

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 09-111
Program: All SSB Programs	Keywords:
Effective Date: April 28, 2009	Reference: 12/2/02 SSB Policy Memo
Title: DISPOSING OF CONFIDENTIAL MATERIALS	

It is branch policy that when disposing of confidential material, it be disposed of in one of the locking containers marked for shredding.

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 09-113
Program: All SSB Programs	Keywords:
Effective Date: April 29, 2009	Reference: 5/3/02 DSS Policy Memo
Title: POLICY ON CLIENT FILES	

Except in specific situations, client files shall not be taken outside Social Services Branch offices. The following are exceptions:

- 1) When client files are transferred to or from closed files or between offices. Example: The Director needs to review a case file, and it is located in another office.
- 2) When a State or Federal entity, usually Food and Nutrition Service requests the file as follow-up to a State Hearing. These cases are always logged out at the SSB Executive Secretary's desk.
- 3) For Child Abuse Services Team (CAST) or other multi-disciplinary team review (to the extent permitted by the Welfare and Institutions Code).
- 4) To accompany a Child Welfare Services social worker to juvenile court for mnemonic purposes. Note: If a worker other than the Child Welfare Services social worker is subpoenaed to appear in court, the worker does not take the case file.
- 5) When subpoenaed by a court, usually for in-chambers review by the judge. Note: For CWS Welfare and Institutions Code 827 petitions, usually a photocopy of the case is sent to the court. County Counsel should be involved in such instances.
- 6) When a custodian of records is subpoenaed to appear in court with the case record. County Counsel should be involved in such instances.
- 7) Note: Subpoenas duces tecum for records or for copies of records, where custodian of records is not also ordered to appear in court, are referred to County Counsel for review.

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Social Services	Number: 10-109
Program: All Eligibility Programs	Keywords:
Effective Date: 8/31/2006	Reference:
Title: Language Line Procedure	

Policy:

Language line booths in Interview Area, Building A and Conference Room B, Building C are to be used for the purposes of communicating with customers that do not speak English. AT&T Language Line is to be utilized for interpretation services to ensure the needs of our non-English speaking customers are being met in a timely fashion.

Procedure:

Designated language line booths

- 1) Four booths in the Interview Area, Building A, are designated for language line purposes:
 - a) Language line #1: Booth 29
 - b) Language line #2: Booth 26
 - c) Language line #3: Booth 27
 - d) Language line #4: Booth 28
- 2) Reserving a booth:
 - a) The language line booths are clearly marked and calendars are posted outside of the entrances to the booths.
 - b) Workers will write on the calendar the time frame they will need the booth on the appropriate day and include their unit number.
 - c) The booth will be considered available for use if the scheduled appointment time has not occurred within 45 minutes from the reserved time.

No language line available:

If a situation arises where a non-English speaking customer drops into the office and a staff member finds all four language line booths in use, the worker can call the Language Line from any booth in the main interview area. This would require passing the handset back and forth from worker to customer.

Large groups of non-English speaking customers

- 1) If a worker is going to be interviewing a large group of non-English speaking customers, Conference Room B, Building C will be available for use.
- 2) A large group is defined as four or more people.
- 3) Reserving Conference Room B, Building C:
 - a) Once a worker knows the date and time of the interview, they will have their supervisor enter the date and time in Outlook. If Conference Room B, Building C is already reserved, the worker's supervisor will contact the reserving party's supervisor. If the scheduled time is not related to language line and other arrangements can be made, the reserving party's supervisor is

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encouraged, but not obligated, to accommodate the party requiring the language line.

4) Drop-ins:

- a) If a staff member has a large group of non-English speaking customers drop in, the worker needs to determine if all members of the group need to be present in a language line booth. If not, the non-essential person(s) can wait in the lobby. The worker may also use Conference Room B, Building C if it is not reserved or being used for a large group that drops in.

Using Language Line Services

- 1) You received a call from a non-English speaking customer
 - a) Put the caller on hold and conference Language Line: HOLD + CONFRNC + 800-874-9426 + SEND
 - b) Language Line will prompt you to enter our 6-digit client ID: **501181**. Next, select the appropriate language. Language Line will prompt you to enter our 7-digit Department Code: **1160511**. Translator will get on the line and assist you.
 - c) Conference in the non-English speaking customer by pressing CONFRNC
- 2) You need to call a non-English speaking customer
 - a) Dial Language Line Services at 800-874-9426
 - b) Language Line will prompt you to enter our 6-digit client ID: **501181**. Next, select the appropriate language. Language Line will prompt you to enter our 7-digit Department Code: **1160511**.
 - c) Once translator is on the line, ask interpreter to call the customer and conference you into the call.
- 3) You are face-to-face with a non-English speaking customer:
 - a) Dial Language Line Services at 800-874-9426
 - b) Language Line will prompt you to enter our 6-digit client ID: **501181**. Next, select the appropriate language. Language Line will prompt you to enter our 7-digit Department Code: **1160511**.
 - c) Once translator is on the line, talk with your customer using the speaker phone or by passing the handset back and forth.

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Social Services	Number: 12-14
Program: General	Keywords: Review, Confidential
Effective Date: Immediately upon approval	Reference: MPP 19-005.1, WIC 10850.2, DHHS HIPAA Privacy Manual: Policy 10, Medi-Cal Procedures 2H, ACL 16-02, ACL 07-29, CA Evidence Code 1040
Title: CLIENT REQUEST FOR SOCIAL SERVICES CASE RECORDS	

Policy:

Non-privileged, non-confidential documents and factual information relating to eligibility that were provided solely by the applicant/recipient shall be open for inspection by the applicant/recipient or his/her authorized representative. Only the items specific to the request, whether it be a portion of, or the entire, case record will be provided. Hard copies of requested records are provided to the client; no electronic reviews take place unless necessary for an accommodation under the ADA.

Receipt of the request is acknowledged in writing within five (5) working days.

Limitations:

- 1) Authorized Representatives (AR): A client provides written authorization for another person or group to receive the client's case record.
 - a) The completed written authorization for an AR to receive the client's case record includes the name of the AR and is signed and dated by the client.
 - b) The AR presents identification prior to receiving the requested case record.
 - c) The written authorization expires one year from the date on the signed document unless the client expressly limits access by the AR to a shorter period or informs the Department of Health and Human Services, Social Services Branch that the authorization has been revoked.
 - d) Exception:
 - i. A client is not required to provide written authorization to allow inspection of a case record by another person when a client is physically present, accompanied by the person, and verbally authorizes the person to inspect documents in his or her case record or when a caretaker relative is present with a child who is receiving CalWORKs.
- 2) Mental Health (MH) and/or Public Health (PH) Records provided to the Department by the client, or provided to the Department based upon a valid release signed by the client, may be released back to the client or their AR. Journal entries that summarize diagnoses or assessments may need to be discussed with the Deputy Director's Analyst.

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- 3) Information Privileged by the California Evidence Code cannot be reviewed by the client or their AR, unless:
 - a) The client holds the privilege (i.e. physician-patient). The right of the patient to inspect his/her records is confined to the documents/information contained in their case record and does not extend to records kept by the physician.
 - b) The record can be redacted in a way to protect the privileged information.
- 4) A client is not entitled to inspect documents in his/her case record that pertain to another individual in the assistance unit/household unless the other individual has signed a written release authorizing the inspection.
- 5) Requests to inspect SIU investigation documents will be discussed with County Counsel on a case-by-case basis and are generally not open for inspection.
- 6) Parents or guardians of a minor are generally authorized to inspect the minor's case record, except when:
 - a) A health care provider determines the inspection of the record would have a detrimental effect on the provider's professional relationship with the minor patient, or
 - b) The minor's physical safety or psychological well-being may be negatively impacted.
- 7) Records of minors who have received services under Minor Consent Medi-Cal are restricted to the minor who received the services or their AR.
- 8) Other information, documents, and/or journal entries that a client may not be authorized to inspect:
 - a) Whereabouts of an absent parent
 - b) Information regarding the status of children removed from the home by Child Protective Services
 - c) Records related to domestic violence
 - d) Records related to criminal background
 - e) Mental health and substance abuse treatment
 - f) Learning disabilities
 - g) Information received from a third party that was not obtained pursuant to an authorization from the client.
 - h) MEDS printouts
 - i) County Counsel documents

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- j) Child support documents that were not signed or provided by the requestor.
- k) Documentation regarding Adult Protective Services.
- l) Documentation that reveals information about an individual that was not submitted by the requestor.

Procedure:

Request for Records: Requests may be in person, by phone, in writing, or on L-13-36 Client Request for Social Services Case Records (Attachment 1).

- 1) Staff person:
 - a) Provides or mails the completed L-13-40 Acknowledgment of Request to the requestor (Attachment 2).
 - b) Notifies the appropriate Program Managers (PM) and cc: Deputy Branch Director's Analyst via secure email with subject line "URGENT-Case Review."
 - c) If there is a Fair Hearing pending, notifies the Supervising Staff Services Analyst (SSA) in the Fair Hearings Unit by secure e-mail.
- 2) PM:
 - a) Determines if the request is for a portion of the case or the entire record. If the request is for a portion of the case, only the items specified in the request shall be provided.
 - b) If the request will include an attorney or legal advocate, sends a brief summary of the case status via secure e-mail to:
 - i. Deputy Branch Director
 - ii. Deputy Branch Director's Analyst
 - iii. Supervising SSA in the Fair Hearings Unit (if applicable)
 - iv. Supervising Welfare Investigator in the Special Investigations Unit (if applicable).
- 3) Deputy Branch Director or PM:
 - a) May assign the request process to a designated staff person for special handling if legal or other sensitive issues are of concern.
 - b) Assigns coordination of request to the Deputy Branch Director's analyst if multiple programs records are requested.

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Approval of Request---Electronic Case Records:

- 1) PM:
 - a) Designates a staff person to print the case records requested. A request for the entire case file may include printing case comments and case/data screens from Legacy.
 - b) Questions or concerns about potentially confidential or privileged information are directed to the Deputy Branch Director's Analyst.
 - i. Deputy Branch Director's Analyst: Consults with Agency Privacy Officer and when appropriate with County Counsel for clarification.
- 2) Staff:
 - a) Checks the GR Master List, CalWORKs, CalFresh, and Legacy journal entries and data entry screens.
 - b) Prints or copies the case records requested, redacting any privileged or confidential information.
 - c) If applicable, completes a CW 2213 Response to Request to Inspect Case Record (Attachment 3) when the request contains CalWORKs, CalFresh, Trafficking and Crime Victims Assistance Program (TCVAP), or Refugee Cash Assistance program case records.
 - d) Provides the case records and when applicable the CW 2213 to the PM for review and approval.
- 3) PM:
 - a) Reviews the printed case records.
 - b) Approves or further redacts the case records and gives to staff handling the records request.
- 4) Staff:
 - a) Gives the CW 2213 to the requestor when the records are provided.
 - b) Retains a copy of the completed and signed CW 2213 in the case.

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Approval of Request---Physical Case Records:

- 1) PM:
 - a) Designates a staff person to copy the case records subject to the request. A request for the entire case file may include printing case comments and case/data screens from Legacy.
 - b) Questions or concerns about potentially confidential or privileged information are directed to the Deputy Branch Director's Analyst.
 - i. Deputy Branch Director's Analyst: Consults with Agency Privacy Officer and when appropriate with County Counsel for clarification.
- 2) Staff:
 - a) Prints or copies the case records requested, redacting any privileged or confidential information.
 - b) Provides the case records to the PM for review and approval.
- 3) PM:
 - a) Reviews the printed case records.
 - b) Approves or further redacts the case records and gives to staff handling the records request.
- 4) Staff:
 - a) Completes the CW 2213 Response to Request to Inspect Case Record (Attachment 3) which is only applicable to CalWORKs, CalFresh, Trafficking and Crime Victims Assistance Program (TCVAP) and Refugee Cash Assistance program case records.
 - b) Provides the CW 2213 to the PM for review and approval.
 - c) Gives the CW 2213 to the requestor when the records are provided.
 - d) Retains a copy of the completed and signed CW 2213 in the case.

Denial of Request (May be denied in whole or in part);

- 1) PM or designee:
 - a) Completes the L-13-39 Denial of Client Request for Social Services Case Records (Attachment 4) and mails to the requestor.
 - b) Sends a copy of the L-13-39 written response to the Deputy Branch Director's Analyst via secure e-mail.

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Requestor Disputes the Denial in Whole or in Part:

- 1) PM:
 - a) Consults with the Deputy Branch Director.
 - i. Denial Upheld: PM responds to requestor by phone or in writing if a phone number was not provided.
 - ii. If the dispute remains unresolved, refers requestor to the DHHS Compliance Line (707) 441-5410.



SOCIAL SERVICES
929 Koster Street Eureka, CA 95501
707.476.4700 Fax: 707.441.2096
Kelly Hampton, Deputy Branch Director

Client Request for Copies of Social Services Case Records

Client Name

Case #

Phone Number

I request to receive a copy of all or part of my Social Services case records. I understand that:

1. Social Services will respond to the receipt of my request within five (5) business days.
2. I will only receive copies of records specific to the reason for my request.
3. If I request more than one copy of the records, I will be required to pay \$.10 per page.

I give permission for _____ to receive my case records
as my authorized representative (AR).

This written authorization shall expire one year from the date below unless you expressly limit access
by the Authorized Representative to a shorter period or you inform the Department of Health and
Human Services, Social Services Branch that the authorization has been revoked.

Case Records Requested:

Applicant/Client Signature

Date

County Use Section (Completed by PM or Designee):

Case Name: _____

Case #: _____

AR ID Verified: _____

Date to Client/AR: _____

Date to Deputy Director's Analyst: _____

Denial Date: _____

If request approved, contact requestor. If request denied, complete the L-13-39.



SOCIAL SERVICES
929 Koster Street Eureka, CA 95501
707.476.4700 Fax: 707.441.2096
Kelly Hampton, Deputy Branch Director

Dear Mr. Mouse

On we received your request for your case records. We are processing your request as quickly as possible. We will notify you when the records are available for pick up.

Sincerely,

**RESPONSE TO REQUEST TO INSPECT CASE RECORD
CALWORKS, CALFRESH, TCVAP, AND REFUGEE PROGRAMS**

CLIENT NAME:

CLIENT CASE NUMBER:

AUTHORIZED REPRESENTATIVE:

You or your Authorized Representative (AR) have the right to inspect your entire case record, except for information that has been determined to be privileged or confidential by the County Welfare Department (CWD).

On _____, you or your AR requested to inspect:
DATE

Your entire case record for: CalWORKs CalFresh TCVAP Refugee Cash Assistance

A portion of your case record CalWORKs CalFresh TCVAP Refugee Cash Assistance
including:

The CWD is providing you or your AR access to inspect:

The entire case record for: CalWORKs CalFresh TCVAP Refugee Cash Assistance

The portion of the case record requested for: CalWORKs CalFresh TCVAP Refugee Cash Assistance

The CWD has removed documents or redacted the information determined to be privileged or confidential based on the following:

Confidential information about another adult or head of household in or out of the home. The CWD can authorize inspection of this information if the person signs a release form giving you permission to inspect this information.

If removed, number of removed documents: _____

Mental health records.

If removed, number of removed documents: _____

Whereabouts of an absent parent received from a Child Support Agency.

If removed, number of removed documents: _____

Child Protective Services reports or information regarding the whereabouts of children removed from the home by Child Protective Services.

If removed, number of removed documents: _____

Other _____

If removed, number of removed documents: _____

For questions or to discuss your request to inspect some or all information and documents of your case record, please contact _____.

PREPARED BY:

NAME AND TITLE OF PREPARER:

DATE:



SOCIAL SERVICES

929 Koster Street Eureka, CA 95501

707.476.4700 Fax: 707.441.2096

Kelly Hampton, Deputy Branch Director

Case Name

Case #

Phone Number

The request for the case records is denied in full or part because:

- ☐ No valid release of information for authorized representative.
- ☐ There are no case records within the 3-1/2 year retention period.
- ☐ Other:

If you have any questions or concerns about the denial, please contact _____

at _____, or you may contact the Compliance Line for Department of Health &

Human Services at 707-441-5410.

Sincerely,

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 12-18
Program: General	Keywords: Buildings, Security, Visitors
Effective Date: May 1, 2012	Reference: ADM 196
Title: Visitors and Vendors to DHHS – Social Services Branch, Building C	

Policy:

Humboldt County Department of Health and Human Services (DHHS) – Social Services Branch (SSB) is committed to maintaining the security of personnel, property, clients and information. A clear visitor policy will provide a safe and secure workplace and offer consistent guidelines for staff.

DHHS buildings clearly denote areas which are restricted to staff from the general public. Areas are typically restricted or deemed nonpublic for confidentiality, security and safety of the public, patients, clients or staff and records. Areas that are restricted/non-public may be accessed only by employees with visible identification. Common areas continue to be accessible to employees, visitors and clients.

Definitions:

- 1) Visitor: Any person who is in a nonpublic or restricted area who is not a client and not an employee at that site (or whose badge, key or PIN code does not allow them entry into that site). There are three types of visitors:
 - A) Non-DHHS employees visiting a site for either a business (job interview) or personal reason (visiting a family member or friend);
 - B) DHHS employee whose badge does not allow entry into the building or a restricted site; or
 - C) An individual in a vendor or contractor capacity.
- 2) Non-DHHS employees: A person who does not work for DHHS. This does not include a client/patient presenting for services, who is with or accompanied by a DHHS employee.
- 3) Authorized Visitor: A person whose visit is approved by a DHHS employee.
- 4) After Hours: Any time other than normal business hours.
- 5) Identification: All DHHS employees, volunteers and interns must wear their identification badge at all times while working and in a visible manner. All student interns and volunteers must go through DHHS Employee Services to be registered and have an identification badge issued.
- 6) Common Areas: Each building may have areas that are designated common areas such as, but not limited to: lobbies, reception areas and conference or meeting rooms. In such common areas, "Visitor" stickers/badges are not necessary. DHHS facilities are open to the public however, entrance beyond common areas by other than DHHS employees, staff accompanied clients and

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Program: General	Keywords: Buildings, Security, Visitors
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Title: Visitors and Vendors to DHHS – Social Services Branch, Building C	

authorized visitors is prohibited with the exception of access to restrooms and telephones. Access to restrooms and telephones is permitted in accordance with each facility's program protocol.

- 7) Restricted Areas: All DHHS buildings have areas that are designated as restricted. Appropriate safeguards shall be used in such areas including locked doors and, if necessary, security guard protection. Entrance to restricted areas is limited to employees who have functional purposes in those areas.
- 8) Visitor Check-In: All people meeting the "visitor" definition are required to check in at front reception or other designated area per building protocol and sign a visitor log. When leaving, the visitor is to sign out on the visitor log. If the visitor does not have a DHHS-issued badge, the visitor shall be given a "Visitor" sticker/badge to wear in a visible place on their person. Authorized visitors are generally required to have a specific purpose in the restricted area such as a meeting or task to complete on equipment that cannot leave the restricted area.
- 9) Escort: The visitor shall be escorted by an authorized DHHS employee into a restricted area. Inspectors, including Federal, State, County or City officials shall be escorted by the individual in charge of the area to be inspected. In the event that the responsible individual is not available, Branch Administration shall be notified of the visitor by front reception and will identify an escort.

Staff Training and Monitoring

This policy will be reviewed with staff in the following ways to ensure they are informed, training and understand the need to comply with the policy. This will occur in the following ways:

- 1) New employee orientation;
- 2) Introductory and annual HIPAA training;
- 3) All Staff, Division and Unit meetings; and
- 4) Supervisory meetings.

Monitoring for staff policy training will occur the following ways:

- 1) Sign-in sheets from New Employee Orientation, Introductory HIPAA and annual HIPAA trainings.
- 2) Agendas from All Staff, Divisional, Unit and Supervisory meetings.

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Title: Visitors and Vendors to DHHS – Social Services Branch, Building C	

Procedure:

Visitor checks in at the CalWORKs Clerical office.

CalWORKs Clerical staff member:

- 1) Has visitor complete Visitor Sign-In Log (Attachment 1):
 - A) Date
 - B) Name and organization
 - C) Time in
 - D) Staff name they are meeting with or event they are participating in.
- 2) Issues Visitor badge by writing in badge number on Visitor Log.
- 3) Notifies staff member of visitor.
- 4) Escorts visitor to location of event if a staff member is not involved.

After meeting or event concludes, staff member:

- 1) Escorts visitor to CalWORKs Clerical.

Visitor:

- 1) Completes Visitor Sign-In Log with "Time Out".
- 2) Returns issued Visitor badge.

Visitor Sign-In Log

[illegible]

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 13-23
Program: All Programs	Keywords: Chain of Command, E-Mail, Staff, Voicemail, Service
Effective Date: September 20, 2013	Reference: W&I 10500
Title: CUSTOMER SERVICE EXPECTATIONS for ALL STAFF	

Policy:

All individuals who staff comes into contact with, either by telephone or in person during the work day, are considered customers. This includes individuals requesting or receiving services; co-workers; supervisors; administration staff; staff of partner agencies; and, the general public. All customers are to be treated with courtesy and respect. Excellent customer service entails providing accurate, efficient, consistent, and timely services at all times.

All staff are expected to work toward fulfilling the Department's Vision: "People helping people live better lives." Every DHHS employee plays a role in this vision. Meeting the mandates and timeframes set by regulations and policies of each program contributes to fulfilling this goal.

Procedure:

In order to ensure customers receive excellent customer service:

All Staff:

- 1) Projects a positive attitude towards the Health and Human Service Department – Social Services and all its entities when conversing with clients, co-workers, members of the community, as well as other state and county agencies.
 - a. Utilizes the chain-of-command to report issues that concern other units or divisions, and limits discussion of perceived concerns to this venue.
 - b. Ceases participation in conversations about another employee, unit or division's perceived issues.
- 2) Ensures that the tone in any communication, whether written or oral, conveys helpfulness and is considered pleasant.
 - a. Rereads any e-mail message prior to sending and ensures needless or negative commentary is omitted.
 - b. Recognizes that tone of one's voice conveys information just as words do.
 - c. Recognizes that how tone is perceived, rather than how it is intended, leads to the evaluation of tone.

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Title: CUSTOMER SERVICE EXPECTATIONS for ALL STAFF	

- 3) Answers assigned workstation telephone line and checks corresponding voice mail for messages.
 - a. Answers telephone calls within three (3) rings when possible and limits unanswered calls from being forwarded to voicemail.
 - b. Utilizes an 'Out of Office' message when there is a planned absence consisting of one (1) day or more.
 - c. Reviews voicemail messages a minimum of twice in the morning and twice in the afternoon.
 - d. Returns telephone calls within one (1) work day or within twenty-four (24) hours of call being received.
 - e. If requested information is not available, a return telephone call is made informing the individual of an anticipated date when complete information will be available.

- 4) Reads and answers e-mail messages on a daily basis throughout the workday.
 - a. Utilizes an 'Out of Office' message when there is a planned absence consisting of one (1) day or more.
 - b. Reviews e-mail messages a minimum of twice in the morning and twice in the afternoon.
 - c. If a complete response cannot be given, a brief e-mail should be sent informing the original sender when the completed response can be expected.

- 5) Remains flexible when last minute or urgent situations require adjustment or immediate action during their workday.
 - a. Recognizes that everyone is subject to unplanned absences and unforeseen emergencies, and is willing to accept last minute duties as assigned.
 - b. Maintains a positive attitude when taking on last minute reassignments or when assisting others as assigned.

- 6) When there are scheduled absences and vacations, works with Supervisor to ensure there is a plan in place to ensure minimal disruption to work flow.
 - a. Prepares, to the extent able, for the absence to have minimal impact on external and internal customers.
 - b. Documents tasks, meetings, etc. in order for co-workers to be able to fill in appropriately where necessary and when assigned.

POLICY and PROCEDURE	
Humboldt County Department of Health and Human Services Social Services	Number: 14-02
Program: All	Keywords: Temporary Lodging, Shelter
Effective Date: 2/1/14	Reference:
Title: Social Services Funded Temporary Lodging/Shelter Annual Approval Process	

Policy: All Humboldt County Department of Health and Human Services-Social Services (DHHS-SS) funded temporary lodging/shelter (i.e. motel/hotel room) will provide reasonable accommodation that meets basic health and safety guidelines to customers in order to meet program goals. Lodging will meet the basic standards specified in the currently adopted housing codes of the locality.

Lodging within Humboldt County, outside incorporated city limits, will meet the basic standards outlined in California State Housing Law Division 13, Part 1.5 Section 17920.3 and the currently adopted Uniform Housing Code. The Temporary Lodging Checklist (Attachment 1) will be used to assess acceptability of all facilities annually prior to their approval as a temporary lodging/shelter resource. A copy of current business permit(s) and/or operator licenses will be provided by the facility as part of the annual evaluation process. Site assessments may be completed by any Social Services staff member as needed. Site may be reassessed on request of management if it is not approved initially. Reassessment must be completed by Supervisor or their designee.

Procedure:

Initial assessment

Staff Member:

- 1) Contacts site for assessment of property.
- 2) Consults with site management to conduct evaluation.
- 3) Completes C-14-08 Temporary Lodging Checklist.
- 4) Receives a copy of current business license(s) and operators permit.
- 5) Completes Temporary Lodging Checklist Statement.
 - a) Indicates recommendation for approval/rejection.
- 6) Submits completed Temporary Lodging Checklist with documentation to Supervisor.

Supervisor:

- 1) Reviews Temporary Lodging Checklist packet.
- 2) Returns packet to staff member if incomplete.
- 3) Signs Checklist Statement.

POLICY and PROCEDURE	
Humboldt County Department of Health and Human Services Social Services	Number: 14-02
Program: All	Keywords: Temporary Lodging, Shelter
Effective Date: 2/1/14	Reference:
Title: Social Services Funded Temporary Lodging/Shelter Annual Approval Process	

- 4) Notifies staff member that site is approved for immediate use as temporary lodging and/or shelter resource.
- 5) Forwards packet to Social Services Director's Analyst.

Social Services Director's Analyst:

- 1) Retains completed Temporary Lodging Checklist and documentation in file.
 - a) Retention period is five (5) years from date of last activity.
- 7) Updates log with site approval/rejection information.
- 8) E-mails Program Managers, Deputy Director and Director with site status (approved/rejected).

Reassessment (on request of site management)

Supervisor or their Designee:

- 1) Visits site for in-person reassessment of property.
- 2) Meets with site management to conduct evaluation.
- 3) Completes Temporary Lodging Checklist, focusing on areas of deficiency from failed evaluation.
- 4) Confirms copies of business license(s) and operator's permit are in file.
- 5) Completes Checklist Statement.
 - a) Indicates recommendation for approval/rejection.
- 6) Submits completed Temporary Lodging Checklist with documentation to Program Manager.

Program Manager:

- 1) Reviews Temporary Lodging Checklist packet.
- 2) Discusses reassessment findings with Supervisor.
- 3) Signs Checklist Statement.
- 4) Forwards packet to Social Services Director's Analyst.

Social Services Director's Analyst:

- 1) Retains completed Temporary Lodging Checklist and documentation in file.
 - a) Retention period is five (5) years from latest date of completion.
- 2) Updates log with site reassessment approval/rejection information.
- 3) E-mails Program Managers, Deputy Director and Director with site reassessment status (approved/rejected).

Facility Management Criteria <i>Facilities must have a minimum of 50 points to be eligible</i>		
All facilities must provide a copy of current business permit(s) and operating licenses		
Possible Points	Check if applicable	Criteria
50		1. Tier 1 facility as defined by the City of Eureka Hotel Ordinance (Eureka Municipal Code Title 15 Chapter 150).
10		2. Requires all adult guests and visitors to present government-issued photo ID at the front desk immediately upon arrival.
5		3. Requires that guests and visitors be at least 21 years old, unless accompanied by a parent or legal guardian.
10		4. Maintains and enforces "no rent" and "no trespass" lists.
5		5. Limits visitors and contact between strangers.
5		6. Prominently posts notices and signs that clearly outline appropriate guest and visitor behavior, as well as the sanctions that will be levied against violators.
10		7. Refuses to rent to known or suspected prostitutes, gang members or drug dealers, or to anyone clearly intoxicated or under the influence of illicit substances.
10		8. Employs well-trained, uniformed, on-site security guards, with clear expectations regarding duties.
5		9. Prohibits "back-in" parking.
5		10. Actively monitors facility security via Closed Circuit Television (CCTV).
10		11. Meets all site standards criteria below.
		= Total Points **Facility Evaluation must total a minimum of 50 points in order to approve site for eligibility as a temporary lodging or shelter resource.
Site Standards Criteria		
Adequate	Deficient	Standard <i>Cal. State Housing Law Division 13, Part 1.5 Section 17920.3, Eureka Municipal Code §150.311</i>
		1. <i>Space and security:</i> The facility provides each resident with an acceptable place to sleep and adequate space and security for themselves and their belongings. a. Doors and windows have working locking mechanisms. b. Window coverings are sufficient to provide privacy.
		2. <i>Bedding and Linens:</i> Each room is supplied with an adequate number of beds and linens for the number of occupants. Linens include, but are not restricted to, pillow cases, sheets and towels. a. Mattresses, box springs and bedding are adequate and sanitary; free from stains, holes, rips or odors in excess of normal wear and tear. b. Adequate linens are provided and sanitary; free from stains, holes, rips or odors in excess of normal wear and tear. c. Linens (except quilts, bedspreads, blankets and comforters) are laundered upon each change of occupancy or at least once a week if occupancy does not change.
		3. <i>Interior air quality:</i> Each room or space within the facility has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents. a. All surfaces, including carpeting, flooring and fixtures, shall be free from mold and mildew.

		4. <i>Water Supply:</i> Hot and cold running water is available in each unit.
		5. <i>Sanitary Facilities:</i> Each resident has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste. a. In unit bathroom facilities shall be cleaned and sanitized upon each change of occupancy or at least once a week if occupancy does not change. b. Shared sanitary facilities shall be cleaned and sanitized each day.
		6. <i>Thermal environment:</i> The unit has any necessary heating/cooling facilities in proper operating condition.
		7. <i>Illumination and electricity:</i> a. The facility has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. b. There are sufficient electrical sources to permit the safe use of electrical appliances in the facility while assuring safety from fire. c. All wiring is secured and appears to be in good condition. d. Electrical items installed by the owner, operator or manager, including lamps and televisions are to be properly maintained and in operable condition.
		8. <i>Food preparation:</i> Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. <i>Sanitary conditions:</i> The facility interior and exterior is maintained in a safe and sanitary condition.
		10. <i>Fire safety:</i> a. There is at least one working smoke detector in each occupied unit of the facility. Where possible, smoke detectors are located near sleeping areas. b. All public areas of the shelter have at least one working smoke detector. c. If the unit is to be occupied by a hearing-impaired resident, the fire alarm system must include an alarm designed for a hearing-impaired person.
		11. <i>Infestation:</i> The dwelling units are free from obvious signs of insect, vermin or rodent infestation.
**Senate Bill 1394 requires all hotels and motels in California to have Carbon Monoxide alarms or detectors installed by January 1, 2016		

- Facility Evaluation must total a minimum of 50 points in order to approve site for eligibility as a temporary lodging/shelter resource.
- All facilities must provide a copy of current business permit(s) and operating licenses to be maintained by the Department in site evaluation file.
- Site evaluations to be completed annually prior to approval of facility as a temporary lodging/shelter resource.

CHECKLIST STATEMENT

I certify that I am **not** a certified inspector and I have evaluated the property located at the address below to the best of my ability and find the following:

- ☐ Property meets all of the above standards.
☐ Property does not meet all of the above standards.

Therefore, I make the following determination:

- ☐ Property is approved for use as temporary shelter at this time.
☐ Property is not approved for use as temporary shelter at this time.

Property Name: _____

Property Street Address: _____

City: _____ CA, Zip: _____

Evaluator's Signature: _____ Date: _____

Evaluator's Name (Print): _____

Reviewed by Supervisor:

Supervisor Signature: _____

Supervisor Name (Print): _____

Owner's Name (Print): _____

Owner's Phone Number: _____ Cell: _____

Owner's Address: _____

Manager's Name, if different (Print): _____

Manager's Phone Number: _____ Cell: _____

Manager's Address: _____

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Social Services	Number: 15-15
Program: General	Keywords: Interpreter, Translator
Effective Date: 7/1/15	Reference: 15-06 Payment for Interpreter/Translator Services
Title: Interpreter/Translator List	

Policy: The Department of Health & Human Services (DHHS) - Social Services maintains and updates a list of available Interpreters/Translators that may be utilized for the provision of services to clients as needed. The Interpreter/Translator list is provided as a courtesy; service providers are not required to be placed on the list and clients are not required to use the service providers listed.

The Social Services Deputy Director's Analyst is responsible for updating and maintaining the list.

Procedure:

Social Services Deputy Director's Analyst:

- 1) Provides an orientation packet to potential interpreter/translator upon request.
- 2) Orientation packet includes:
 - a) Your Rights brochure (Pub 13) (Attachment 1)
 - b) What does HIPAA mean to me? Brochure (Attachment 2)
 - c) Humboldt County DHHS Confidentiality Statement (Attachment 3)
 - d) V-13-28 Interpreter Fact Sheet and Certification (Attachment 4)
 - e) V-13-39 Independent Contractor and Sole Proprietorship Mandated Reporting form (Attachment 5)
 - f) A-13-20 Interpreter/Translator Requisition form (Attachment 6)
 - g) W-9 Request for Taxpayer identification and Certification form (Attachment 7)
- 3) Interpreter/Translator is responsible for completing and returning the following forms:
 - a) Humboldt County DHHS Confidentiality Statement
 - b) V-13-28 Interpreter Fact Sheet and Certification
- 4) Reviews returned forms.
 - a) Incomplete or illegible forms are returned to the interpreter for completion.
- 5) Adds interpreter/translator to list.
- 6) Maintains updated interpreter/translator list.
- 7) Provides updated list to programs.

- You cannot get your wheelchair into examination, interview rooms or restrooms.
- Men get referred to job training for better paying jobs than women.
- The county does not want you to have training because they say you are "too old."
- You are not allowed to adopt a baby because you are of a different race.

DISCRIMINATION COMPLAINTS

If you think you have been discriminated against, you may submit a complaint application separately to the County or the State, and the Federal Government. The Federal agency that you must complain to depends on which program your complaint is about.

You can file a discrimination complaint with:

1. FOR ALL PROGRAMS ADMINISTERED BY

YOUR COUNTY WELFARE DEPARTMENT:

The County's Civil Rights Coordinator. Ask your county office for the name, address and phone number of their Civil Rights Coordinator. He/she will independently investigate your complaint.

2. Civil Rights Bureau

California Department of Social Services
744 P Street, MS 8-16-70
Sacramento, CA 95814
(916) 654-2107
(866) 741-6241 (Toll-Free)

3. FOR THE CALFRESH PROGRAM:

United States Department of Agriculture
Director, Office of Civil Rights,
Room 326-W, Whitten Bldg.
1400 Independence Avenue, S.W.,
Washington, D.C. 20250-9410
(202) 720-6382 (voice and TTY)

4. FOR ALL OTHER PROGRAMS:

Health and Human Services
Office of Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310 (voice)
(415) 437-8311 (TDD)

TIME LIMITS TO TAKE ACTION

If you suffer discrimination, you must submit your complaint within 180 days of the actual discrimination. If the discrimination also affected the level of your benefits and services, you must also ask for a state hearing within 90 days. A discrimination investigation cannot change your benefit levels or services...only a state hearing can do that.

LIMITS ON CERTAIN RIGHTS

Although you have the right to privacy and confidentiality, there are certain laws that allow limited exceptions. You can ask the county for the laws.

QUESTIONS

If you have any questions about the rights listed here, call the Public Inquiry Unit: toll free (800) 952-5253. The TDD toll-free telephone number is (800) 952-8349.

PROGRAMS COVERED BY THIS PAMPHLET

- Adoption Assistance Program (AAP)
- Adult Protective Services
- Alcohol and Drug Program
- California Food Assistance Program (CFAP)
- Medi-Cal
- CalWORKs
- CalWORKs Child Care
- CalWORKs Welfare-to-Work Program/Services
- Cash Assistance Program for Immigrants (CAPI)
- Child Welfare Services
- Denti-Cal
- Early & Periodic Screenings, Diagnosis, and Treatment (EPSDT)
- CalFresh (Food Stamps)
- Foster Care
- In-Home Support Services
- Kinship Guardian Assistance (Kin-GAP)
- Mental Health

- Multipurpose Senior Services Program (MSSP)
- Personal Care Services Program (PCSP)
- Refugee Cash Assistance
- Social Services



STATE OF CALIFORNIA
HEALTH AND HUMAN
SERVICES AGENCY
DEPARTMENT OF
SOCIAL SERVICES



*... for people applying for
or receiving public aid in
California*



**Tell us if you need help
because of a disability**



Ask for a free interpreter

This pamphlet is available from your Local
County Welfare Office and at www.cdss.ca.gov in
the following languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hmong
- Japanese
- Korean
- Lao
- Mien
- Portuguese
- Punjabi
- Russian
- Spanish
- Spanish Large Print
- Tagalog
- Ukrainian
- Vietnamese

Also Available in large print, Braille, and Audio CD

All people and organizations providing public assistance must respect your rights. They can help you understand and apply for benefits and services.

- YOU HAVE A RIGHT TO...

1. Understand what is happening with your application and aid.

- IF YOU ARE HAVING PROBLEMS WITH YOUR AID
OR SERVICES:**

- *Discrimination complaint:* If you feel that the county has discriminated against you, you can make a discrimination complaint to the County's Civil Rights Coordinator or to the State Civil Rights Bureau, and to the Federal Government. You must do this within 180 days of the discrimination. For more on this, see the section beginning "Prohibited Discrimination."

■ **Grievance:** You can file a complaint with the county if they have a grievance procedure. **This does not protect your benefits** in the way that asking for a state hearing does.

■ You can ask for a state hearing any time you disagree with a country's action on your benefits or services.

- ## CONTINUING YOUR AID OR SERVICES PENDING A STATE HEARING

You MUST ask for a hearing on any new notice you get, if you disagree.

1. Phone: Ask for a State Hearing by contacting the CA Department of Social Services at (800) 743-8525 or (800) 952-5253
2. Fill out the back of your Notice of Action (NOA) or send a written request to: CDSS, State Hearing Division
7444 P Street M.S. 09-17-37
Sacramento, CA 95814

Under State law, welfare agencies may not provide you aid, benefits or services that is different from aid provided to others on the basis of

Race, Color, National Origin (including language), Ethnic Group Identification, Age, Disability, Religion, Sex, Sexual Orientation, Political Affiliation, Marital Status, or Domestic Partnership

Federal Law also prohibits:

- ## EXAMPLES OF DISCRIMINATION

- The County does not give you a free interpreter.
- A worker tells a certain ethnic group about more programs and services than people of other ethnicities.
- The County won't help you get audio tapes of a program orientation to help you with a disability that makes it hard for you to read.
- A worker learns of your religion or politics and then treats you differently.
- You can't get to appointments because the county building does not have an elevator.

considered ePHI when it is "in transmission," such as when you send an email.

How Is ePHI Protected?

The Security Rule requires that the County put technical controls in place to ensure that ePHI is protected from unauthorized access. Our Information Technology staff does that in many ways, including assigning unique user IDs and passwords for network access, reviewing audit logs of who is accessing e-PHI, having virus protection in place, backing up ePHI each day, and checking those

What Does This Mean To Me?

You are the most important link in the security of ePHI. Security is more than a product or a set of policies, and it requires the consistent effort of a well-informed and diligent workforce. Access to ePHI is granted based on the role you play in the Department, and on your need to know certain information.

If you have access to information (for example, client records or patient charts) but you do not have the need to know about some records, you are required to refrain from viewing records. System audits are performed randomly to assure that staff are not viewing records inappropriately.

Viewing confidential records for which you do not have a need to know is a HIPAA violation!!

What Are My Responsibilities?

- If you are given a network account, never share your password.
- When at a computer, be aware of who may be viewing your screen when patient information is displayed.
- Lock the workstation when leaving (activate the screensaver by pressing control/alt/delete keys then select 'lock computer').
- If you suspect your password is known by someone, report it immediately to the DHHS

Help Desk.

- When using a laptop or other portable equipment (diskette, CD, memory key, etc) to store patient/confidential information, ensure it is encrypted and all the information is removed immediately from the portable equipment to a permanent location upon return to the office.

- If you suspect electronic patient information was disclosed (accidentally or willfully) you must report it to your supervisor.

- Treat your access to ePHI carefully. Do not misuse it by viewing records for which you have no need to access.

- Do not download non-work related material from the internet.
- Do not open suspicious email.

- Prevent malicious virus attacks to your PC and the to the DHHS network.

Can I Send ePHI Through Email?

The Security Rule requires that we protect ePHI, and an email in transmission is not secure unless proper safeguards are applied. The email you send can be intercepted and read by an unauthorized individual at any point in transmission. Also, emails can be sent to the wrong person. Once you press the "send" button, it is out of your control. Before sending ePHI through email, first ask yourself if the PHI *must* be sent by email, or if another option is available. If email must be used, one option is to send the PHI in a password-protected document, and send the password in a separate email. NEVER put PHI in the subject line of an email.

How Can I Get More Information?

If you have questions or would like a copy of the Rule, you may contact:

DHHS HIPAA Privacy Officer by phone at
(707) 441-5410

DHHS HIPAA Security Officer by phone at
(707) 441-5407



What does HIPAA mean to me?

This Brochure Provides Basic Information About The HIPAA Privacy And Security Rules And How It Affects The Way We Do Our Jobs!

What Is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is a Federal law passed by Congress that protects the privacy of an individual's medical information and was implemented by the Federal Department of Health and Human Services.

What Does HIPAA Cover?

- Health care transactions like eligibility, authorizations, claims, and payments.
- Confidentiality and privacy of health information.
- Security of electronic systems that receive, maintain, and transmit health information.
- Samples in DHHS can include services information, case narratives, and medical charts.

Who Is Protected By HIPAA?

- Persons receiving health care services provided by Humboldt County employees;
- Persons receiving health care services paid for by Humboldt County

What Information Is Confidential?

Any information about the health of an individual which identifies, or can be used to identify the individual, is confidential. HIPAA Privacy applies to information communicated orally and in writing. It applies to information stored in hard copy. HIPAA Security applies to any electronic device or database, or information that is transmitted

Protecting Clients Privacy is Everyone's Responsibility

What Are The Key Patient Rights Under HIPAA?

- Right to receive a Notice of Privacy Practices (NOPP) regarding their health information
- Right to inspect and obtain a copy of their protected health information (PHI)
- Right to request an amendment of PHI
- Right to request a restriction of uses and disclosures of their PHI
- Right to receive notification of a breach
- Right to an accounting of disclosures
- Right to file a privacy complaint
- Right to confidential communications
- Right to receive an electronic copy of medical records

I Don't Even Work Around Patients, Why Tell ME?

You do not have to work directly in patient care to be affected by HIPAA. If you work for the County, you may see patient information every day. For instance if you work in a billing or an accounting office, you might not see the patients, but you will see information about them. That information is confidential. If you work in custodial services or maintenance, you may have access to locked offices that often contain confidential information about patients. If you walk through patient care or client services programs on your way to your office, you may come in contact with patients or clients. HIPAA says we must keep information about our patients and clients confidential.

What About Casual Contact?

If you gain confidential information even accidentally, in the course of performing your job duties or as a result of your employment relationship with the County, you must not share it. For example, if you see a friend at the County as a patient, you must not disclose that to anyone else - not to other friends, not to your family, not to your friend's family. Our patients have a legal right to privacy and, in your role as an employee, you have an obligation to maintain that privacy.

May I Share Information With A Co-Worker?

No. Not unless your co-worker has a need to know the information.

What Do You Mean, "Need To Know?" (i.e. Minimum Necessary Rule)

Your need to know confidential information is defined by the job you perform. If you must know the information to successfully perform your job duties, then you have a right to know the information. Your co-worker, however, might not need to know the same information as you in order to do his or her job. You should access the 'minimum necessary' amount of confidential information required to complete the task.

What Happens If I Release Confidential Information?

Violating the confidentiality and privacy of our patients and clients, even unintentionally, is serious and can result in discipline up to and including termination. In addition, the misuse of patient information is a violation of HIPAA and may result in fines and criminal penalties.

What Should I Do If I See Confidential Information?

If you see confidential information left unattended or unsecured or you witness any practice that you think might result in release of confidential information, you should secure it if possible and either report it to your immediate supervisor or to a HIPAA Coordinator. The important thing is that you tell someone so that the problem can be corrected.

What Else Can I Do To Help Comply With HIPAA?

There are things all of us can do to help protect the confidentiality and privacy of our clients and those who receive services from our programs. Treat all health information as confidential, whether you know it because of your job, or learn it accidentally.

- Never access PHI that you are not specifically authorized to access.
- Never discuss PHI with anyone, inside the

County or outside the County, who is not specifically authorized to know the information.

- When you do share information with authorized persons, keep in mind that others might overhear the conversation, and lower your voice.

- Make sure confidential PHI is secured when you step away from your work area.

- Move fax machines that are used to receive or transmit confidential information to secure locations away from public access.

- Remove Faxes and Print jobs promptly.

- Never throw confidential PHI away in trash-cans or unlocked recycle bins. Always shred it and/or discard in locked shred bins.

- Learn about the HIPAA and confidentiality policies and procedures specific to your branch and job.

What Is The HIPAA Security Rule?

The HIPAA Security Rule is the logical extension of the Privacy Rule. While the Privacy Rule focuses on how people handle protected health information (PHI) in any form, the Security Rule covers the technical Security for PHI in electronic form (ePHI).

What Is The Purpose Of The Security Rule?

The Security Rule requires that the County ensure the confidentiality, availability and integrity of the ePHI that we create, receive, maintain, or transmit. The Security Rule also requires ePHI be accessible to those who appropriately need it, when they need it.

When Is It Considered ePHI?

Protected Health Information is considered electronic PHI (ePHI) when it is being stored or "at rest" on a computer, a server, a CD, flash drive or other portable media. It is also

HUMBOLDT COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CONFIDENTIALITY STATEMENT

As an employee or volunteer of the Humboldt County Department of Health and Human Services you may become aware of information that is confidential. Confidential information includes, but is not limited to, medical records, records related to laboratory testing, records related to HIV testing, medical or mental health information, income and eligibility verification records, client social security numbers, income, bank information, client family circumstances and legal matters, and state and federal tax computer information, information related to complaints or ongoing investigations and personal information related to employees of DHHS.

You may also encounter persons known to you who are seeking assistance. To protect client/patient confidentiality, the presence of persons in DHHS facilities may not be revealed beyond the need to serve the clients' needs.

Confidential information is only available on a need to know basis. Employees and volunteers are granted access to confidential information only to the extent necessary for them to complete their job duties.

Confidential information may only be released in accordance with State and Federal laws and standard operating procedures. Any questions regarding release of information that is, or may be, confidential should be directed to supervisory personnel.

Some programs operated by the Department of Health and Human Services may require acknowledgement of specific confidentiality requirements. Your supervisor will apprise you of the specifics to your position.

The California Civil Code provides recovery of compensatory damages and punitive damages by patients if their medical information has been used or disclosed in violation of law. In addition, violations of the disclosure protections of the Civil Code which result in economic loss or personal injury to a patient are punishable as a misdemeanor.

My signature below acknowledges that breaching confidentiality is a serious violation of the Department of Health and Human Services policy and may be grounds for disciplinary action up to and including termination.

Signature

Date

Print Name

Witness Signature

Date

Print Name

See Reverse for Specific Laws

10850 of the California Welfare & Institutions Code -- all welfare department case records are confidential and no identifying information may be released without the recipients authorization except in certain specific circumstances. Specific cases and client information may not be discussed outside of the Department, nor can any case material be removed from the Department. You will be given access to the Income and Eligibility Verification System (IEVS), which is a computer system that matches client Social Security numbers with wage, income, bank, and State and Federal tax computers. All of the information put into and returned from IEVS is confidential. Additionally, you may not use IEVS or any case information for personal purposes. Check with your supervisor if you have questions about a specific situation.

5330 of the California Welfare & Institutions Code

Case Name:

Case Number

INTERPRETER FACT SHEET AND CERTIFICATION

As an interpreter for the Humboldt County Department of Health and Human Services B Social Services Branch, I certify that I understand and will adhere to the following stipulations:

1. All information that I hear or read in the process of acting as an interpreter will not be repeated to anyone. Clients have a legal right to complete confidentiality. I will not even tell anyone the name of the client(s).
2. I will translate objectively and completely, including all terminology used. If I do not understand the terminology, I will ask the staff member conducting the interview for an explanation. This is important because the clients' understanding of the information and questions, and the clients' responses, will have a direct impact on determining what, if any, benefits the client is eligible to receive.
3. I will not attempt to answer the clients' questions myself. All questions must be directed to the staff member who is interviewing the client.

I certify that I will keep all information confidential and will translate objectively and completely.

Signature of Interpreter

Date signed

Witnessing Staff Member Signature

Date signed

Mail Station

Independent Contractor and Sole Proprietorship Mandated Reporting

- To be completed for individuals providing service to Humboldt County.
- Please complete and return this form to the Humboldt County Auditor-Controller's office with in 10 days of start date. Thank you.

Name: _____

Social Security Number: _____

Telephone Number: _____

Mailing Address: _____

City, State, Zip: _____

Signature of Contractor/Individual: _____

Below to be completed by County Agent / Employee

Department Name: _____

Contact Person: _____

Start Date: _____

Estimated Ending Date: _____

Is contract ongoing? (More than one payment) Yes ____ No ____

Contract Amount or Hourly wage? _____

Mileage? Yes ____ No ____

Department / Line Item Charged: _____

Program Manager Approval: _____

PAYMENT OF INTERPRETER REQUISITION 511-2-504

To: Program Manager Date _____

From: EW/ICW/SW Name _____ Dist # _____

Interpreter **Mandatory**
Name: _____ **SSN:** _____

Interpreter Address _____
(Street or P O Box) (City) (Zip)

Participant Name _____

Case Name (if applicable) _____ Case # _____

Date of Service _____

Hours of Service _____ x \$20.00 = \$ _____

Round Trip Miles _____ x \$ _____ = \$ _____

Total (Service plus mileage) \$ _____

Purpose of Meeting _____

Interpreter Signature _____ Date _____

EW/ICW/SW Signature _____

ADMIN APPROVAL: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



**Human Resources/Risk Management
County of Humboldt
825 5th Street, Room 100
Eureka, CA 95501
(707) 476-2349**

REFERENCE: State of California Department of Fair Employment and Housing	PAGE 1 OF 5
BOARD APPROVED: June 7, 2016	POLICY: Equal Employment Opportunity

PURPOSE

The purpose of this policy is to express Humboldt County's strong commitment to providing equal employment opportunities to all employees, and to advise employees on the procedures to report incidents of perceived discriminatory treatment. This policy also sets forth a procedure for investigating and resolving complaints of such conduct.

APPLICABILITY

This policy prohibits all Humboldt County employees, appointing officials, and elected officials from making discriminatory employment decisions based on any protected characteristic or any perception thereof.

POLICY

- A. The County is an equal opportunity employer. We enthusiastically accept our responsibility to make employment decisions without regard to race, religion or religious creed, color, age (over 40), sex (including gender identity and expression, pregnancy, childbirth and related medical conditions), sexual orientation (including heterosexuality, homosexuality and bisexuality), national origin, ancestry, marital status, medical condition (including cancer and genetic characteristics), mental or physical disability (including HIV status and AIDS), military service, or any other classification protected by federal, state, or local laws or ordinances.
- B. Our management is dedicated to ensuring the fulfillment of this policy with respect to hiring, placement, promotion, transfer, demotion, layoff, termination, recruitment advertising, pay, and other forms of compensation, training, and general treatment during employment.

RESPONSIBILITIES**I. EMPLOYEE RESPONSIBILITIES**

- A. It is the responsibility of all Humboldt County employees to know and follow this policy.

- B.** This policy will be reviewed with employees during their annual performance evaluations. Employees will be given the opportunity to review the policy and ask questions of their supervisors during this time.
- C.** All employees are expected to fully cooperate with any County-initiated investigations to examine any perceived violation of this policy. This includes, but is not limited to, maintaining an appropriate level of discretion regarding the investigation and disclosing any and all information that may be pertinent to the investigation consistent with each individuals constitutionally provided rights.

II. MANAGEMENT RESPONSIBILITIES

A. Duty to implement policy

All Department Heads, other managers, and supervisors have the duty to implement and enforce this policy.

B. Educate, investigate, and cure

All Department Heads, other managers, and supervisors have the responsibilities, as appropriate for their level in the organization, to:

- Ensure all employees are aware that:
 - This policy prohibits discriminatory conduct.
 - They have a right to complain about behavior they believe violates this policy.
 - Anyone involved in the complaint process will be protected from retaliation.
 - Incidents should be reported to help ensure they will not recur.
 - Prompt and appropriate follow-up action will be taken to stop behavior that violates this policy.
 - Violations of this policy may lead to disciplinary action.
- Ensure that all employees are provided a copy of this policy.
- Promptly and thoroughly report any complaint under this policy to the Department Head, the Director of Human Resources, and/or Risk Manager.
- At the direction of the Director of Human Resources or Risk Manager, in appropriate circumstances, to take corrective action to stop substantiated inappropriate behavior.
- Ensure that all personnel with supervisory authority attend County-sponsored equal employment opportunity training on a bi-annual basis.
- Take appropriate preventative action to ensure compliance with this policy.
- Maintain the confidentiality of all complaints by limiting dissemination of information to a "need-to-know" basis.

C. Responsibilities of the Director of Human Resources

The Director of Human Resources has the responsibility for:

- Advising Department Heads on how to handle complaints under this policy.
- Accepting claims from County officers, elected officials, and employees who believe they are being subjected to discrimination or retaliation.
- Investigating and attempting to resolve complaints.
- Advising all parties about the limited confidentiality of the complaints and the investigative process.

III. COMPLAINTS AND INVESTIGATIONS

A. Reporting

1. If an employee believes someone has violated this policy, the employee should bring the matter to the attention of one of the following designated persons:
 - Any manager or supervisor,
 - Any Department Head,
 - The Humboldt County Director of Human Resources, or
 - The Humboldt County Risk Manager.
2. The employee should choose the person from the above list with whom he or she feels most comfortable and report the incident. The employee need only make one report. If an employee submits a complaint and does not receive a response within five business days, the employee should immediately notify the County Administrative Officer.
3. Any supervisor who learns of any potential violation of this policy must immediately report the matter to the Director of Human Resources or the Risk Manager.

B. Management's Response to Complaints

1. **Investigate**
 - a. All reports will be promptly and thoroughly investigated by the Director of Human Resources or Risk Manager.
 - i. The Director of Human Resources or Risk Manager may delegate the investigation to an appropriate designee.
 - ii. The depth of the investigation will vary depending upon the circumstances of each case, but management personnel will be sensitive and respectful of all persons involved in the incident during investigations.

- iii. To the extent possible, the County will endeavor to keep the reporting employee's concerns confidential.

2. Document

- a. All designated persons receiving complaints must document the allegations reported.
- b. All investigations must be thoroughly documented.
- c. All interviews must be recorded by Humboldt County investigators.

3. Take action

- a. The County will take appropriate corrective action, depending upon the circumstances. This may range from participation in mandatory training, up to and including discharge from County employment consistent with Humboldt County Merit System Rules.
 - b. All claims, whether substantiated or not, will result in the re-education of the parties involved by providing them with a copy of this policy, or other educational measures determined by the Director of Human Resources or Risk Manager to be appropriate under the circumstances.
 - c. Department Heads must forward a copy of all reports, investigations, and resolutions of policy violations to the EEO Compliance Officer (Director of Human Resources), unless the Director of Human Resources is the subject of the report, in which case the Department Head will forward it to the Risk Manager.
5. If the Director of Human Resources or Risk Manager receives the initial complaint, he/she will forward the results of the investigation to the Department Head of the complaining employee, except and unless the Department Head is the person accused of the prohibited conduct.
6. In the case of a Department Head being the accused, the results of the investigation will be forwarded to the appropriate authority for resolution. Under no circumstances may a Department Head alleged to have engaged in prohibited conduct investigate the complaint.

IV. RETALIATION

- A. No one will be subject to, and the County prohibits, any form of discipline or retaliation for reporting perceived violations of this policy, pursuing any such complaint, or cooperating in any way in the investigation of such complaint. If an employee believes someone has violated this policy against retaliation, the employee

should contact the Director of Human Resources, Risk Manager, or County Administrative Officer immediately.

V. DISTRIBUTION

This policy, including any revisions, will be distributed to all County employees, including elected officials, managers, supervisors, and employees.

BOARD APPROVED:



MARK LOVELACE, Board Chairperson

6-7-2016

Date

Pursuant to Board Order C-10 Dated June 7, 2016

I have read and understand this policy on Equal Employment Opportunity. And I was given the opportunity to ask questions or express concerns regarding this policy.

Employee Signature

Date



Harassment and discrimination in employment, housing, public accommodations, and services are against the law.



Department of Fair Employment and Housing

Hate Violence

Under the Ralph Civil Rights Act, it is against the law for any person to threaten or commit acts of violence against a person or property based on race, color, religion, ancestry, national origin, age, disability, gender, sexual orientation, political affiliation, or position in a labor dispute.

Filing a Complaint

If you believe you are a victim of illegal discrimination or hate violence, you can file a complaint with DFEH by following these steps:

- Contact us at (800) 884-1684 (employment, public accommodation, and hate violence) and (800) 233-3212 (housing)
- Be prepared to present specific facts about the alleged harassment, discrimination, or denial of leave
- Provide copies of documents that support the charges in the complaint
- Keep records and documents about the complaint, such as paycheck stubs, rent receipts, membership applications, and other materials

DFEH will conduct an impartial investigation. We are not an advocate for either the person complaining or the person complained against. We represent the State of California. DFEH will, if possible, try to assist both parties to resolve the complaint.

If a voluntary settlement cannot be reached, and there is sufficient evidence that establishes a violation of the law, DFEH may issue an accusation and litigate the case before the Fair Employment

and Housing Commission or in civil court. If the Commission or a court decides in favor of the complaining party, the following remedies can be ordered:

- Award of the job or the housing denied to the complainant, or similar relief
- Back pay or promotion for the complainant, or compensation for moving and relocation
- Compensatory damages for the complainant, including emotional distress damages
- Fines, penalties, or punitive damages

For more information, contact DFEH toll free at (800) 884-1684 (employment, public accommodation, and hate violence)

(800) 233-3212 (housing)

TTY number at (800) 700-2320 or visit our web site at www.dfeh.ca.gov

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact DFEH at the numbers above.



State of California
Department of Fair Employment & Housing

DFEH-151 (04/04)

Discrimination is Against the Law

Civil Rights in California

The Department of Fair Employment and Housing (DFEH) enforces California state laws that prohibit harassment and discrimination in employment, housing, and public accommodations and that provide for pregnancy leave and family and personal medical leave. It also accepts and investigates complaints alleging hate violence or threats of hate violence.

What DFEH Does

DFEH enforces these laws by

- Investigating harassment, discrimination, and denial of leave complaints
- Assisting parties to voluntarily resolve complaints involving alleged violations of the laws enforced by DFEH
- Prosecuting violations of the law
- Educating Californians about the laws prohibiting harassment and discrimination by providing written materials and participating in seminars and conferences

Discrimination in Employment

The California Fair Employment and Housing Act (FEHA) prohibits harassment and discrimination in employment based on the following:

- Race
- Color



The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

- Religion
 - Sex (gender)
 - Sexual orientation
 - Marital status
 - National origin (including language use restrictions)
 - Ancestry
 - Disability (mental and physical, including HIV and AIDS)
 - Medical condition (cancer/genetic characteristics)
 - Age (40 and above)
 - Request for family care leave
 - Request for leave for an employee's own serious health condition
 - Request for Pregnancy Disability Leave
 - Retaliation for reporting patient abuse in tax-supported institutions
- Discrimination is prohibited in all employment practices, including the following:
- Advertisements
 - Applications, screening, and interviews
 - Hiring, transferring, promoting, terminating, or separating employees
 - Working conditions
 - Participation in a training or apprenticeship program, employee organization, or union
- California workers are
- Guaranteed leaves if disabled because of pregnancy
 - Guaranteed reasonable accommodation for pregnancy

- Guaranteed leaves for the birth or adoption of a child, for the employee's own serious health condition, or to care for a parent, spouse, or child with a serious health condition
- Protected from harassment because of their sex, race, or any other category covered under the law
- Protected from retaliation for filing a complaint with DFEH, for participating in the investigation of a complaint, or for protesting possible violations of the law

California workers with disabilities are also entitled to reasonable accommodation when necessary in order to perform the job.

