



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 6/9/2014)

Board Clerk Use Only

Meeting Date: 6/4/15
Agenda Item #: R.10
Est. Start Time: 10:20 am
Date Submitted: 5/7/15

Agenda Title: PROCLAMATION Proclaiming June 1 – 5, 2015 as Privacy Awareness Week in Multnomah County, Oregon

Note: Title should not be more than 2 lines but sufficient to describe the action requested. Title on APR must match title on Ordinance, Resolution, Order or Proclamation.

Requested

Meeting Date: June 4, 2015 Time Needed: 5 minutes

Department: Central HR Division: _____

Contact(s): Cindy Hahn

Phone: 503-988-5748 Ext. _____ I/O Address: _____

Presenter

Name(s) &

Title(s): Cindy Hahn, County Privacy Officer

General Information

1. What action are you requesting from the Board?

Proclaiming June 1 – 5, 2015 as Privacy Awareness Week in recognition of the importance of protecting the privacy of personal information of the clients we serve and of our employees, and to encourage our employees to build privacy awareness in ways that support an overall culture of compliance with privacy rules and regulations.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Privacy compliance continues to be a priority of the United States Department of Health and Human Services Office for Civil Rights as shown in recent enforcement actions against regional state and county governmental agencies. As a HIPAA covered entity, the County is required to provide ongoing privacy education, training and policy review to its workforce to protect the privacy of the personal information of County clients and employees.

This action affects the Privacy Officer Program Offer and impacts the results by building awareness of the compliance program and of the resources available to employees to assist them in maintaining full compliance with State and Federal law as they are required to use and disclose personal information in the course of their job duties.

3. Explain the fiscal impact (current year and ongoing).

None.

4. Explain any legal and/or policy issues involved.

Health Insurance Portability and Accountability Act (HIPAA), federal rules mandating the confidentiality of information relating to substance abuse treatment (42 Code of Federal Regulations Part 2), and Oregon state law.

5. Explain any citizen and/or other government participation that has or will take place.

None.

Required Signature

**Elected
Official or
Department**

Director: Travis Graves /s/

Date: May 7, 2015

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved.