

# Epidemiology and Scientific Support Bureau Security and Confidentiality Policy

Annual Training

March 18 and March 21, 2024



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

# *Please Sign In*



***<https://form.jotform.com/240294749617163>***



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# Housekeeping



- ✓ The training will be held twice – you only need to attend once
- ✓ This presentation will be recorded
- ✓ We will share the slides after the presentation
- ✓ Participants will receive the employee check list
- ✓ Please put questions in the chat



MONTANA  
COMMUNICABLE  
DISEASE EPIDEMIOLOGY



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# More training? *Why?*

- ✓ Unlike DPHHS general trainings, this presentation is specific to communicable disease reporting and use of personal health information by staff in the CDCP and ESS Bureaus.
- ✓ CDC requires this all staff who use confidential data related to HIV, viral hepatitis, STD and TB data.
  - ✓ *Signed checklist*



**STATE OF MONTANA**  
**DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

There are bureau specific policies that staff must follow.

Title:	Epidemiology and Scientific Support Bureau Security and Confidentiality Policy (ESSB S&C)
Effective Date/Details:	Pages: 1–22
	Effective Date: March 2014
	Review Date: 2/1/2024
	Rescission Date:
	Attachments: Appendices A-B

**I. PURPOSE**

- A.** The Epidemiology and Scientific Support Bureau (ESSB), a bureau in the Department of Public Health and Human Services (DPHHS), ensures that all confidential information collected, used, and archived by programs within the Bureau remains secure through compliance with the ESSB Security and Confidentiality Policy (ESSB S&C). The procedures and practices outlined in this policy are consistent with more general confidentiality policies of DPHHS.



March 2016

## **Guidelines for the Release of Public Health Data Derived from Personal Health Information**

The Public Health and Safety Division (PHSD) collects a variety of Protected Health Information (PHI) through mandatory and voluntary reporting systems under Montana statutes and federal laws. These data are confidential and access to them is strictly regulated by the Montana Constitution,<sup>1</sup> Montana statutes,<sup>2</sup> and the federal Health Insurance Portability and Accountability Act (HIPAA).<sup>3,4,5</sup> This document establishes Guidelines for the release of data derived from PHI for public health activities while protecting its confidentiality and integrity in compliance with state statutes and federal laws.



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# *Training Objectives*

- ✓ Background
  - Responsibilities and expectations for handling confidential information
  - Impact of COVID-19 pandemic on security and teleworking
- ✓ Describe the use and protection of confidential and potentially identifying information
  - Workplace
  - Visitors
  - Communication
  - Records
- ✓ Review the appropriate use of release of data for justifiable public health purposes
- ✓ Discuss steps for a breach of confidentiality
- ✓ Sample confidentiality assessment

- ✓ All identifying, or potentially identifying, information is confidential and may not be released

This includes name, address, birth date, social security number, or any other information which, alone or in combination with other information, could be used to determine with reasonable accuracy the identity of an individual

## Overarching Goal

**Golden Rule #1: Treat all confidential information as if it is your own**



# Definitions

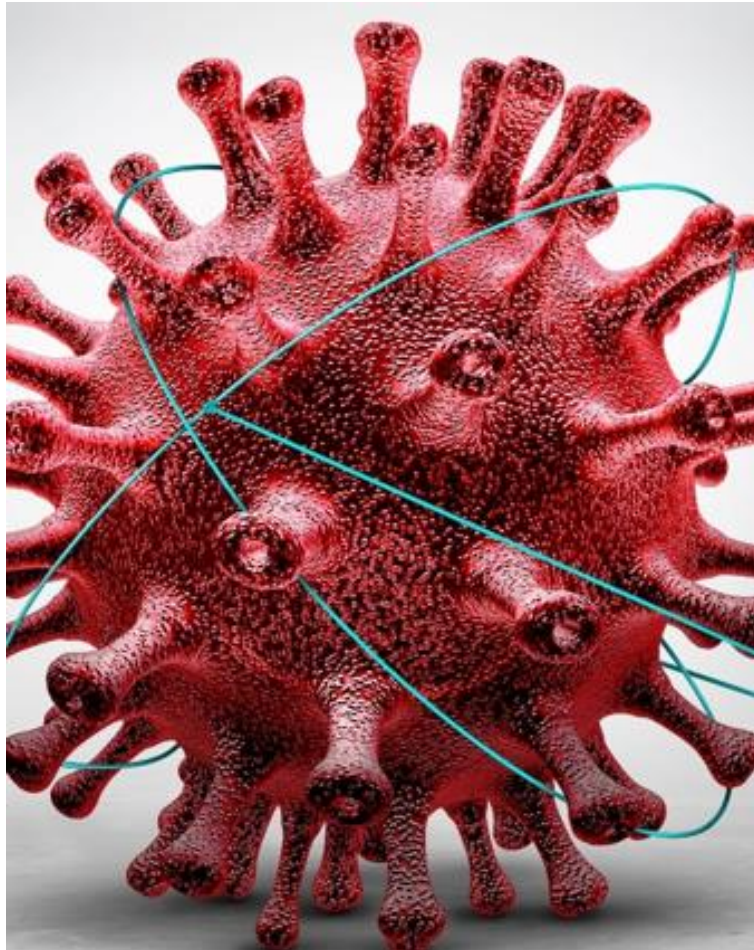
- For the purposes of this presentation, confidential information and personal health information (PHI) will be used interchangeably
- Overall Responsible Party (ORP) = ESS Bureau Chief
- ORP may delegate tasks and responsibility to Bureau Chiefs or Section Supervisors

