

Action Item A-3

**Revision of Policy 40 – Electronic Protected Health Information**

**Background:**

CBH staff have reviewed the CBH Electronic Protected Health Information Policy (Policy #40) and are pleased to recommend revisions to the Board of Directors for review.

Certain pieces of this policy are now covered in other Information Technology Policies as outlined below in April of 2025.

This policy and accompanying revisions have been reviewed and endorsed by Pat McDermott.

**Summary of Changes:**

<b>Current Electronic Protected Health Information Policy</b>	<b>Proposed Changes to Policy</b>
Employee Access section	Exists in IS Policy 20 - General Technical Safeguards and Access Controls
Device Access section	Exists in IS Policy 20 – General Technical Safeguards and Access and IS Policy 22 - Workstation Use and Security
Types of Transmission section	Exists in IS Policy 20 - General Technical Safeguards and Access Controls
Multiple bullets in Points of Understanding	Exists in IS Policy 20 - General Technical Safeguards and Access Controls

**Motion from the CBH Executive Committee:**

That the Board approve the revisions to Electronic Protected Health Information policy as presented.

## **COLONIAL BEHAVIORAL HEALTH**

### **COUNSEL REVIEW OF BOARD POLICY**

**Name of Policy:** **Electronic Protected Health Information**

**Category:** **Administration and Operation**

**Policy No.:** **40**

**Review Date:** **December 22, 2025**

**Name of Counsel:** Patrick B. McDermott, Esq.

#### **Comments of Counsel:**

- 1. Virginia Code Compliance:** Add reference: 12VAC-115-80
- 2. Federal Law Compliance:** Reference to definitions, 45 CFR 160.103 is correct.
- 3. Grammar and Punctuation:** No Changes
- 4. Comments:** Policy is acceptable without changes.

*Patrick B. McDermott, Esq.*

**Signature of Counsel**

## Policy

**Category:** Administration and Operation  
**Title:** Electronic Protected Health Information  
**Policy Number:** 40  
**Primary Areas Affected:** CBH Organization

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## Policy

<b>Category:</b>	Administration and Operation
<b>Title:</b>	Electronic Protected Health Information
<b>Policy Number:</b>	40
<b>Primary Areas Affected:</b>	CBH Organization

## Policy Statement

Protected health information (PHI) is private and confidential, as stipulated in CBH Policy 2 – Confidentiality. Electronic PHI (ePHI) is subject to the same privacy and confidentiality restrictions as non-electronic PHI. Accordingly, each CBH employee is responsible for the security of electronic PHI. Each employee is responsible for compliance with this policy, as indicated by their signature on the Electronic Protected Health Information Employee Agreement.

Only CBH employees (including students, interns, volunteers, and consultants) may be authorized to use a CBH computer, a computer assigned by the Director of Information Services or designee, or a CBH issued mobile device when accessing ePHI. Visitors may be permitted to use a CBH computer only if preauthorized by the Director of Information Services or designee. The visitor will be required to use a local user account created and assigned by the Director of Information Services or designee.

Electronic PHI may only be saved on a secure network drive, such as the user's Home Directory ("H"), OneDrive, or a group folder within the "W" drive. Electronic PHI may not be saved to the internal memory or hard drive of a personal computer or mobile device unless administratively authorized by the agency's Director of Information Services with appropriate additional security measures, such as BitLocker.

Computer software, which is made available to the employee by the agency, is protected by U.S. Copyright Law and will not be copied without permission from the copyright owner.

Colonial Behavioral Health leadership provides specified employees the authority to document and electronically sign documents in the agency's legal health record. Under no circumstance shall the employee use their password to sign electronic documents for services delivered by any other provider. The employee's signature password shall be used to authenticate and attest documents in the electronic health record for whom

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the respective employee provides services or for entries generated by the employee as delineated in policy. By this policy, each employee certifies that they will not disclose their password to any other person or permit another person to use their password for the purposes of documenting in the health record. By this policy, each employee is informed that Colonial Behavioral Health has the right to terminate employment of any employee determined to have misused or permitted another individual to sign electronically any legal health documents on their behalf. See IS Policy 10 – Information Services policy for additional information.

## Source of Authorization

Board of Directors

## Legal/Regulatory References

45 CFR 160.103

12VAC-115-80

## Definitions

PHI is defined in 45 CFR 160.103. PHI can be in the form of text, picture, or video.

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## Diary of Changes

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### Date of Origin

07/25/2000

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### Dates of Review

12/18/2025	04/08/2019	02/02/2015	04/02/2009
12/15/2022	10/14/2016	02/25/2013	09/17/2007
12/15/2021	10/23/2015	10/01/2010	

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### Dates of Revision

11/20/2025	02/25/2013	10/16/2006
12/15/2021	10/01/2010	03/03/2005
02/02/2015	04/02/2009	06/25/2001

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### Approved By

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Signature

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Effective Date

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Ryan Ashe

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CBH Board Chair

Printed Name

Title



## Electronic Protected Health Information Employee Agreement

I have read the agency's policy and procedure on electronic signature and authentication, information systems, electronic PHI, confidentiality policies and procedures. I certify I will not disclose my confidential password to any other employee, permit another person to use my password and that I will not utilize another person's password for purposes of documenting in the electronic health record. I understand I am responsible for the content of all record entries I sign electronically and understand consequences for misuse of this privilege. By signing this document, I agree to the conditions of this policy. I understand a copy of this document is maintained in my personnel file in the Human Resources Department.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Printed  
Name: \_\_\_\_\_