\$25,000-\$4,100,000

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WSJ PRO  
**Months After Change Healthcare Hack, Some Medical Providers Wait for Claims Payments**  
 The aftermath of the cyberattack is taking a financial toll in the healthcare supply chain  
 By Catherine Stupp and Kim S. Nash  
 Sept. 13, 2024 5:30 am ET | WSJ PRO

## Investigation Considerations

- Increase in HHS-OCR investigations
- Reputational damage and/or extensive financial consequences
- Media coverage / patient distrust
- Investigation questions/ data requests

## 2024 Adjusted CMP amounts pursuant to the Federal Civil Penalties Inflation Adjustment Improvement Act of 2015\*

<b>Penalty Amount Per Violation</b>	\$141 to \$71,162* per violation
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## Investigation Considerations

- ✓ Nationwide increase in HHS-OCR investigations
- ✓ Potential Fines and/or extensive financial consequences
- ✓ Risk of litigation / media coverage / patient distrust
- ✓ Regulatory investigations in questions/ data requests

**UnitedHealth Paid Hackers \$22 Million, Fixes Will Soon Cost Billions**

\*The 1  
Adjust  
\*\*Purs  
discreti  
Noah Barsky Contributor  
Noah Barsky writes about business insight in a tech-driven world.  
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\$141 to \$71,162\* per violation

\$25,000-\$2,134,831\*\*

...ments to the CMP amounts pursuant to the Federal Civil Penalties Inflation  
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## Investigation Considerations

- ✓ Nationwide increase in HHS-OC
- ✓ Potential Fines and/or extensive
- ✓ Risk of litigation / media coverage
- ✓ Regulatory investigation questions

## CMS Considering Oversight For Health Care Vendors After Change Cyberattack

The goal is to limit the broader impacts on care like those seen after the Change Healthcare hack earlier this year. Among other news, Mercy health system is threatening to stop accepting Anthem insurance, and the surgeon who pioneered laparoscopy has died.

### Modern Healthcare: CMS Eyes Cybersecurity Oversight Policies For Vendors

The Centers for Medicare and Medicaid Services is planning oversight of third-party healthcare vendors in the wake of the Change Healthcare cyberattack, said Jonathan Blum, the agency's principal deputy administrator. Blum, who also serves as chief operating officer for CMS, said at Modern Healthcare's Leadership Symposium Thursday that the agency is working to determine what levers it can pull to ensure severe disruptions in care like those linked to the cyberattack on the UnitedHealth Group subsidiary aren't repeated. (Early, 9/13)

## 2024 Adjusted CMP amounts pursuant to Inflation Adjustment Improvement Act

### Penalty Amount Per Violation

### Calendar Year Cap for Violations of Identical

### Requirement or Prohibition\*\*

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**Data Request**  
OCR Transaction Number:

Please provide the following:

1. A written description of the covered entities and business associates/other entities involved (legal name, legal ownership, size of the practices, services provided, number of patients treated annually, etc.) pertinent to the incident.
2. Written narrative describing full details of the breach (e.g., how the incident took place, how the incident was discovered and investigated). Please include copies of internal incident or investigation reports. Include copies of any forensic analysis reports completed for or by the Covered Entity ("CE"). Also, confirm the final number of affected individuals and how such was determined. *See* 45 C.F.R. § 164.308(a)(6)(ii).
3. Policies and procedures pertaining to the uses and disclosure of protected health information, in effect both at the time of the incident and currently, if revised. *See* 45 C.F.R. § 164.502(a).
4. Written description and supporting documentation of all mitigation or corrective actions taken in response to the breach to ensure the breach does not reoccur. Please include documentation of all actions taken. *See* 45 C.F.R. § 164.530(f).
5. Documentation of administrative, physical, and technical safeguards in place at the time of the incident that are applicable to the reported breach incident. *See* 45 C.F.R. § 164.530(c).
6. A copy of CE's most recent comprehensive, enterprise-wide risk analysis to include all electronic protected health information (e-PHI) systems. Please also provide copies of the version in effect at the time of the incident and any previous version(s) in the past six years. *See* 45 C.F.R. § 164.308(a)(1)(ii)(A).
7. Copy of the CE's risk management plan to reduce risks identified in the risk analysis, including evidence of security measures implemented and details of planned security improvements, in effect both at the time of the incident and currently, if revised. *See* 45 C.F.R. § 164.308(a)(1)(ii)(B).
8. Documentation of CE's approved sanctions policy and evidence of sanctions imposed against the workforce member(s) involved in the incident. *See* 45 C.F.R. § 164.308(a)(1)(ii)(C).
9. Evidence of information systems activity review for user access and activity in place at the time of this incident. If any changes have been made on this compliance issue since the incident, please provide current and prior compliance measures. *See* 45 C.F.R. § 164.308(a)(1)(ii)(D).
10. Policies and procedures for authorizing access to e-PHI according to role or function in place at the time of this incident. If any changes have been made on this compliance issue since the incident, please provide current and prior compliance measures. *See* 45 C.F.R. § 164.308(a)(4)(i). Please explain whether the access to e-PHI of the workforce member involved in this incident was appropriate for the workforce member's job functions and in accordance with this policy.
11. Evidence that workforce members received security and privacy training prior to the incident. Include a copy of the training materials and evidence showing the responsible workforce member(s) attended. *See* 45 C.F.R. § 164.308(a)(5)(i).



HHS – Office for Civil  
Rights  
-  
Data Request



## LA County BOS Policies: Chapter 10 – Privacy New Chapter + six policies

## Update to LA County Ordinance: Formal establishment of the Countywide Privacy Office



FESIA A. DAVENPORT  
Chief Executive Officer

County of Los Angeles  
**CHIEF EXECUTIVE OFFICE**  
Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
(213) 974-1101  
<http://ceo.lacounty.gov>

*"To Enrich Lives Through Effective And Caring Service"*

Board of Supervisors  
HILDA L. SOLIS  
First District  
  
HOLLY J. MITCHELL  
Second District  
  
SHEILA KUEHL  
Third District  
  
JANICE HAHN  
Fourth District  
  
KATHRYN BARGER  
Fifth District

**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

17 August 9, 2022

CELIA ZAVALA  
EXECUTIVE OFFICER

August 09, 2022

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 – PROCEDURES TO ESTABLISH  
A COUNTYWIDE PRIVACY PROGRAM TO ENSURE  
THE PROTECTION OF COUNTY INFORMATION  
(ALL DISTRICTS) (3 VOTES)**



FESIA A. DAVENPORT  
Chief Executive Officer

County of Los Angeles  
**CHIEF EXECUTIVE OFFICE**  
Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
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Third District  
  
JANICE HAHN  
Fourth District  
  
KATHRYN BARGER  
Fifth District

November 15, 2022

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:

**ORDINANCE AMENDING TITLE 2 – ADMINISTRATION OF THE LOS ANGELES COUNTY CODE  
RELATING TO THE ESTABLISHMENT OF THE COUNTYWIDE PRIVACY OFFICE  
(ALL DISTRICTS) (3 VOTES)**



# Countywide HIPAA Policies

## New LA County HIPAA Subsections added to BOS Policy Chapter 10 – Privacy

<p><b>HIPAA Compliance</b> Health Insurance Portability and Accountability Act of 1996</p> 	<p>Minimum requirements for the County’s Healthcare Component Departments to comply with HIPAA, which includes:</p> <ul style="list-style-type: none"> <li>• <b>Privacy Rule</b> (Privacy of Individually Identifiable Health Information)</li> <li>• <b>Security Rule</b> (Security Standards for the Protection of Electronic PHI)</li> <li>• <b>Breach Notification Rule.</b></li> </ul> <p>Ensure that all County departments within the County’s healthcare component have requisite HIPAA policies and ensure enterprise-wide <b>regulatory compliance.</b></p>
--	---

<p>Policies focused on <b>Protected Health Information</b></p>	<p>The County must develop, implement, and maintain policies and procedures with respect to <b>PHI</b> and to prevent, detect, and correct privacy and security violations.</p>
--	---

<p>Applies to the County’s <b>Healthcare Component Departments</b></p>	<table border="0"> <tr> <td data-bbox="1102 1459 1759 1797"> <p>Auditor-Controller Chief Executive Office County Counsel Health Services Human Resources</p> </td> <td data-bbox="1775 1440 2325 1787" style="text-align: center;">  <p>Justice, Care and Opportunities Department</p> </td> <td data-bbox="2342 1459 3078 1797"> <p>Internal Services Mental Health Probation Public Health Treasurer and Tax Collector</p> </td> </tr> </table>	<p>Auditor-Controller Chief Executive Office County Counsel Health Services Human Resources</p>	 <p>Justice, Care and Opportunities Department</p>	<p>Internal Services Mental Health Probation Public Health Treasurer and Tax Collector</p>
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Minimum requirements for implementing  
- **administrative,**  
- **physical, and**  
- **technical safeguards for electronic PHI,**  
in accordance with the **HIPAA Security Rule.**



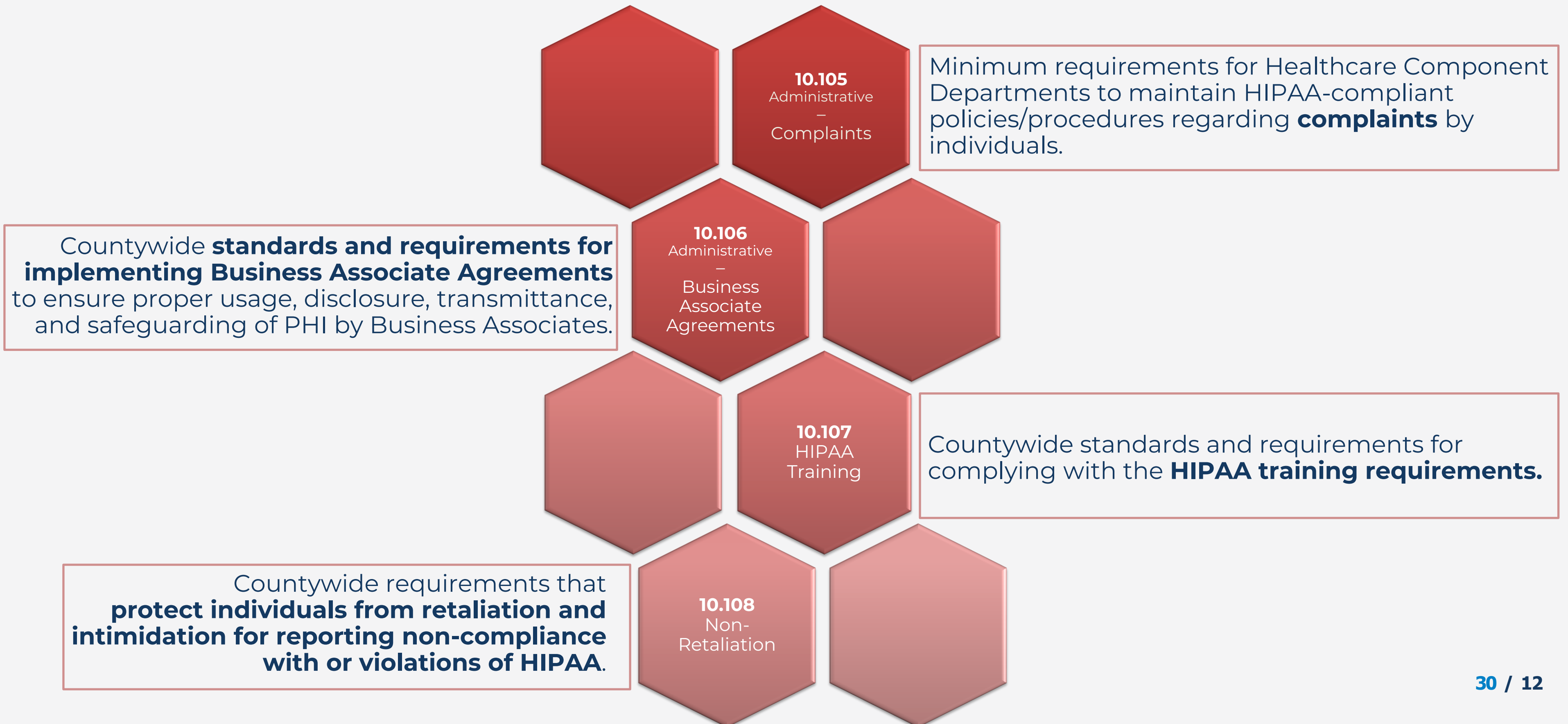
Requires the County's Healthcare Component Departments to **comply with HIPAA**, and to maintain policies/procedures in accordance with HIPAA and Board Policy.

Requires Healthcare Component Departments to maintain policies/ procedures in accordance with the **HIPAA Privacy Rule**, including:

- **Uses and disclosures of PHI**
- **Authorizations for use and disclosure of PHI**
- **Notice of Privacy Practices**
- **Individual Rights**

Requires Healthcare Component Departments to maintain policies/procedures regarding the **reporting, investigation, and notification** of Privacy Incidents and Information Security Incidents involving PHI.

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





Thank you.