# User Categories

- ✓ CDCPB and ESSB staff
- ✓ DPHHS Technology Services staff
- ✓ DPHHS non-ESSB/CDCPB staff
- ✓ Non-DPHHS users, including temps, students and interns

Applies to all user categories, but all users do not have same access

Golden Rule #2: Use or provide the least amount of data necessary on a need-to-know basis



# *Impact of COVID-19*

- ✓ Increased security in state buildings, including the Cogswell. It is no longer open to the public
- ✓ Increased number of labs and capacity in MIDIS. Increased number of MIDIS users
- ✓ Use of secure fax lines rather than machines
- ✓ Increase in teleworking
- ✓ Reduction of paper documents


# *Teleworking:*

**Golden Rule #3: All security and confidentiality requirements apply both to on-site and teleworking environments**



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# Montana Telework Policy

	<b>Montana Operations Manual</b>  <b><i>Policy</i></b>	Category	Human Resources/ Employee Benefits
		Effective Date	08/01/2022
		Last Revised	08/01/2022
Issuing Authority	Department of Administration State Human Resources Division		
<b>Telework Policy</b>			

## I. Purpose

This policy establishes uniform procedures for conducting and managing telework in Montana state government. An agency may authorize telework for specified employees at agency-approved alternative worksites when it is in the state's best interest as determined and documented by the agency (§[2-18-120](#), MCA).



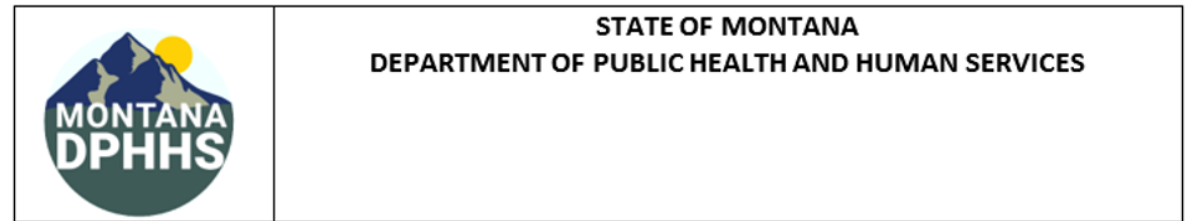
Montana Telework Policy can be found [here](#).

# Montana Telework Policy

- ✓ A teleworker must ensure the security of data and information that is transported to and from the central worksite, designated alternative worksite, or any other telework location.
- ✓ Data created and maintained during a telework arrangement **remains the property of the state** and is subject to the state's records management laws and policies
- ✓ **A teleworking employee is responsible for following proper retention and disposal procedures**, and the employee must return all such data to the state upon request of the agency or upon separation from employment.

# Montana Telework Policy

- ✓ Employees shall safeguard agency information used or accessed while at an alternative worksite.
- ✓ Employees shall follow **agency-approved security procedures and policies to ensure the protection, security, and confidentiality of information and documents.**



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# *Workplace Security*



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# Workspace Security

- ✓ Unoccupied areas that contain confidential information must be locked when the area is not in use
- ✓ Section Supervisors should designate a staff person who maintains copies of all office keys in a secure location. As appropriate, the purpose of the key should not be evident
- ✓ Ensure no one enters an area that may contain confidential information when the staff person is out

# Workspace Security

- ✓ Workspaces may not have feasibly accessible ground level windows (either by being locked or when the window size would prevent entry)
- ✓ Ensure that paper files cannot be viewed by unauthorized users
- ✓ Place monitors, or use privacy screens, so unauthorized users cannot view confidential information

# Remote Workstations and Computers

- ✓ Specific software and special configuration limit accessibility on each authorized machine
- ✓ Computer stations must be locked when not in use and staff are away from their desk

# Teleworking

- ✓ Must have a working location not easily viewed by others. This includes family members and children. This may include:
  - ✓ A designated office
  - ✓ Placement of monitors or privacy screens

