

**The County of San Bernardino  
Department of Behavioral Health**

**Facility Physical Security and Access Control Policy**

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**Effective Date** 07/01/10  
**Revised Date** 12/06/10

  
Allan Rawland, Director

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**Policy** It is the policy of the Department of Behavioral Health (DBH) to:

- Meet its responsibility as one of the three designated primary custodian county departments of protected health information (PHI)
- Meet its responsibility regarding personally identifiable information (PII)
- Protect public resources, information and assets
- Ensure authorized users are granted appropriate access to DBH facilities

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**Purpose** To ensure DBH information and facilities are secure and physical access is controlled and validated twenty-four (24) hours every day of every year.

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**Definitions** **Employees/Staff** are identified as workforce members, medical corporation staff, students, interns, pre-licensees, volunteers, contracted service providers, physicians, residents, business associates, other county employees or staff and other authorized personnel who possess access privileges to DBH facilities or its associated departments or clinics or other areas or systems containing client information.

**PHI Protected Health Information** is individually identifiable health information that is transmitted or maintained in any form or medium (electronic, paper, microfiche or verbal).

**PII Personally Identifiable Information** is any information maintained by DBH electronically or in paper format which can potentially be used to uniquely identify, contact or locate County employees or members of the public.

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**Compliance with PHI/PII Statutes**

DBH, through its Office of Compliance, maintains a fully implemented Compliance Program in accordance with the United States Office of the Inspector General's Compliance Program Guidance. The Compliance Program elements implemented by DBH Executive management and maintained by the Chief Compliance Officer are:

1. The development and distribution of written standards of conduct as well as written policies and procedures
  2. The designation of a Chief Compliance Officer and other appropriate bodies
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## Facility Physical Security and Access Control Policy, Continued

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**Compliance with PHI/PII Statutes**  
(continued)

3. The development and implementation of regular, effective education and training programs for all affected employees
4. The maintenance of a process, such as a hotline, to receive complaints while protecting the anonymity of complainants
5. The development of a system to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action
6. The use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problems areas
7. The investigation and remediation of identified systemic problems
8. Regularly occurring compliance risk assessment

Compliance applies to all statutory requirements to protect PHI/PII, including security.

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**Training and Communication**

DBH employees are made aware of applicable security and conduct standards through training and education. New employees:

- Attend mandatory compliance and security training
- Are required to provide written acknowledgment for reading the DBH Code of Conduct

Annual training is also required of all employees. Remedial training is required for employees who unknowingly violate areas of risk.

Training is recorded in the DBH Essential Learning (EL) system. Through EL, DBH leadership track employee compliance with training requirements and report as appropriate.

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**Responsibility**

DBH is committed to using all reasonable measures to prevent non-authorized personnel and visitors from having access to, control of, or viewing PHI/PII. All County officers, employees, agents and volunteers are trained in and required to maintain the security, integrity and confidentiality of PHI/PII in accordance with Contracts, Agreements and applicable laws and regulations. See References.

Role	Responsibility
Leadership	DBH leaders are to set the example in protecting PHI/PII and are expected to create an environment encouraging staff to raise concerns as they arise and to propose new ideas. DBH also expects its leaders to ensure staff have

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**Facility Physical Security and Access Control Policy, Continued**

Responsibility  
(continued)

Role	Responsibility
Leadership (cont'd)	<p>sufficient information to comply with this policy. They must:</p> <ul style="list-style-type: none"> <li>• Take appropriate corrective or disciplinary action for staff who knowingly violate this policy</li> <li>• Report maintenance needs to the Building Manager</li> <li>• Return all terminated access cards</li> <li>• Ensure staff are trained regarding privacy/security regulations, this policy and <a href="#">Facility Security and Access Control Procedures</a></li> </ul>
Employees	<p>All employees are required to:</p> <ul style="list-style-type: none"> <li>• Display and wear a County/DBH Identification (ID) badge at all times</li> <li>• Appropriately store ID badges and Security Access Cards (SAC) in a safe place when not in use</li> <li>• Immediately report lost or stolen cards, metal keys, or keypad lock combinations</li> <li>• Never give or share an ID badge or SAC with anyone</li> <li>• Avoid allowing anyone to follow into a restricted area</li> <li>• Never share alarm or keypad codes with anyone</li> <li>• Surrender ID badges/SACs or keys upon leaving DBH employment or facility transfer as appropriate</li> <li>• Report deliberate violations of this policy and related procedures immediately to a supervisor</li> <li>• Observe and report any suspicious activities or unauthorized personnel to a supervisor or security staff</li> <li>• Check to ensure doors latch securely when entering or exiting a facility</li> <li>• Secure offices when not in use</li> <li>• Lock doors and desks equipped with locks</li> <li>• Escort visitors to their respective destinations</li> <li>• Store PHI/PII in locked cabinets, desks</li> <li>• Secure PHI/PII in authorized locked carrying cases</li> <li>• Never leave records containing PHI/PII unattended at any time in vehicles, airplanes or other public transportation</li> <li>• Never check records with PHI/PII through baggage checks on commercial airlines or other public transportation</li> </ul>

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# The County of San Bernardino Department of Behavioral Health

## Facility Physical Security and Access Control Policy, Continued

**Responsibility**  
(continued)

Role	Responsibility
Building Manager	<ul style="list-style-type: none"> <li>• Request and track security maintenance repairs</li> <li>• Establish access procedures for emergencies, in conjunction with Location Safety Coordinators</li> <li>• Track who has access to the facility in conjunction with the Site System Administrator (SSA)</li> <li>• Arrange for metal locks to be changed when keys are unaccounted for or lost</li> <li>• Arrange for combination keypads/locks other than alarm codes to be changed at least every twelve months or when staff employment is terminated as appropriate</li> </ul>
Facilities and Project Management Unit	<ul style="list-style-type: none"> <li>• Ensure repairs or modifications to facilities containing restricted areas are made in accordance with the <a href="#">DBH Facility Repair and Documentation Procedure</a></li> <li>• Ensure security cameras and/or other appropriate security devices are installed at restricted area entries</li> <li>• Collaborate with the vendor for all access card system terms and modifications</li> </ul>

**Enforcement**

DBH investigates all reported PHI/PII security issues promptly and confidentially to appropriate extent. Results of investigations are coordinated, corrective action is recommended and appropriate changes implemented. County Personnel Rules require employees to cooperate with administrative investigation efforts.

When investigation supports a reported violation, DBH initiates appropriate corrective action, which might include:

- Making prompt restitution
- Notifying appropriate governmental agencies
- Instituting disciplinary action as necessary
- Implementing systemic changes to prevent reoccurrences of similar violations

**References**

The following list of references are statutory requirements on which this policy and related procedure are based:  
 Public Records Act – Government Code, Sections 6250-6270  
 Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Regulations 45 Code of Federal Regulations (CFR), Parts 160-164

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## Facility Physical Security and Access Control Policy, Continued

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### References (continued)

The Confidentiality of Medical Records Act (CMIA), located in the Civil Code  
Patients Access to Health Records Act (PAHRA), located in the Health and  
Safety Code  
Lanterman-Petris Short (LPS) Act, located in the Welfare and Institutions  
Code  
Health and Safety Code, Division 109  
Human Services Interim Instruction Notice #09-005

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### Related Policy or Procedure

County of San Bernardino Policy 08-11: [Security Centralization](#)  
County of San Bernardino Policy 14-01: [Electronic Mail \(EMAIL\) Systems](#)  
County of San Bernardino Policy 14-02: [Electronic Mail \(E-Mail\) Retention  
and Destruction](#)  
County of San Bernardino Policy 14-04: [Internet/Intranet Use Policy](#)  
County of San Bernardino Policy 16-02: [Protection of Individually Identifiable  
Health Information](#)  
County of San Bernardino Policy 16-02SP1: [Protection of Individually  
Identifiable Health Information](#)  
Department of Behavioral Health [Code of Conduct](#)  
DBH Standard Practice Manual BOP3025-1: [Facility Security and Access  
Control Procedures](#)  
DBH Standard Practice Manual HR4006: [Employee Separation Procedure](#)  
DBH Standard Practice Manual IT5003: [Internet Access Policy](#)  
DBH Standard Practice Manual IT5004: [Computer and Network Appropriate  
use Policy](#)  
DBH Standard Practice Manual IT5005: [Electronic Mail Policy](#)  
DBH Standard Practice Manual IT5006: [Remote Access Policy](#)  
DBH Standard Practice Manual IT5007: [Risk Assessment Policy](#)  
DBH Standard Practice Manual IT5008: [Device and Media Controls Policy](#)  
DBH Standard Practice Manual IT5009: [User ID and Password Policy](#)

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