BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter:	9	Information Management
Section:	5	Technology Safeguards
Topic:	2	Access Controls – Emergency Access Procedure

Page: 1 of 4	**Supersedes Date:** Pol: Proc: 4-21-05	**Approval Date:** Pol: 4-21-05 Proc: 1-21-14	_____ *Board Chairperson Signature* _____ *Chief Executive Officer Signature*

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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to allow access during an emergency to electronic Protected Health Information (e-PHI) contained within the information systems.

Purpose

This policy and procedure is established to ensure that access to critical e-PHI is maintained during an emergency situation.
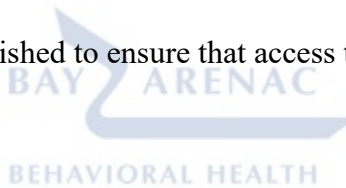
Education Applies to:

☒ All BABHA Staff
☐ Selected BABHA Staff, as follows:
☒ All Contracted Providers: ☐ Policy Only   ☒ Policy and Procedure
☐ Selected Contracted Providers, as follows:
    ☐ Policy Only   ☐ Policy and Procedure
☐ Other:

Definitions

Health Information: Any information, whether oral or recorded in any form, that is created or received by BABHA and relates to an individual's past, present, or future physical or mental health, or to the payment for such health care.

Individually Identifiable Health Information: Health information, including demographic information that identifies an individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

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<u>Operational Emergency</u>: A catastrophic or emergent event of a significance that requires specific action to maintain business continuity, such as the destruction of a BABHA site, the absence of a significant portion of the staff population due to illness or injury, or another event that would preclude BABHA from accessing and utilizing critical operational resources. Examples of potential causes of such events include acts of terrorism, chemical spills, natural disasters, fire, and pandemics. Operational emergencies may impact the entire organization or a portion of BABHA's covered service area, sites, staffs or programs.

<u>Protected Health Information (PHI)</u>: Individually identifiable health information transmitted by or maintained in an electronic media format (EPHI) or transmitted or maintained in any other form or medium, including oral and/or paper.
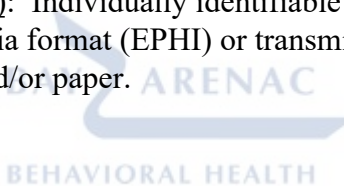
Procedure

1. In the event of an operational emergency accompanied by data inaccessibility, the BABHA Information Systems (IS) Manager, or designee, needs to be notified immediately in order to activate access to e-PHI as needed. Access will be granted within the capability of the technology network system.

2. The IS Manager, or designee, will establish emergency access procedures which may include any or all of the following:
   a. Creating a specific user account such as an administrator account that provides full access to all e-PHI.
   b. Creating a second password rather than a separate account to provide full access.
   c. Other technical accessibility methods to allow immediate and full access.

3. If a computer, computer network, or electronic system of BABHA containing e-PHI is used to provide a person treatment, and the denial or strict access to that information could inhibit or negatively affect his/her care, every attempt must be made to ensure that access to that system is made available to any health care provider or caregiver in case of an emergency. However, the level of access granted will only be to the same extent as that authorized before the emergency occurrence.

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4. IS staff will ensure access for health care professionals to the electronic medication prescribing system by contacting BABHA's current medication prescribing vendor and gaining access to their back-up system(s).

5. IS staff will track and document emergency access based on system capabilities and will ensure that emergency access is appropriate.

6. Any inappropriate emergency access will be treated as a security incident and may subject an individual to disciplinary action (see BABHA Policy and Procedure, C09-S03-T16 – Security Incident Procedures – Reporting and Responding).

7. Emergency access will be considered terminated as soon as the IS Manager, or designee, deems it is no longer necessary.

Attachments

N/A

Related Forms

N/A

Related Materials

BABHA Policy and Procedure, C09-S03-T16 – Security Incident Procedures – Reporting and Responding

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References/Legal Authority

Technology Safeguards - HIPAA Section 164.312(a)(1)

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
M. Wolber	J. Pinter, CCO	01/21/14	Revision	Revised to reflect compliance with HIPAA and updated to current practices.
B. Kish	J. Pinter, CCO	02/10/17	No Changes	Triennial Review
B. Kish	J. Pinter, CCO	02/21/20	No Changes	Triennial Review
J. Bellinger	Karen Amon, CCO	03/13/2023	No Changes	Triennial Review