Discrimination in Housing

FEHHA also prohibits discrimination in the rental and sale of housing based on the following:

- Race
- Color
- Religion
- Sex (gender)
- Sexual orientation
- Marital status
- National origin (including language use restrictions)
- Ancestry
- Familial status (households with children under age 18)
- Source of income*
- Disability (mental and physical, including HIV and AIDS)
- Medical condition (cancer/genetic characteristics)
- Age

*Until 12/31/04 unless extended by statute.

Discrimination is prohibited in all aspects of the housing business, including, but not limited to:

- Advertisements
- Mortgage lending and insurance
- Application and selection processes
- Terms, conditions, and privileges of occupancy, including freedom from harassment
- Public and private land-use practices, including the existence of restrictive covenants

Persons with disabilities are entitled to reasonable accommodation in rules, policies, practices, and services and are also permitted, at their own expense, to reasonably modify their dwelling to ensure full enjoyment of the premises.

As in employment discrimination law, persons are protected from retaliation for filing complaints.

Discrimination in Public Accommodations and Services

Discrimination in public services and accommodations is prohibited under the Unruh Civil Rights Act. The law requires "full and equal accommodations, advantages, facilities, privileges, or services in all business establishments." Business establishments covered by the law include, but are not limited to:

- Hotels and motels
- Nonprofit organizations
- Restaurants
- Theaters
- Hospitals
- Barber shops and beauty salons
- Housing accommodations
- Local government and public agencies
- Retail establishments



Department of Fair Employment and Housing



Discrimination and Harassment in Employment are Prohibited by Law

Laws enforced by the Department of Fair Employment and Housing (DFEH) protect you from illegal discrimination and harassment in employment based on

- Race
- Color
- Religion
- Sex (pregnancy or gender)
- Sexual orientation
- Marital status
- National origin (including language use restrictions)
- Ancestry
- Disability (mental and physical, including HIV and AIDS)
- Medical condition (cancer/genetic characteristics)
- Age (40 and above)
- Denial of family and medical care leave
- Denial of pregnancy disability leave or reasonable accommodation

The California Fair Employment and Housing Act (Part 2.8 commencing with Section 12900 of Division 3 of Title 2 of the Government Code) and the Regulations of the Fair Employment and Housing Commission (California Code of Regulations, Title 2, Division 4, Sections 7285.0 through 8504):

- Prohibit harassment of employees, applicants, and independent contractors by any persons and require employers to take all reasonable steps to prevent harassment. This includes a prohibition against sexual harassment, gender harassment, and harassment based on pregnancy, childbirth, or related medical conditions.
- Prohibit employers from limiting or prohibiting the use of any language in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation.
- Require that all employers provide information to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment. Employers may either develop their own publications, which must meet standards as set forth in California Government Code Section 12950, or use a brochure from the DFEH.
- Require employers with 50 or more employees and all public entities to provide sexual harassment prevention training for all supervisors.
- Require employers to reasonably accommodate an em-

ployee or job applicant's religious beliefs and practices

- Require employers to reasonably accommodate employees or job applicants with a disability in order to enable them to perform the essential functions of a job.
- Permit job applicants and employees to file complaints with the DFEH against an employer, employment agency, or labor union that fails to grant equal employment as required by law.
- Prohibit discrimination against any job applicant or employee in hiring, promotions, assignments, termination, or any term, condition, or privilege of employment.
- Require employers, employment agencies, and unions to preserve applications, personnel records, and employment referral records for a minimum of two years.
- Require employers to provide leaves of up to four months to employees disabled because of pregnancy, childbirth, or a related medical condition.
- Require an employer to provide reasonable accommodations requested by an employee, on the advice of her health care provider, related to her pregnancy, childbirth, or related medical conditions.
- Require employers of 50 or more persons to allow eligible employees to take up to 12 weeks leave in a 12-month period for the birth of a child; the placement of a child for adoption or foster care; for an employee's own serious health condition; or to care for a parent, spouse, or child with a serious health condition. (Employers are required to post a notice informing employees of their family and medical leave rights.)
- Require employment agencies to serve all applicants equally, refuse discriminatory job orders, and prohibit employers and employment agencies from making discriminatory pre-hiring inquiries or publishing help-wanted advertising that expresses a discriminatory hiring preference.
- Require unions not to discriminate in member admissions or dispatching to jobs.
- Prohibit retaliation against a person who opposes, reports, or assists another person in opposing unlawful discrimination.

The law provides for administrative fines and remedies for individuals, including the following: hiring, front pay, back pay, promotion, reinstatement, cease-and-desist order, expert witness fees, reasonable attorney's fees and costs, punitive damages, and damages for emotional distress.

Job applicants and employees: If you believe you have experienced discrimination, you may file a complaint with DFEH.

Independent contractors: If you believe you have been harassed, you may file a complaint with DFEH.

Complaints must be filed within one year of the last act of discrimination/harassment, or, for victims who are under the age of 18, not later than one year of that person's eighteenth birthday.

For more information, contact DFEH toll free at (800) 884-1684, Sacramento area & out-of-state at (916) 478-7251, TTY number at (800) 700-2320, or visit our web site at www.dfeh.ca.gov

Government Code Section 12940 and Title 2 California Code of Regulations Section 7287 require all employers to post this document. It must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, and other places employees gather.

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact the DFEH at the numbers above.

State of California
Department of Fair Employment & Housing



**Human Resources/Risk Management
County of Humboldt
825 5th Street, Room 100
Eureka, CA 95501
(707) 476-2349**

REFERENCE: State of California Department of Fair Employment and Housing	PAGE 1 OF 8
BOARD APPROVED: June 7, 2016	<u>POLICY:</u> HARASSMENT

PURPOSE

The purpose of this policy is to express the County's strong commitment to prohibit and prevent unlawful harassment, discrimination and retaliation in County operations and to set forth a procedure for investigating and resolving internal complaints of such conduct. This policy prohibits treating any County employee, client, customer or citizen in a discriminatory or harassing manner. This policy also advises employees of the procedures to report incidents of harassment by, or to, employees of Humboldt County.

APPLICABILITY

This policy applies to all Humboldt County employees, including permanent, probationary, part-time and extra help employees, as well as all volunteers, contract employees, private contractors, appointing authorities and elected officials. Harassment and discrimination are unlawful employment practices prohibited by state and federal law and are unacceptable work behaviors that will not be tolerated by Humboldt County. County employees are expected to adhere to a standard of conduct while on the job that conveys respect and courtesy towards other employees, County officials, vendors and the general public.

POLICY

All employees and customers shall be treated with dignity, respect and courtesy. A working environment free from harassment and discrimination is essential to the well-being of an employee and an employee's right to perform his or her job effectively without distraction or interference from any unlawful discrimination or harassment.

I. UNLAWFUL PROHIBITED CONDUCT: DISCRIMINATION, HARASSMENT, & RETALIATION

A. Examples of behaviors constituting Discrimination, Harassment and Retaliation, include, but are not limited to:

- Verbal Abuse;
- Visual Abuse;
- Physical Abuse; and

- Preferential Treatment.

1. **Discrimination:** Adverse actions, decisions or other treatment affecting an employee and motivated by or directed toward the employee on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, gender, gender identification, sexual orientation, pregnancy, genetic information or age, including but not limited to those affecting hiring, placement, compensation, assignments, leave, promotion, training, disciplinary action, lay-off, recall, transfer, leave of absence, termination, and reinstatement.
2. **Harassment:** Any unwelcome or offensive conduct motivated by or directed to a person on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, gender, gender identification, sexual orientation, pregnancy, genetic information or age, including harassment of a person of the same gender as the harasser.
3. **Sexual Harassment:** Any unwelcome or offensive behaviors regarding sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. This also includes any unsolicited written or oral communications and physical or visual contact with sexual overtones including emails, internet links, screen savers, etc.

There are two common types of Sexual Harassment, which include:

- **“quid pro quo”** harassment: commonly referred to under Equal Employment Opportunity Commission (EEOC) guidelines, as “conditional” harassment. Quid pro quo (this for that - i.e., something offered or given in exchange for something else) harassment occurs when submission to the harassing conduct described above is made an explicit or implicit term or condition of employment; or rejection of such conduct is used as the basis for employment decisions.
 - **“hostile environment”** harassment: commonly referred to under EEOC guide-lines as “work environment” harassment. Hostile environment harassment occurs when the unwelcome sexual advances, requests for sexual favors (even if not of a quid pro quo or a conditional nature), verbal, visual and physical conduct of a sexual nature creates an intimidating, hostile or offensive work environment.
4. **Retaliation:** Adverse actions, decisions or other treatment including but not limited to threats or coercion affecting an employee and motivated by or directed toward the employee on the basis of the employee’s participation as complainant or witness in a report or complaint of discrimination, harassment

or retaliation, or the employee's participation in the investigation of such a complaint, including but not limited to actions, decisions, or other treatments affecting hiring, placement, compensation, assignments, leave, promotion, training, disciplinary action, lay off, recall, transfer, leave of absence, termination, and reinstatement.

II. RESPONSIBILITIES

- A. It is the responsibility of all Humboldt County employees to know and follow this policy and avoid engaging in any conduct that constitutes unlawful discrimination, harassment or retaliation. All employees shall be informed of this discrimination and harassment policy and complaint process which ensures their right to file a complaint without fear of retaliation. This policy will be reviewed with employees during their annual performance evaluation. Employees will be given the opportunity to review the policy and ask questions of their supervisor during this time. Every employee is required to sign his or her Performance Evaluation noting the fact that the harassment policy was reviewed during his or her evaluation.
- B. All supervisors, managers and department heads shall be trained in harassment training pursuant to California Assembly Bill AB1825, effective January 1, 2005, all supervisors must attend Sexual Harassment training for a minimum of two (2) hours every two (2) years and all newly hired or promoted supervisors must attend Sexual Harassment training within six (6) months of appointment and every two (2) years, thereafter.
- C. Sexual Harassment training must consist of two (2) hours of classroom or other effective interactive training designed to assist California employers in preventing and/or changing or modifying workplace behaviors that create or contribute to "sexual harassment" and to develop, foster and encourage a set of values in supervisory employees that will assist them in preventing and effectively responding to incidents of sexual harassment.

III. COMPLAINT PROCEDURE

A. Reporting

- 1. Notifying an offender that his or her behavior is unwelcome and offensive may be an effective way to end inappropriate conduct. However, confronting the perceived offender may be difficult and complicated and is not required before initiating a formal complaint.
- 2. If, for any reason, the incident remains unresolved, it is of the utmost importance for any person described in this policy, who believes that he or she has been subjected to unlawful discrimination, harassment, or retaliation, to report the incident immediately. The following step should be taken to report a complaint of discrimination, harassment or retaliation: a complaint may be made orally or in writing and one report of the incident is sufficient.

Employees are not required to follow their usual chain of command in making a complaint concerning unlawful discrimination, harassment or retaliation. The person(s) to whom you may and are entitled to report your complaint include:

- Your immediate supervisor, or
 - Any other supervisor, or
 - The Assistant Department Head, or
 - The Department Head, or
 - The Director of Human Resources, or
 - The County Administrative Officer.
- a. Choose the person from the above list with whom you feel most comfortable and report the incident to him or her; you need only make one report. If you submit a complaint and there is no response, you may contact the Department of Fair Employment and Housing (DFEA) or the Equal Employment Opportunity Commission (EEOC).

