Transportation of PHI On and Off-Site

APPLICABILITY:

This policy applies to the following entities (collectively referred to as "UNC Health Care System" or "UNCHCS" in this policy):

- UNC Health Care System/UNC Medical Center*
- UNC Physicians Network
- UNC Physicians Network Group Practices
- Rex Healthcare / Rex Hospital
- Chatham Hospital
- Caldwell Memorial Hospital
- UNC Rockingham Health Care / UNC Rockingham Hospital
- Johnston Health
- Lenoir Memorial Hospital
- Margaret R. Pardee Memorial Hospital
- Nash Healthcare System / Nash Hospitals
- Wayne UNC Health Care

* UNC Medical Center includes all UNC Hospitals' facilities and the clinical patient care programs of the School of Medicine UNC-Chapel Hill (including UNC faculty physicians).

I. Description

UNCHCS shall ensure that PHI in electronic or written format shall be protected from unauthorized use or disclosure of PHI during transport on-site within a facility as well as to an off-site location.

Members of the UNCHCS workforce must ensure that when transporting paper and/or electronic PHI within a facility or to an off-site location that appropriate safeguards are in place to protect the PHI being transported from unauthorized use or disclosure as set forth in this Policy.

Included within the scope of this policy are the patient care programs of the UNC School of Medicine (UNC SOM). As a result, this policy shall apply to all UNC SOM personnel, including but not limited to faculty, staff, students, trainees, interns and volunteers who may be full-time, part-time, paid or unpaid who create, store, transmit, access or use any patient information in support of clinical purposes for UNCHCS or any other healthcare entity.
II. Policy

A. Transporting Original Medical Records

1. Transport of the Original Medical Record. The original medical record may not be removed from any UNCHCS Facility unless the removal has first been approved and documented by HIM Director or a Department Supervisor of the UNCHCS Member Facility, or his/her designee.

   a. Transport Check-out/check-in Log. Whenever original medical records must be removed from the facility and taken off-site, a record documenting the transport must be created. The UNCHCS Medical Record Transport Log may be used to document the transport or such other record may be created by the facility originating the transport so long as it contains the following elements:

      i. The date the records are removed;
      ii. The reason for removal;
      iii. A description of the records being removed (to include number and type of records being removed) sufficient to identify all individuals/patients in the event the records are lost or stolen. Prepare a list of patient names for all records being removed if necessary (any list of the patient names corresponding to the records that are removed should be retained in a secure location); and
      iv. The name and contact information of the individual employee(s) removing the PHI; and
      v. The date upon which the records are returned evidenced by a signature of the individual returning the records indicating the date of return.

B. Transporting Copies of PHI

1. Transporting Paper Copies of PHI: Whenever hardcopy paper versions of PHI (actual medical records, photocopies and extra printouts) are being transported, the following safeguards should be implemented:

   a. Transporting Within a Facility:

      i. PHI should be protected from view at all times;
      ii. Use a case, closed box, folder, envelope or other protective cover during transport;
      iii. If using a rolling cart remain with the cart at all times; and
      iv. If traveling outdoors at any time during transport from one building to another, ensure that the records are protected from the elements such as wind and rain.

   b. Transporting to an Off-Site Location:

      i. If transporting the original paper medical record, obtain prior approval from your supervisor (See paragraph 1 of Section A above).
      ii. Only transport the minimum amount of PHI necessary (see UNCHCS Minimum Necessary Policy);

   c. If transporting paper PHI in a car:

      i. Never leave PHI unattended in a car;
      ii. Use a case, closed box, folder, envelope or other protective cover during transport and place in the trunk of the car or in a location in the car not readily visible to others;
iii. **Transporting Electronic Copies of PHI**: If the PHI is being brought to an employee's home or other location overnight before being returned, do not leave the PHI in the car overnight and ensure that the location in the employee's home that the PHI is stored is secure and not accessible to others, including the employee's family or guests. For employees who have received approval from their supervisor to work from home, see the UNCHCS Telecommuting Policy for additional requirements associated with protecting PHI.

C. **Transporting Electronic Copies of PHI**: PHI being transported off-site using portable electronic devices (laptops, tablets, USB drives, etc…) in electronic format must be encrypted during transport.

D. **Moving Office Spaces**: In addition to complying with the requirements set forth in paragraph 3.1 above, when moving PHI from offices as a result of an office move, the following requirements must be met:
   1. Boxes containing PHI should be labeled and numbered and logged to avoid being misplaced
   2. Boxes or other containers with PHI should never be left in an unsecure area such as a hallway or unlocked or unattended area
   3. Upon conclusion of the move, all boxes and containers should be accounted for according to the log created to track all boxes and containers.

E. **Disposal.** PHI that is no longer needed (paper or electronic) shall be disposed of in accordance with the UNCHCS Disposal and Destruction of PHI Policy.

### III. Definitions

None

### IV. References

45 C.F.R. § 164.530(c)(1)

### V. Related Policies/Forms

UNCHCS Minimum Necessary Policy

UNCHCS Telecommuting Policy

UNCHCS Disposal and Destruction of PHI Policy

UNCHCS Removal of the Original Medical Record from the Premises

### Attachments:

No Attachments

### Approval Signatures

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<thead>
<tr>
<th>Step Description</th>
<th>Approver</th>
<th>Date</th>
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<tbody>
<tr>
<td>Jerylyn Williams: VP Chief Audit &amp; Comp Officer</td>
<td>01/2019</td>
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<tr>
<td>SYSTEM Site Administrator</td>
<td>Emilie Hendee: HCS-Sr Attorney</td>
<td>01/2019</td>
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<tr>
<td></td>
<td>David Behinfar: HCS-Privacy Dir</td>
<td>01/2019</td>
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Applicability

Caldwell Memorial Hospital, Chatham Hospital, Johnston Health, Nash Health Care, UNC Health Care System, UNC Lenoir Health Care, UNC Medical Center, UNC Physicians Network, UNC Rex Healthcare, UNC Rockingham Health Care, Wayne Memorial Hospital