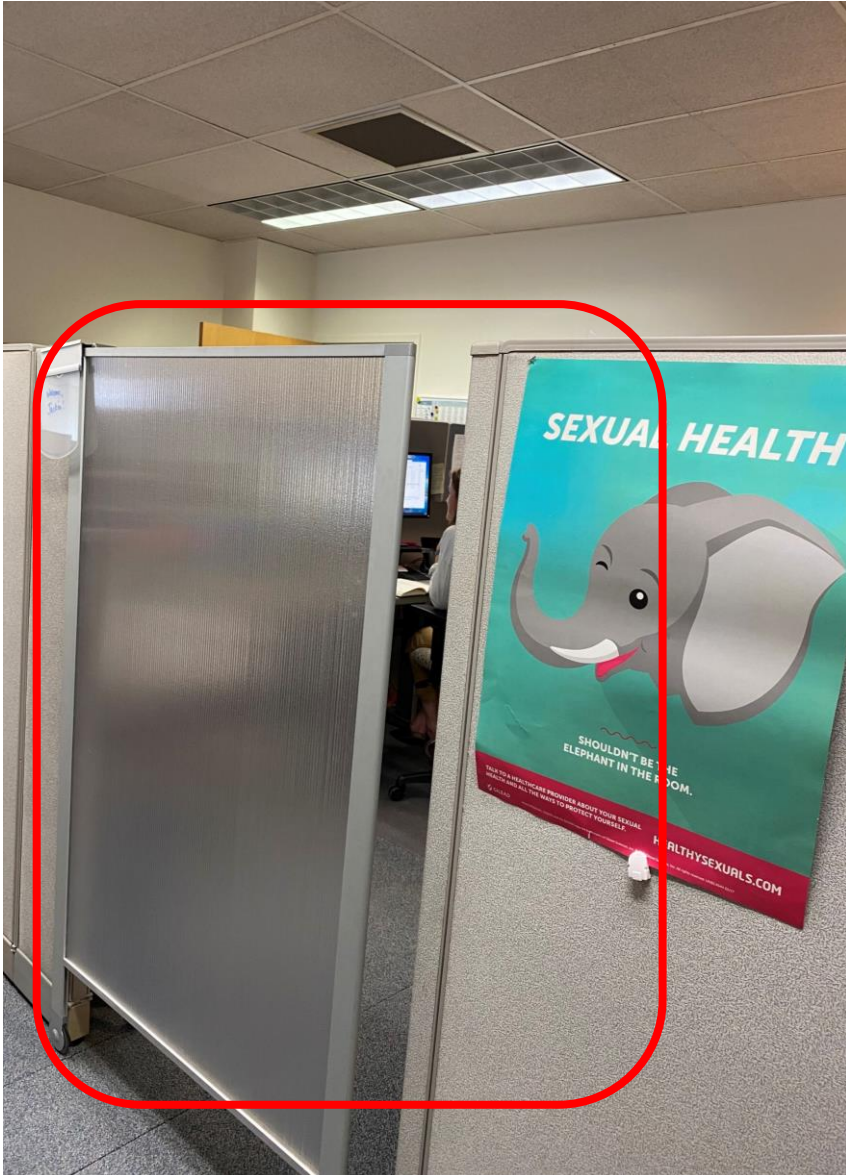
# *Visitors and Communication*



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# Visitors

- ✓ All visitors must obtain permission to enter offices where confidential information may be visible
- ✓ Visitors include CDCB and ESSB staff
- ✓ Confidential information may not be discussed outside a private area



# Cubicle Office

- ✓ Sliding door for privacy
- ✓ A visitor may knock on the door to give the staff person to time to ensure confidential information is not visible

# Communication

- ✓ Make phone calls that contain confidential information from a private area
- ✓ Confidential information may not be left on a non-confidential voicemail
- ✓ Ensure to a reasonable degree that phone contact is legitimate



# Communication

- ✓ Staff should limit confidential information over the phone
- ✓ The best practice is to just use DOB and initials when identifying a patient
- ✓ Use of headphones can reduce the amount information that may overheard
- ✓ Be cautious and attentive when discussing confidential information when teleworking

# Communication



- ✓ Email – never email or text confidential information.
- ✓ When sending confidential information electronically, e-pass or another approved secure data transfer platform (such as WinZip Enterprise Version) must be used
- ✓ When transferring data to CDC, ensure the security of confidential information
- ✓ Fax – when faxing confidential information, ensure the recipient's machine is a secure fax line or in a secure area. Send the minimum information necessary



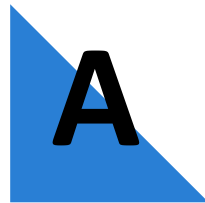
# Communication by Mail



- ✓ Double envelope that are taped shut
- ✓ Inner envelope is marked confidential



State of Montana phones provide confidential voicemail. What happens when the state phone is forwarded to a personal cell phone while teleworking? Is it confidential?



Yes, with conditions. Per the DPHHS HIPAA Privacy Officer, voicemail on a cell phone may be considered confidential **if**:

- The phone is locked by password or facial recognition *and* the password is not shared



What should you do if a local health jurisdiction sends confidential information over email?



Delete the email your inbox and deleted email box. Contact the sender and educate them about not sending confidential information over email. Make sure they know about and can use ePass or other secure file transfer. Instruct them to delete the email from both their send and their deleted email boxes.



Can I email or fax documents with redacting information that is confidential?



Yes, with caution. You can send redacted documents but should be aware that redacting with a black marker can still result in confidential information that can be seen. Often, it is preferable to use white tape or sticky notes to cover confidential information.

# *Records*



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# Electronic Records

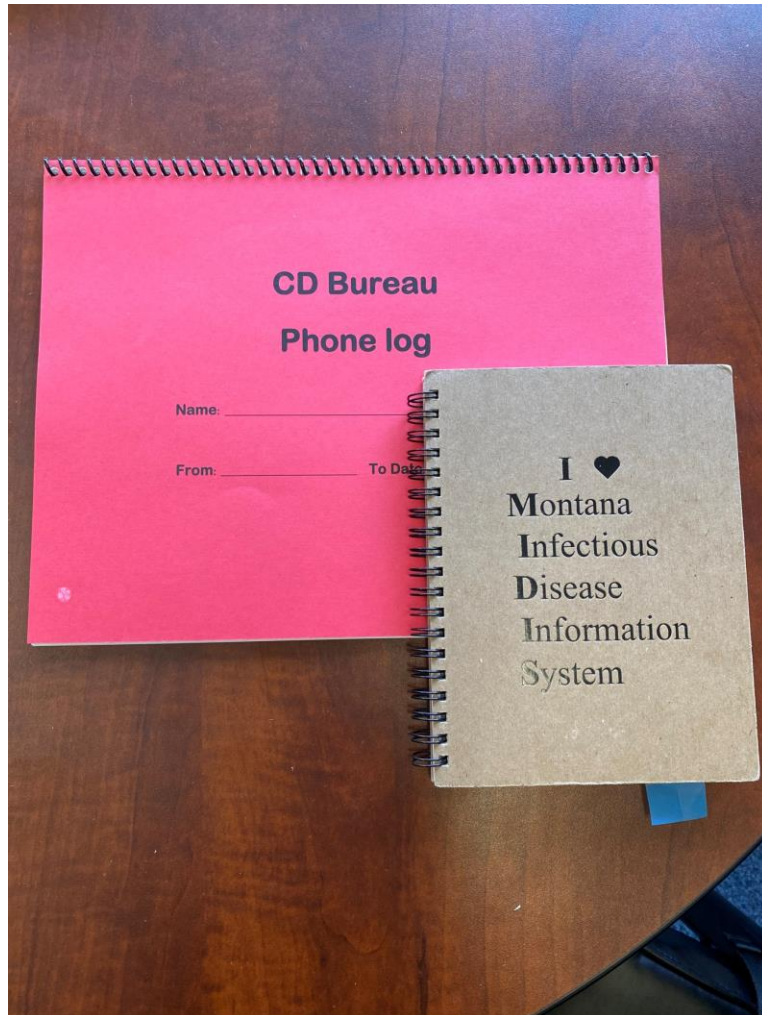
- ✓ Confidential electronic documents must be stored in a secure folder (e.g., \\state.mt.ads\HHS\Confidential Folder...)
- ✓ Do not put confidential documents on the hard drive of your computer
- ✓ When running reports from MIDIS, export the least amount of identifiable information necessary
- ✓ Remove name, DOB and address from MIDIS reports and use a unique identifier instead



# Paper Records

- ✓ Store all confidential information in locked filing or storage cabinets in a locked room when not in use
- ✓ Ensure all confidential information is secured at the close of the business day
- ✓ Shred paper documents or compact discs containing confidential information (cross-cut)
- ✓ Consult with TSD when destroying electronic storage devices

# Teleworking



- ✓ Paper records with confidential information may not be taken home
- ✓ Includes labs and other paper records such as notebooks and phone logs



May I leave a fax or document that contains confidential information on someone's desk if it is face down?



No. You should leave it with a person who is in the section and can give it to intended recipient. This is particularly important with the increased use of telework.

# *Requests and Release of Data*

**\*\*With many thanks to Jennifer Rico\*\***



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# What is our responsibility?



We are charged with protecting the public's health



While protecting the privacy and confidentiality of affected individuals



And ensuring that we report statistically accurate data



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# Requests and Release of Data

Follow the section or bureau protocols for data requests and release

- ✓ Notify the section supervisor who will determine next steps
- ✓ Confidential information may not be released to the general public, news organizations, other state agencies, etc.
- ✓ This includes information that may ***appear*** to identify an individual

# Requests and Release of Data

The ESSB Security and Confidentiality Policy outlines a few exceptions:

- ✓ Datasets maintained by CDCPB or ESSB may be released to LHJs where the data originated *or*
- ✓ To the LHJ responsible for disease investigations or control measures *or*
- ✓ Data that can be obtained in published reports or documents may be released

# Requests and Release of Data



March 2016

## **Guidelines for the Release of Public Health Data Derived from Personal Health Information**

The Public Health and Safety Division (PHSD) collects a variety of Protected Health Information (PHI) through mandatory and voluntary reporting systems under Montana statutes and federal laws. These data are confidential and access to them is strictly regulated by the Montana Constitution,<sup>1</sup> Montana statutes,<sup>2</sup> and the federal Health Insurance Portability and Accountability Act (HIPAA).<sup>3,4,5</sup> This document establishes Guidelines for the release of data derived from PHI for public health activities while protecting its confidentiality and integrity in compliance with state statutes and federal laws.



# Guidelines for Release of Public Health Data

These guidelines apply to:

- ✓ All Public Health and Safety Division (PHSD) published materials
- ✓ All replies to requests received by PHSD regardless of the source, that are based on data derived from PHI

NOTE:

- ✓ Whenever summary data leave the immediate control of PHSD, they are considered published
- ✓ Because of a small statewide population, we must pay particular attention to data release

# Criteria for Reporting Public Health Data Derived from Protected Health Information

## Statewide data (not stratified)

- ✓ If number of events in cell  $> 20$ , **report counts and rates with confidence intervals.**
- ✓ If number of events in cell  $< 20$  and  $> 5$ , **do not compute rates; report counts.**
- ✓ If number of events in cell  $< 5$ , do not compute rates; **suppress count(s) or aggregate strata or years.**

# Criteria for Reporting Public Health Data Derived from Protected Health Information

**Stratified data if denominator of cell > 300 (by demographic characteristics, county, etc.)**

- ✓ If number of events in cell > 20, **report counts and rates with confidence intervals**
- ✓ If number of events in cell < 20 and > 5, **do not compute rates; report counts**
- ✓ If number of events in cell < 5, do not compute rates; **suppress count(s) or aggregate strata or years**

# Criteria for Reporting Public Health Data Derived from Protected Health Information

**Stratified data if denominator of cell < 300 (by demographic characteristics, county, etc.)**

- ✓ If number of events in cell > 20, **report counts and rates with confidence intervals**
- ✓ If number of events in cell < 20, **do not compute rates; suppress count(s) or aggregate strata or years**

# What happens when we analyze data from small populations?

Increase the likelihood that a reported individual can be identified

Perception is important

Produces highly unstable rates or estimates.

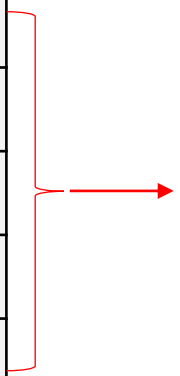
**Number of X Events, Petroleum County, MT, 2018-2020**

<b>Year</b>	<b>Number of Events</b>	<b>Annual Female Population</b>
<b>2019</b>	2	100
<b>2018</b>	10	105
<b>2017</b>	8	102

# Strategies to Address Small Numbers: Aggregate

## ➤ Combine Across Data Years

Year	# of Cases
2020	4
2019	13
2018	2
2017	4
2016	3



Years	# of Cases
2016-2020	26

## Strategies to Address Small Numbers: Data Simplification

Age Range	White	American Indian
All Ages	25	11
0-4 years	3	4
5-9 years	10	1
10-14 years	12	6



Age Range	Total Cases
All Ages	36
0-4 years	7
5-9 years	11
10-14 years	18



# HIV Cases Double in Blue County

David Murray  
Great Falls Tribune  
USA TODAY NETWORK

Local public health officials report that HIV cases have doubled in Blue county, increasing from one to two cases in 2023. These cases have been identified in the MSM population.

With a population of approximately 14,000, the new diagnoses bring the HIV rate in Blue county to 14.3 per 100,000 compared to just 2.5 per 100,000 in Montana as a whole.

## Cascade County upgrading fleet

\$1 million total vehicle purchase planned

David Murray  
Great Falls Tribune

- ✓ If number of events in cell  $< 5$ , do not compute rates; suppress count(s) or aggregate strata or years



# *Questions?*



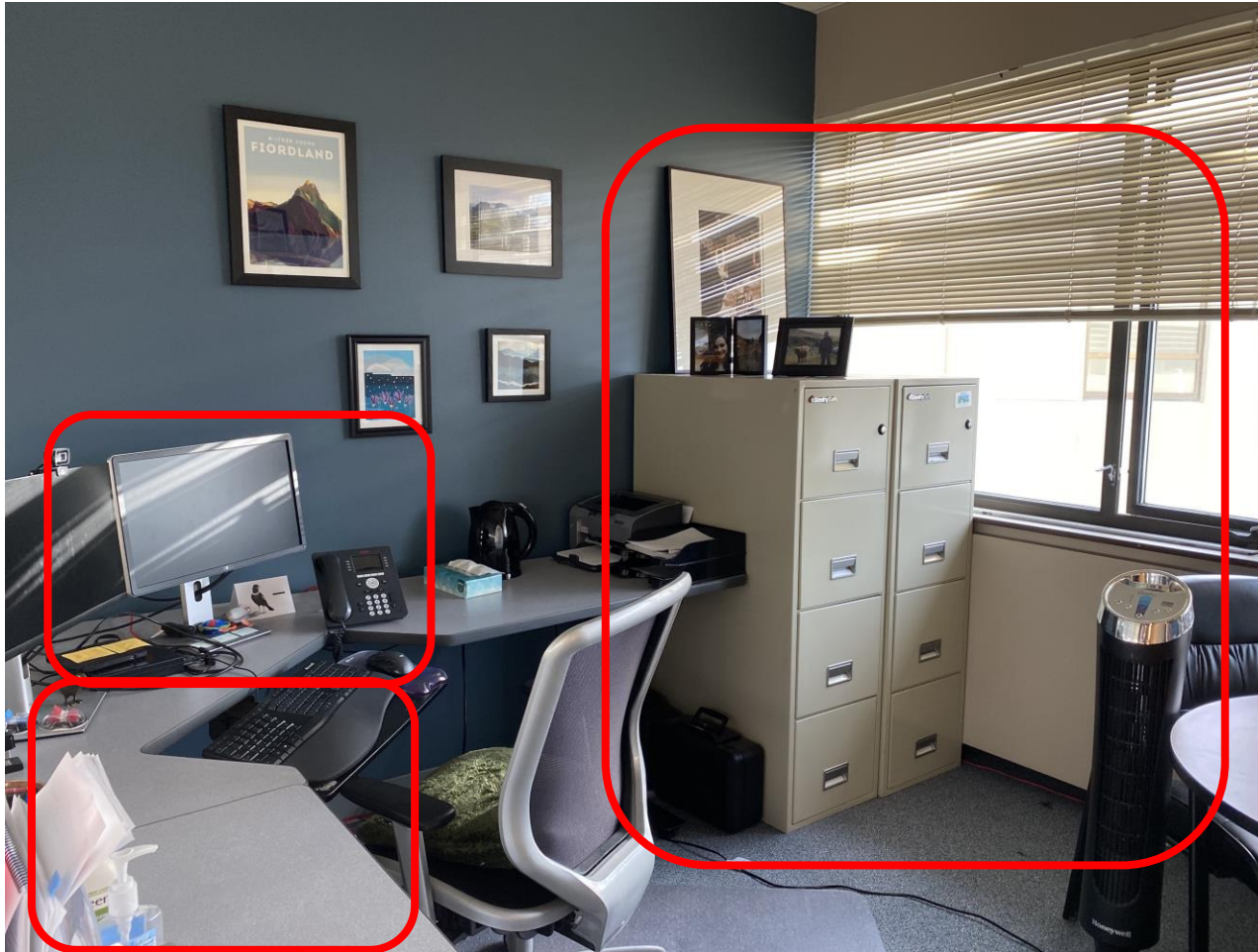
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# *Confidentiality Assessment*



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# Work Office



- ✓ Locked door and secure file cabinets
- ✓ Computer screen is not visible to someone at the door
- ✓ No documents with confidential information are on the desk unintended
- ✓ **CHALLENGES:**
  - ✓ Locked screen
  - ✓ Location of keys

# Challenge

- ✓ When training, need to be aware of inadvertently showing confidential information from MIDIS
- ✓ This is also true for MIDIS test



## My Queues

### Default Queues

- Open Investigations (1289)
- Approval Queue for Initial Notifications (586)
- Updated Notifications Queue (1001)
- Rejected Notifications Queue (29)
- Documents Requiring Security Assignment (0)
- Documents Requiring Review (3028)
- Messages Queue (8)
- Supervisor Review Queue (17)

These queues all have confidential information. Users need to be mindful when sharing the screen while demonstrating or training in MIDIS

# Challenge

Basic Filter

Advanced Filter

Column Selection

## Basic Case Line List Report

Please select the column variables you would like to include in this report. Then move them up or down until they are in the order you would like them to appear when the report is run.

### Available Columns:

Age Category Code  
Age Reported Time  
Birth Gender Code  
Birth Order Number  
Case Type Code  
Concatenated Race Category Code  
Condition Code  
Condition Description  
Confirmation Method Code  
Confirmation Method Time

### Selected Columns:

MMWR Year  
MMWR Week  
Condition  
Case Status  
Person Local Id  
**Person Name**  
Birth Time  
Age Reported  
Age Reported Unit Code  
Current Sex Code



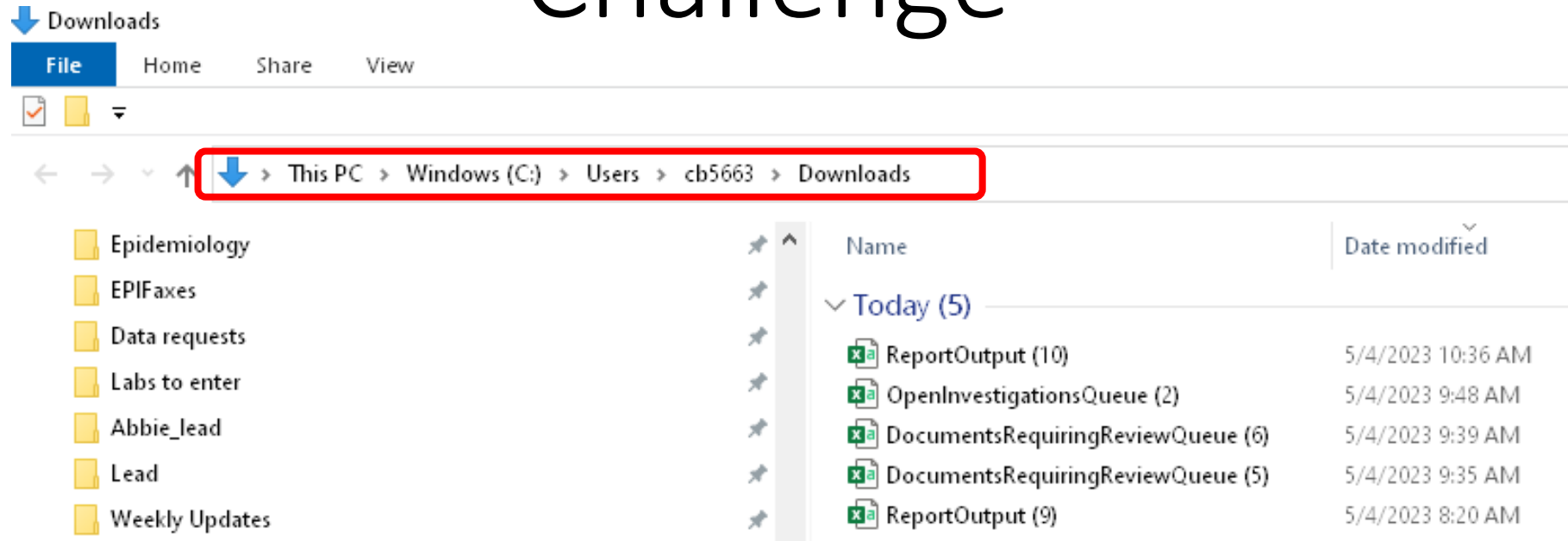
### Selected Columns:

Ethnic Group  
Deceased Indicator Code  
**Street Address 1**  
**Street Address 2**  
City  
Zip Code  
Jurisdiction  
OnSet Date  
Diagnosis Date  
Report To County Time



Export

# Challenge



- ✓ MIDIS reports automatically save to the download folders
- ✓ Confidential data must be saved to a secure folder →
- ✓ Delete from recycle bin



→ Network > state.mt.ads > HHS > Confidential Folders



# MONTANA FILE TRANSFER SERVICE

## Received File Report

File Name: 28879.pdf

### File Information

- File Uploaded On: 5/4/2023 12:06:57 PM
- File Status: Ready for Download
- File Size: 94.3 KB bytes
- Number of days since file was uploaded: 4 days
- Number of days until file is removed: 11 days
- File was sent by: Josy Jahnke ([jjahnke@missoulacounty.us](mailto:jjahnke@missoulacounty.us))

### System Message(s)

- Date of Message: 5/4/2023 12:05:42 PM - Message: You have a new file available
- Date of Message: 5/4/2023 12:06:57 PM - Message: Message sent to recipients with file: questions, Josy

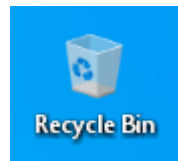
### Recipient Download(s)

- Recipient: Helen McCaffrey
- Date Downloaded: 5/9/2023 8:05:41 AM - Message: The file was downloaded successfully

[Download File](#)

↓ > This PC > Downloads	Name	Date modified	Type	Size
Lead				
GIS Projects				
Weekly Updates				
Not in care				
Today (6)				
	Sunshine risk assessment forms	5/9/2023 8:06 AM	Adobe Acrobat D...	73 KB
	Sunshine partner forms	5/9/2023 8:06 AM	Adobe Acrobat D...	2,369 KB

- ✓ ePASS reports also save to the download folders
- ✓ Confidential data must be saved to a secure folder → > Network > state.mt.ads > HHS > Confidential Folders
- ✓ Delete from recycle bin





# Home Office



- ✓ Have office that is separate from other persons in the house. Family needs to knock on the door
- ✓ Can lock the screen when away from the desk
- ✓ Phone calls?
  - ✓ Use headphones
  - ✓ Don't use identifiers when on the phone
  - ✓ Can use a fan for white noise





# Home Office

# *Breach of Confidentiality*



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# Breach of confidentiality either at the work-site or while teleworking

- ✓ Confidential material that has been lost or stolen
- ✓ Confidential material that has been given or shown to a person who is not authorized to receive it
- ✓ Evidence of a break-in to an office or locked file cabinet
- ✓ Evidence of someone trying to hack into a computer or network
- ✓ Evidence, through media or other source, that indicates that CDCPB or ESSB staff intentionally or unintentionally revealed confidential information

# What if a breach occurs, either by yourself or someone else?

- ✓ Follow the bureau protocols
- ✓ Notify the section supervisor
- ✓ Investigate and document breach of confidentiality
  - ✓ Cause, mitigate, and prevent
- ✓ Section supervisor will review the breach and will notify other persons as appropriate
  - ✓ Bureau Chief
  - ✓ DPHHS leadership
  - ✓ DPHHS legal counsel
  - ✓ Funders
  - ✓ Public Information Officer
- ✓ Severity of breach made result in disciplinary action or termination

# Next Steps

Review your own on-site and teleworking workspace

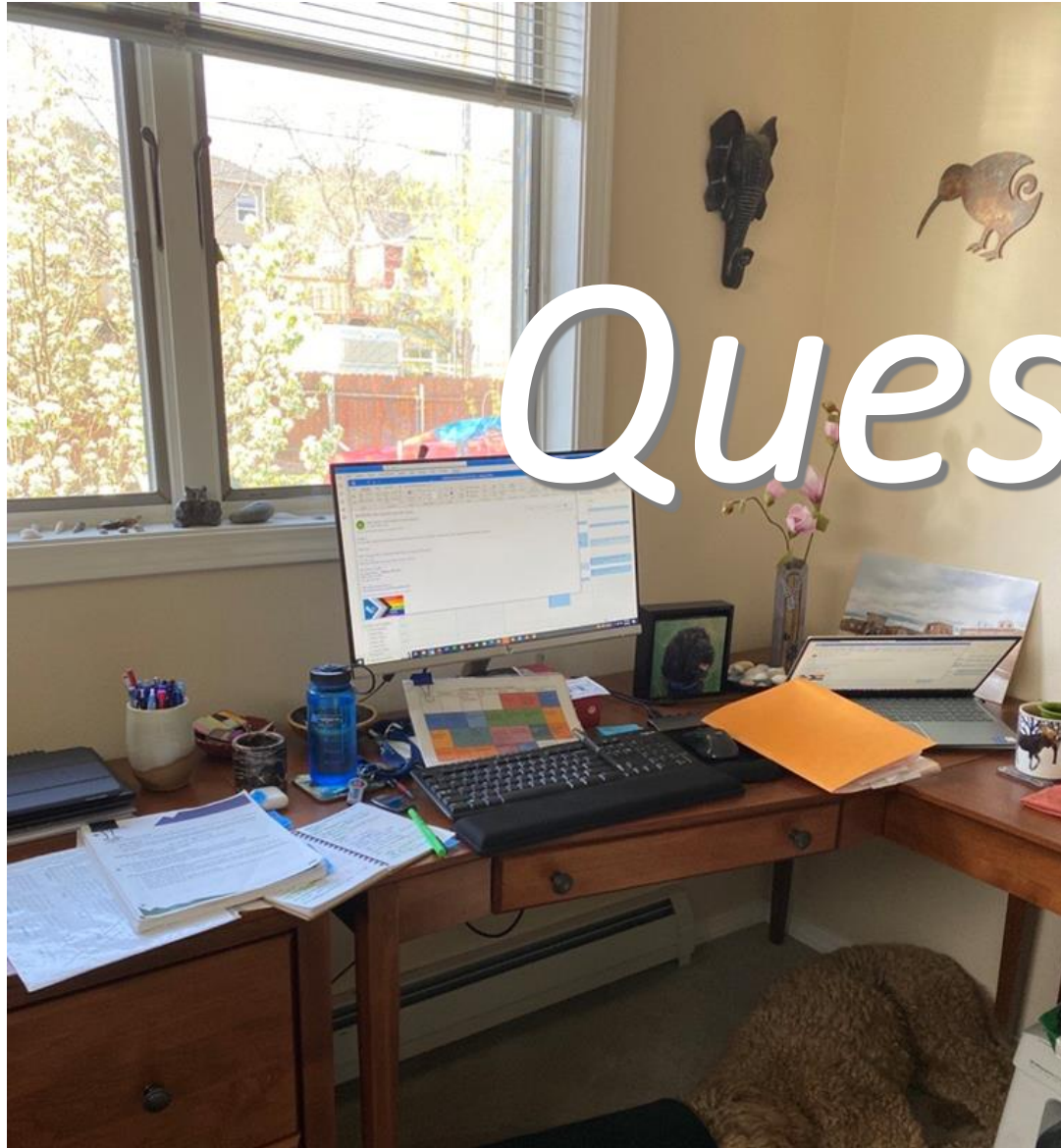
- ✓ Use a privacy screen or re-positioning of the monitor
- ✓ Sliding cubicle screen to be used when using or view confidential information
- ✓ White noise machine
- ✓ Increase the use of the computer screen lock when away from your desk
- ✓ Knock on cubicle and office doors when entering
- ✓ Create an end of day routine
- ✓ Problem solve with your supervisor

# Next Steps

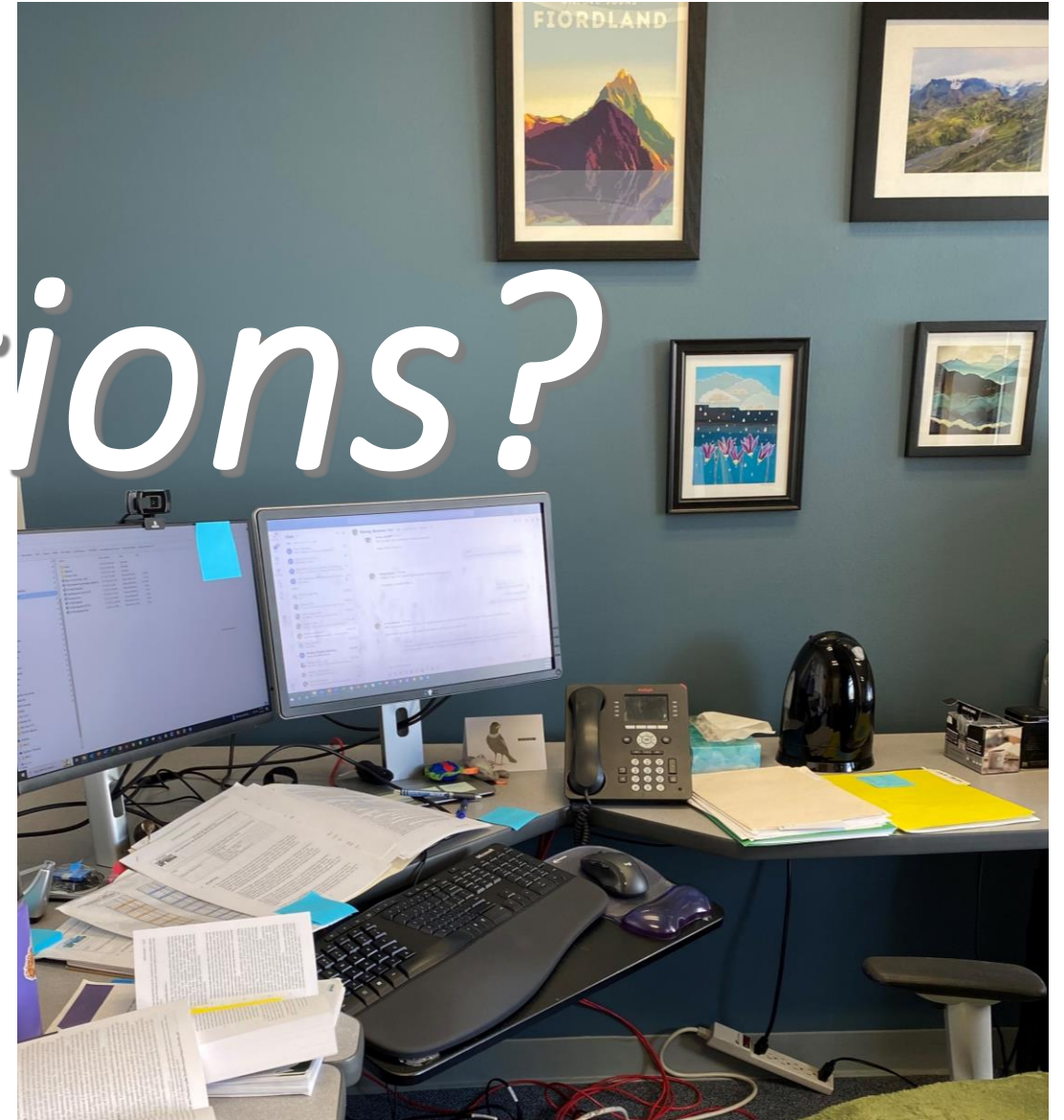
- ✓ Improve security of file cabinets







*Questions?*



# *Thank you!*

*Please sign and return the S & C checklist by April 26, 2024, to:*

*Helen McCaffrey, MPH*  
*[hmccaffrey@mt.gov](mailto:hmccaffrey@mt.gov)*



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