3. Prohibitions

- No one shall be subjected to retaliation or reprisal due to filing a complaint or participating in an investigation about harassment, discrimination or retaliation.
 - No person shall deliberately and knowingly make a false accusation against another person. Deliberate and knowingly false accusations of sexual harassment will result in disciplinary action if substantiated.
 - No subordinate supervisor or manager shall attempt to suppress a complaint about sexual harassment.
- a. All complaints shall be forwarded to the Department Head and the Human Resources Office immediately.
- i. Department Heads shall forward a copy of all reports, investigations and resolutions of prohibited harassment, discrimination or retaliation to the EEO Compliance Officer (Director of Human Resources).
- If the Director of Human Resources or the County Administrative Officer receives the initial complaint, said person shall forward the results of the investigation to the Department Head of the complaining employee, except and unless the Department Head is the person accused of prohibited conduct.
- a. In the case of a Department Head being the accused, the results

of the investigation will be forwarded to the appropriate authority for resolution. Under no circumstances shall a Department Head, alleged to have engaged in prohibited conduct, investigate the complaint.

4. Responsibility for Contractors

- County employees responsible for administering or monitoring the work of contractors shall assure that the contractors do not engage in harassment, discrimination or retaliation of County employees.
- Contractors will be provided a copy of Humboldt County's Harassment policy.
 - a. If inappropriate behavior by a contractor is committed or persists, necessary steps will be taken to prevent further harassment, up to and including the exclusion of the offending contractor and the procurement of another contractor.

5. Distribution

- This policy, including any revisions, shall be distributed to all County offices, including elected officials, managers, supervisors and employees, as well as contractors as the need arises.

B. Management Response to Complaints

1. Investigate

- All reports shall be promptly and thoroughly investigated by the Human Resources Office or County Administrative Officer.
 - a. The Director of Human Resources or County Administrative Officer may delegate the investigation to an appropriate designee.
 - b. The depth of the investigation will vary depending upon the circumstances of each case, but management personnel will be sensitive and respectful of all persons involved in the incident during investigations.

2. Document

- All designated persons receiving complaints shall document the allegations reported, the investigation conducted and the resolution decided upon.
- All investigations shall be thoroughly documented and all interviews shall be recorded by Humboldt County investigators.

The County may provide a copy of the interview, to the interviewee, if requested.

3. Take action

- Where charges are substantiated, appropriate corrective action will be taken to remedy the situation and to prevent future episodes of inappropriate behavior.
- Appropriate corrective action, depending upon the circumstances, might range from participation in mandatory training, up to and including discharge from County employment consistent with Humboldt County Merit Systems Rules, or termination of a contract in the case of a County vendor/contractor.
- As both a precautionary and an informative measure, all unsubstantiated claims will result in the re-education of the parties involved by providing them with a copy of this policy, or other educational measures determined by the Director of Human Resources to be appropriate under the circumstances.

C. General Responsibilities of Management

1. Duty to implement policy

- All department heads, other managers and supervisors have the duty to implement and enforce this policy.

2. Educate, investigate and cure

- Department heads, other managers and supervisors have the responsibilities, as appropriate for their level in the organization, to:
 - a. Ensure all employees are aware that:
 - i. Harassment is prohibited.
 - ii. They have a right to complain about such behavior.
 - iii. They will be protected from retaliation.
 - iv. Incidents should be reported to help ensure they will not recur.
 - v. Prompt and appropriate follow-up action will be taken to stop such behavior when the supervisor or manager learns of the problem.
 - vi. Harassment may be grounds for disciplinary action.
 - b. Ensure that all employees have a copy of this Harassment Policy, as amended.
 - c. Promptly and thoroughly report any complaint of harassment, discrimination or retaliation to Department Heads, Director of

Human Resources and/or County Administrative Officer or their designees.

- d. Take appropriate corrective action (sufficient to stop the inappropriate behavior).
- e. Ensure that all personnel with supervisory authority attend County-sponsored training in recognizing and preventing sexual harassment on a bi-annual basis.
- f. Take appropriate corrective action to prevent the possible existence of a "hostile work environment".
- g. This may include the removal or discouragement of offensive pictures, cartoons, e-mail messages, off-color jokes or conversations in the workplace where the communication may be offensive to a "reasonable person".
- h. Maintain confidentiality of all complaints by limiting dissemination of information to only necessary parties.

3. Director of Human Resources

- The Director of Human Resources has the responsibility for:
 - a. Advising Department Heads on how to handle complaints under this policy.
 - b. Accepting claims from County officers, elected officials and employees who believe they are being subjected to harassment, discrimination or retaliation.
 - c. Investigating and attempting to resolve complaints.
 - d. Advising all parties about the limited confidentiality of the complaints and the investigative process.

IV. **DEFINITION(S):** For the purpose of clarification, unlawful discrimination and harassment include, but are not limited to, the following behaviors:

- A. **Disparate Treatment:** Treating an individual differently because of his or her protected status.
- B. **Disparate Impact:** Following a policy or practice that has a discriminatory impact on a protected person or group of persons.
- C. **Quid Pro Quo:** Any sexual advance or act which is sexual in nature and is made explicitly or implicitly a term or condition of employment, or where submission to, or rejection of, the conduct is used as a basis for an employment action, decision, or other treatment affecting such individual.
- D. **Hostile Work Environment:** Unwelcome or offensive conduct that is sexual in nature and is motivated by or directed to an employee on the basis of gender with the purpose or effect of unreasonably interfering with an individual's work

performance, or which creates an intimidating, hostile, or offensive work environment. The conduct need not be explicitly sexual to meet this definition and may include repeated or continuing unwelcome or offensive romantic advances, requests, invitations, or unwelcome or offensive overtures to express a romantic or intimate interest in another employee. Conduct creating a hostile work environment is a violation of this policy whether or not there is any tangible, adverse impact on the employee's job benefits.

REFERENCE(s)

- Department of Fair Employment and Housing (DFEH)
- Title VII of the Civil Rights Act of 1964

BOARD APPROVED:



MARK LOVELACE, Board Chairperson

10-7-2016

Date

Pursuant to Board Order C-10 Dated June 7, 2016

I have read and understand this policy on Harassment. I was given the opportunity to ask questions or express concerns regarding this policy.

Employee Signature

Date



Humboldt County
Department of Health and Human Services
Policy and Procedure

Policy #:	Title:	Effective Date:
ADM 178.5	Paper Documents with Confidential Information in Use, at Rest, and When No Longer Needed	July 18, 2018

PURPOSE:

The purpose of this policy is to provide procedure for safeguarding paper documents containing confidential information when they are in use, at rest, and when determined no longer needed.

REFERENCE:

- ADM 189 Security of Protected Health Information Designated for Destruction
- ADM 192 Transportation of Protected Health Information
- DHHS HIPAA Security Manual
- DHHAS HIPAA Privacy Manual

DEFINITIONS:

Disposal – The removal of client confidential information when determined no longer required to complete business purpose to prevent the risk of disclosure and/or the information being left unattended.

Confidential Information – For the purpose of this policy confidential information includes but not is limited to:

PII – Personally Identifiable Information (PII) is any information about an individual maintained by an agency, including any information that can be used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, or biometric records; and any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.

PHI – Protected Health Information (PHI) is any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity or business associate and can be linked to a specific individual.

ePHI – Electronic Protected Health Information (E PHI) is any digitally accessible form of PHI

FTI – Federal Tax Information (FTI) is information from the Internal Revenue Service (IRS) defined as any tax information, declaration of estimated tax, claim for refund, a taxpayer's identity, the nature, source or amount of income, payments, receipts, deductions, exceptions, credits, assets, liabilities, net worth, tax liability, tax withheld, deficiencies, over-assessments, or tax payments and other information related to a tax return.

SSA - Social Security Administration (SSA) is information provided to the County of Humboldt or information provided by another source but verified by the Social Security Administration to certify the accuracy of the information.

Note: For an extensive list each program must refer to their own guiding rules to ascertain the confidentiality of client information.

Receptacle: For the purpose of this policy a receptacle is any container, box, or other used to store paper that contains confidential information at an employee's workstation when the paper is determined no longer in use and thus designated for deposit into a locked shred bin.

Workstation: An employee's desk which may or may not include a desktop computer, DHHS issued devices, free standing file cabinets or rollers issued to the employee, and other tools for the process and completion of designated duties during work hours.

POLICY:

It is the policy of DHHS to safeguard clients' confidential information in all forms. This policy applies to client confidential information in paper form.

Confidential information in paper form is at risk of accidentally being seen by persons not authorized to view the information.

This policy references the paper documents printed, created, or obtained throughout the course of an employee's business day and is not in conflict with policies addressing retention, case files, or required destruction of said document(s). Each employee will review their program policies and procedures for specific safeguarding of paper documents in *use, at rest, and when no longer needed* stages of the document's life cycle.

- State Agreements may contain specific actions for paper documents in use, at rest, or when no longer needed. This may include the inability to transport paper documents from one storage unit to another without written prior consent (*Agreements with Department of Health Care Services (DHCS)*) or the destruction of specific confidential information when it is determined the document is no longer needed (*SSA Information*).

Each workforce member must undertake appropriate administrative, technical, and physical safeguards to prevent client confidential information from being subject to disclosure when in use, at rest, or when no longer needed.

PROCEDURE:

Paper Documents in Use

“In use” refers to paper documents being viewed for current activities. The following is the safeguarding of paper documents while in use.

- Maintain the paper document at an angle (when propped up) that reduces it from being viewed by persons walking by your workstation;
- Do not leave paper documents face up for longer than needed when in use;
- Close file folders and turn over documents when approached by persons not authorized to view the information; and
- Be aware of your surroundings when working with paper documents to reduce the opportunity for a person to view the document (i.e. front office staff, shared spaces, workstations located next to walkways or bathrooms)

Paper Documents at Rest

“At rest” refers to paper documents momentarily set aside when the employee leaves their workstation or leaves for the night. It also includes documents not needed for current actives but are not set for destruction or transport (i.e. case files, documents for a project, etc.). The following is the safeguarding of paper documents while at rest.

- Lock paper documents in locking file cabinets, drawers, or other approved receptacle when leaving the workstation unoccupied for a brief period, end of the work day, or end of a shift (or as required by program guidelines/agreements);
- Return shared paper documents to the central location as applicable to the use of the paper document (logs, charts, universal communication forms, etc.) when a leave from employment is expected (i.e. vacation);
- Immediately retrieve paper documents from printers, faxes, and employee mailboxes; and

- Employees are encouraged to use "Locked Print" functionality when printing documents with confidential information to a printer with multiple users.
- Employees are required to use "Locked Print" functionality when printing documents with confidential information to a printer in a public access area of the machine is capable of this functionality.

Paper Documents When No Longer Needed

"No longer needed" refers to paper documents no longer needed for the current activity. These documents, at this point, are entering the chain of command for destruction, retention, or file storage management.

The following is the safeguarding of the paper document after it is determined no longer needed for the current activity and has yet to enter one of the above processes.

- DHHS supplies through a contracted vendor, confidential shred bins for the secure storing of papers containing client confidential information prior to destruction. Pursuant to ADM 189, the locking shred bins are designated for such confidential information and once a document is placed in a shred bin, it is intended for secure destruction and cannot be retrieved.
- Individual workstation receptacles for housing paper documents no longer needed is **not** encouraged. Any in use of such a receptacle should be locked to safeguard from viewing by unauthorized persons during and after work hours.
- Employees are encouraged to dispose of paper documents no longer needed **immediately** into a locking shred bin or through the use of a workstation shredding machine.
- Communicate with Facilities regarding a need for an assessment of available locking shred bins for confidential documents when an increased level of full bins is observed prior to vendor pickup (ADM 189).

Paper documents left unattended, inadvertently viewed due to failure of safeguarding the information, or other suspicion of compromise or disclosure require an incident report pursuant to ADM 163. Forward a copy to the DHHS Quality Management Services (QMS).

POLICY APPROVAL:



 Connie Beck, Director
 Department of Health and Human Services

Date: 7-19-18



Policy and Procedure

Policy #	Title:	Effective Date:
PS 1185	User Access Management	1-22-2018

PURPOSE:

The purpose of this policy is to establish rules for authorizing access to the computing network, applications, workstations, and to areas where confidential data is accessible. The DHHS shall ensure only staff who require access to confidential data for work related activities shall be granted access and when work activities no longer require access, authorization shall be terminated.

REFERENCE:

45 CFR §164.308(a)(3)(i) – *Workforce security*
 45 CFR §164.308(a)(3)(ii) – *Authorization and/or supervision*
 45 CFR §164.308(a)(3)(ii)(B) – *Workforce clearance procedure*
 45 CFR §164.308(a)(3)(ii)(C) – *Termination procedures*
 45 CFR §164.308(a)(4)(i) – *Information access management*
 45 CFR §164.308(a)(4)(ii)(B) – *Access authorization*
 45 CFR §164.308(a)(4)(ii)(C) – *Access establishment and modification*
 45 CFR §164.312(a)(1) – *Access control*
 45 CFR §164.312(a)(2)(ii) – *Emergency access procedure*
 CDPH ISP § 200 – *Access controls*
 IRS 1075 § 9.3.1.1 – *Access control policy and procedures*
 DHCS MEDS PSA § VI(G)(H)(M) – *Access controls*
 CDSS MEDS PSA § VI(G)(H)(M) – *Access controls*
 SAM 5320.4 – *Personnel security*
 SAM 5360 – *Identity and access management*

POLICY:

Management and Access Control

Each department shall provide the DHHS-IS Department a list of approved staff members with the authority to grant access to DHHS confidential data systems. Only these approved authorizers can authorize access to the DHHS confidential data systems. Receipt of the request from an approved authorizer acts as

verification of authority for the staff member's access and further documentation of authority will not be pursued by the IS Department system administrators tasked with account creation and modification.

Minimum Necessary Access

Each department shall ensure that only staff who require access to confidential data are granted access.

Each manager, supervisor or designee is responsible for ensuring that the access to confidential data granted to the staff member is the minimum necessary access required for each work role and responsibilities.

If the staff member no longer requires access, it is the responsibility of the manager, supervisor, or appropriate designee to complete the necessary process to terminate access.

Granting Access to Confidential Data

Screen Staff Members Prior to Access

The approved authorizers shall ensure that information access is granted only after first verifying that the access of a staff member to confidential data is the minimum necessary to accomplish the business purpose. The approved authorizers shall ensure appropriate licensure for authority to access confidential data is completed prior to requesting access. Further documentation of authority will not be pursued by the IS Department system administrators tasked with account creation and modification.

Sign Security Acknowledgement

Prior to staff using a User ID or logon account to access any confidential information, each staff member shall sign the County of Humboldt Information Systems Appropriate Use Policy before access is granted to the network or any application that contains confidential data, and thereafter shall comply with all DHHS security policies and procedures.

Security Awareness Prior to Getting Access

Before staff access any of the various systems or applications that contain confidential data, the manager or appropriate designee shall ensure that staff are trained to a minimum standard including:

1. Proper uses and disclosures of the confidential data stored in the systems or application
2. How to properly log on and log off the systems or application
3. Protocols for correcting user errors
4. Instructions on contacting a designated person or help desk when confidential data may have been altered or destroyed in error
5. Reporting a potential or actual security breach

Management Approval

Each department shall implement the following policies and procedures:

1. User IDs or logon accounts can only be assigned with management approval, by an appropriate designee, or by Employee Services.
2. Approved authorizers are responsible for requesting the appropriate level of access for staff to perform their job function.
3. All requests regarding user IDs or computer system access for staff are to be communicated to the appropriate system administrator. All requests shall be made in writing (which may be in an electronic format) unless there is an emergency (see Granting Access in an Emergency). Documentation requiring signatures may be provided as a scanned image of the signed documentation or as an electronic document with an electronic signature.
4. System administrators are required to process only those requests that have been authorized by the list of approved authorizers.
5. System administrators are required to provide notification of account creation, including login usernames and passwords, to staff member's manager, supervisor, or designee in an encrypted communication.
6. Any written or electronic record of the authorized request is to be retained by the system administrator for a minimum of 6 years.

Granting Access in an Emergency

Management has the authority to grant emergency access for staff members who have not completed the normal access requirements if:

1. Management declares an emergency or is responding to a natural disaster that makes client information security secondary to personnel safety.
2. Management determines that granting immediate access is in the best interest of the client or agency.
3. Management requires emergency access to a worker's email or individual network drive.
4. If emergency access is granted, the Information Security Office shall review and log the impact of emergency access, monitor access, obtain approval of appropriate management, and document the event within 24 hours of it being granted.
5. After the emergency event is over, the access shall be removed or the staff member shall complete the normal requirements for being granted access.

Staff Monitoring

Termination or Suspension of Access

Employee Services, Department managers or their designated representatives are responsible for terminating a staff member's access to confidential data in these circumstances:

1. If management has evidence or reason to believe the individual is using

information systems or resources in a manner inconsistent with the security policies and procedures.

2. If the staff member or management has reason to believe the user's password has been compromised.
3. If the staff member resigns, is terminated, suspended, retires, or is away on unapproved leave.
4. If the staff member's work role changes and system access is no longer justified.

If the staff member is on leave of absence and the user's system access will not be required for more than 60 days, management may suspend the user's account until the staff member returns from their leave of absence.

Any account inactive for more than 60 days will be automatically suspended preventing user login. Accounts suspended by this automated process can be enabled by contacting the DHHS-IS Department.

Modifications to Access

If a staff member transfers to another program in the same department or changes their work role within the same department:

1. The staff member's current and new manager, supervisor, or designee are responsible for evaluating the member's current access and for requesting new access to confidential data commensurate with the staff member's new work role and responsibilities.

If a staff member transfers to another department of the DHHS:

1. The staff member's access to confidential data within his or her current unit will be terminated as of the date of the transfer except where the staff member is expected to perform both job duties concurrently and requires this access for business purposes. In this case it is the responsibility of the manager, supervisor, or designee to remove this access when no longer required.
2. The staff member's new manager, supervisor, or designee is responsible for requesting access to confidential data commensurate with the staff member's new work role and responsibilities.

Ongoing Compliance for Access

In order to ensure that staff only have access to confidential data when it is required for their job function, the following actions shall be implemented by all departments:

1. Every new user ID or logon account that has not been used after 30 consecutive calendar days since creation shall be investigated to determine if the staff member still requires access to confidential data.
2. At least every six months, the Information Security Office is required to send managers, supervisors, or appropriate designees:
 - a. A list of all staff members for all applications

- b. A list of staff members and their access rights for all shared folders that contain confidential data
 - c. A list of all staff members approved for access to Virtual Private Network (VPN)
3. The managers, supervisors, or their designees shall then notify the Information Security Office of any staff who no longer require access.

Access Management Exceptions

Information security considerations such as regulatory, compliance, confidentiality, integrity and availability requirements are most easily met when the DHHS employs centrally supported or recommended standards. The DHHS understands that centrally supported or recommended standards are not always feasible for a specific use case. Deviation from centrally supported or recommended standards is discouraged. However, deviations may be considered provided that the alternative presents a reasonable and justifiable business case for an information security policy exception. Such an exception should include:

1. Detailed explanation of proposed exception process
2. Business justification and benefits
3. Requirements needed to support exception
4. Duration of proposed exception, not to exceed 12 months
5. List of potential risks and analysis of risks associated with following proposed exception
6. Approval from Division Director

Exceptions must be received in writing (which may be in an electronic format) and will be reviewed and approved on a case-by-case basis by the Security Officer.

POLICY RESPONSIBILITIES:

Manager and Supervisor Responsibilities

1. Ensure that the access to confidential data granted to each staff member is the minimum necessary access required for each such staff member's work role and responsibilities.
2. Request termination of access if the staff member no longer requires access.
3. Review semi-annual user and folder access reports and the VPN access reports prepared by the Information Security Office and verify to determine if the staff members still require access to the confidential data.
4. Follow the appropriate security procedures when granted emergency access with support from the Information Security Office where required.

IS Department Responsibilities

1. Immediately, upon approved written notification (which may be in an electronic format) from a manager, supervisor, approved designee,

Employee Services, or DHHS Director, remove a staff member's access to confidential data. Documentation requiring signatures may be provided as a scanned image of the signed documentation or as an electronic document with an electronic signature.

2. Immediately, upon written notification from an approved authorizer (which may be in an electronic format), modify or grant staff member's access to confidential data. Documentation requiring signatures may be provided as a scanned image of the signed documentation or as an electronic document with an electronic signature.
3. Train and inform all management and staff of their responsibilities as outlined in this policy.

Information Security Office Responsibilities

1. Provide management with a report that identifies unused User IDs or logon accounts not used within 30 days of creation.
2. Provide management with a semi-annual report documenting workers with access to confidential data and requesting verification that access is still required to fulfill the worker's job functions.
3. When required, support management with the appropriate security procedures for granting emergency access or access management exceptions.

Staff Responsibilities

Each user of a system that contains confidential data shall:

1. Read and sign the County of Humboldt Information Services Appropriate Use Policy.
2. Follow all DHHS Security Policies and Procedures.
3. Complete Privacy and Security Training and sign HIPAA Acknowledgement Form.
4. Immediately report all security incidents to their supervisor and follow incident report process (ADM 163).

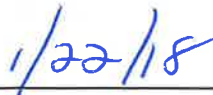
Employee Services Responsibilities

1. Establish a process to immediately contact IS and Facilities Management if a staff member is separated.
2. Track staff members have signed the County of Humboldt Information Systems Appropriate Use Policy, and HIPAA Acknowledgement Form.

POLICY APPROVAL:



Connie Beck, Director
Department of Health and Human Services



Date:



Policy and Procedure

Policy #	Title:	Effective Date:
PS 1225	Workstation Security	1-22-2018

PURPOSE:

The purpose of this policy is to establish rules for securing workstations that access confidential data. A workstation is a laptop, tablet, desktop computer, smartphone mobile device, or any other device that performs computing functions. Since confidential data can be portable, this policy requires DHHS staff members to protect confidential data at DHHS worksites and all other locations.

REFERENCE:

45 CFR §164.310(a)(2)(iii) – *Access control and validation*
45 CFR §164.310(b) – *Workstation use*
45 CFR §164.310(c) – *Workstation security*
45 CFR §164.312(a)(2)(iii) – *Automatic log off*
CDPH ISP § 1870 – *Workstation security*
IRS 1075 § 9.3.1.9 – *Session lock*
DHCS MEDS PSA § VI(J) – *System timeout*
CDSS MEDS PSA § VI(J) – *System timeout*
SAM 5365.1 – *Access control for output devices*

POLICY:

The DHHS shall implement safeguards to prevent unauthorized access to confidential data through workstations, and to protect confidential data from any intentional or unintentional use or disclosure.

PROCEDURE:

Workstation Security Controls

All workstations used by DHHS staff to access confidential data shall be set to automatically lock when left unattended, requiring the user to enter a password to unlock the workstation. The standard setting for the workstation to lock after

a period of inactivity is not to exceed 15 minutes.

Staff shall manually lock their workstation when the workstation is left unattended for any period of time.

Staff shall ensure that observable confidential information is adequately shielded from unauthorized disclosure and access on workstation screens. At each site, every effort shall be made to ensure that confidential information on workstation screens is not visible to unauthorized persons.

Staff who work at non-office sites or in the field shall be aware of their surroundings to ensure no unauthorized individual(s) can incidentally view confidential data and that no confidential data is left unattended.

Staff shall protect printed versions of confidential data that have been transmitted via fax or multi-function printers by promptly removing documents from shared devices. Whenever possible, confidential documents are to be placed in locked cabinets or drawers when left unattended.

POLICY RESPONSIBILITIES:

Manager and Supervisor Responsibilities

1. Control staff access to confidential data (see PS 1185 – User Access Management Minimum Necessary Access).
2. Take appropriate corrective action if any staff member knowingly violates the workstation security.
3. Report any problems with automatic lock functionality on any workstation to IS Department Help Desk and following the incident report process (ADM 163).
4. Ensure that all staff are locking their workstations when they are left unattended.
5. Ensure that all confidential information is not viewable by unauthorized persons at workstations in offices under their management.


Staff Responsibilities

1. Lock their workstation when it is left unattended for any period of time.
2. Do not change or disable the automatic inactivity lock on their workstation.
3. Ensure that all confidential information in their workstation is not viewable or accessible by unauthorized persons.
4. When working at non-office sites or in the field, protect confidential data from unauthorized access or viewing.

IS Department Responsibilities

1. When installing new workstations, set the workstation to automatically lock after the recommended period of inactivity, which is not to exceed 15 minutes.

POLICY APPROVAL:

A handwritten signature in blue ink, appearing to read 'Connie Beck', written over a horizontal line.

Connie Beck, Director
Department of Health and Human Services

A handwritten date '1/22/18' in blue ink, written over a horizontal line.

Date:
