

Minutes for October 3, 2011

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072270 THE BOARD OF WHITMAN COUNTY COMMISSIONERS met in their Chambers in the Whitman County Courthouse, Colfax, Washington for **Monday, October 03, 2011** at **9:00 a.m.** Patrick J. O'Neill and Michael Largent, Commissioners and Maribeth Becker, CMC, Clerk of the Board attended. Commissioner Partch was unavailable.

9:00 a.m. - Call to Order/Board Business/Workshop.

Present: Gary Petrovich, Kelli Hadley and Kelli Campbell.

072271 1. Items discussed included the weekly financial update and 2012 county employee medical insurance. No action taken.

9:30 a.m. - Recess.

10:00 a.m. - Board Business Continued/Pledge of Allegiance.

Present: Kelli Campbell and Bill Spence.

D072271A 2. Motion by Commissioner Largent to accept the consent agenda. Motion **seconded** by Commissioner O'Neill and **carried**.

072272 3. Claims/Payroll warrants numbered **258274** and **258419-258510** for **\$324,644.46** approved.

072273 4. September 19, 2011 minutes approved.

072274-072276 5. Personnel change orders approved.

072277 6. Commissioner Largent **moved** Commissioner O'Neill **seconded** the motion and it **carried** to approve the revised policy Protecting Private Information.

RESOLUTION NO. 072277 BEFORE THE BOARD OF WHITMAN COUNTY COMMISSIONERS

IN THE MATTER OF the action of the adoption for the Whitman County Policy **Protecting Private Information** and its corresponding procedures and tasks;

WHEREAS, this action is required by the federal HIPAA Security Rule,

BOCC MINUTES-10/03/11

WHEREAS, Whitman County policy requires a review and update every two years of privacy policies,

WHEREAS, this action is necessary and in the best interest of Whitman County and its employees,

NOW, THEREFORE, IT IS HEREBY RESOLVED by this Board that the above is approved as the attached:

POL-01600-HR	<u>PROTECTING PRIVATE INFORMATION</u>
PRO-01600-1-HR	<u>Updating and Reviewing Privacy Policies</u>
PRO-01600-2-HR	<u>Requesting to Restrict PHI Disclosure</u>
PRO-01600-3-HR	<u>Requesting Alternative Method for Disclosing PHI</u>
PRO-01600-4-HR	<u>Requesting to Inspect/Copy PHI</u>
PRO-01600-5-HR	<u>Requesting to Amend PHI</u>
PRO-01600-6-HR	<u>Requesting a Log of PHI Disclosures</u>
PRO-01600-7-HR	<u>Documenting and Accounting for Disclosures of PHI</u>
PRO-01600-8-HR	<u>Requesting to Modify and/or Copy an Authorization Form</u>
PRO-01600-9-HR	<u>Requesting Revocation Authorization to Use/Disclose PHI</u>
PRO-01600-10-HR	<u>Grievance Procedure</u>
TSK-01600-1-HR	<u>Distributing the Revised Notice of Privacy Practices</u>

Dated this 3rd day of October 2011 and effective as of January 1, 2012.

BOARD OF COUNTY COMMISSIONERS
OF WHITMAN COUNTY, WASHINGTON

ABSENT

Greg Partch, Chairman

ATTEST:

Patrick J. O'Neill, Commiss.

Maribeth Becker, CMC
Clerk of the Board

Michael Largent, Commissioner



PROTECTING PRIVATE INFORMATION

Policy: POL-1600-HR • Effective Date: 1/1/2012 •
Res. #072277
Cancels: Res. # 070161 • Reference: POL-1610 & 1620 – HR

This policy applies to all Whitman County departments and employees.

Definitions:

Private Information – Employee/client information of a private nature, including demographic, financial, medical/health and social data.

Protected Health Information (PHI) – Employee/client information of a private nature, including demographic, financial, medical/health and social data related to healthcare. PHI is found in any form including oral, electronic and printed material.

HIPAA – Health Insurance Portability and Accountability Act

DHHS – Department of Health and Human Services

Privacy Compliance Officer – An individual(s) responsible for creating and maintaining the privacy policies of Whitman County in accordance with State and Federal regulations.

1. Whitman County Recognizes its Responsibility to Protect the Private Information of its Employees and/or Clients.

The County recognizes its responsibility to protect private information for its employees/clients in accordance with Washington State and federal regulations. Private information communicated shall be the minimum necessary to achieve the needed result.

Furthermore, Whitman County recognizes itself as a hybrid entity in accordance with HIPAA regulations for the protection of Protected Health Information (**PHI**).

Private information including Protected Health Information may be used for but not limited to the following areas:

- Payroll processing
- Insurance coverage participation/troubleshooting
- Doctor certification for reasonable accommodation, return to work status, etc.
- Accident reports
- Requests from governmental entities
- Medical treatment of employees and/or clients
- Research/statistical analysis
- Collection in the course of an employee's job responsibilities

It should be kept in mind that Whitman County is a public agency. Therefore, certain information is not considered confidential. However, requests for such information shall be limited to only the specific allowable information requested.

2. **Whitman County Shall Establish Goals in the Protection of Private Information.**

Whitman County shall strive to meet and maintain the following goals:

- Protect information from unauthorized use
- Create secure environments for information
- Protect the privacy of County employees and/or clients
- Provide individuals access to their own private information
- Effectively manage the risk involved in possessing private information
- Define employee responsibilities in accessing, storing, using and destroying private information

- Create a stable work environment
- Be compliant with state and federal regulations concerning private information
- Establish procedures in case of asset misuse, loss or unauthorized disclosure

3. All Privacy Policies/Procedures Shall be Reviewed and Updated by the County's Compliance Officer(s) Every Odd Numbered Year (See PRO# 01600-1).

The Compliance Officer(s) review shall include the general County policies and a verification that each department is complying with the policy. Areas of review shall include administrative procedures, physical security safeguards, technical security services, and technical security mechanisms.

A list of positions with access to specific PHI, and the ways in which that private information is used and protected, shall be submitted by each department upon the Compliance Officer(s) review. The Department Head's signature shall be required for confirmation of the data provided.

4. Employees/Clients Have Rights in Regards to the Treatment of Their PHI.

Employees/clients have rights to adequate notice of the uses and disclosure of PHI that may be made by the County. Those rights include:

- Requesting restrictions on data disclosure (See PRO# 01600-2)
- Requesting alternate methods for communicating disclosures (See PRO# 01600-3)
- Requesting inspection and/or a copy of their own PHI (See PRO# 01600-4)
- Requesting amendments to their records (See PRO# 01600-5)
- Receiving an accounting of certain PHI disclosures for up to six years (See PRO# 01600-6)

Requests for the above actions must be made in writing to the County's Privacy Compliance Officer or the appropriate Department Head/Elected Official. Responses to such requests will be made in writing within the time limits specified in the Notice of Privacy Practices. They may also be subject to copy fees. All reasonable requests shall be granted.

- Involve PHI that is accurate and complete
- Include a record that no longer exists or cannot be found
- Do not pertain to PHI
- Include PHI not maintained by the County
- Endanger the life or physical safety of the employee/client
- Identify another person and disclosure may cause substantial harm to that person
- Are not reasonable given the circumstances of the request
- Unduly impede department operations
- Include psychotherapy notes
- Include information compiled in reasonable anticipation of, or in use in, a civil, criminal or administrative action or proceeding
- Access prohibited PHI under the Civil Laboratory Improvements Amendments of 1988
- Are contained by a correctional institution, or a provider acting under the direction of the correctional institution, if access would jeopardize the health, safety, security, custody or rehabilitation of the client or other inmates, or the safety of an employee of the institution or those responsible for transporting the inmate
- Are created or obtained by a health care provider in the course of research and the access is temporarily suspended for as long as the research is in progress

- Obtained under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information

5. Department Heads/Elected Officials and Employees are Expected to Take Reasonable Steps to Protect Confidential Information.

County employees shall conduct services and operations in such a way that only those who need to know can hear or see individuals when they are sharing private information. Employees shall also maintain employee/client confidentiality when hosting visitors to the County.

Department Heads/Elected Officials shall be responsible for ensuring that access to private information is limited only to those employees who need it in conducting their daily operations.

Department Heads/Elected Officials and employees are expected to take reasonable steps to protect confidential information in oral, written or electronic form. This may include but is not limited to:

- Covering and/or putting away confidential information when not in use. This includes minimizing computer screens that may contain private data and turning them away from unauthorized viewing.
- Keeping desks, counters, fax machines, and copiers free of leftover or forgotten documents that may contain private information. Documents containing PHI should not be left alone at copy machines or printers, nor should unauthorized individuals read them. If found alone, they should be immediately returned to the authorized employee.
- Creating confidentiality statements for documents containing private information. For example, fax machine cover sheets.
- Using Whitman County's Authorization to Release Private Information form when private information needs to be disclosed outside the regular course of business.
- Holding conversations behind closed doors or at appropriate noise levels if they could/may contain private information.
- Allowing only certain employee positions access to specific confidential information.
- Using security features such as: locked file cabinets; passwords for computer files containing private data; firewalls; locking doors to departments and offices when not in use.
- Changing passwords and other appropriate securities upon termination of a previously authorized employee's employment.
- Keeping work areas free of unauthorized employees/visitors. Authorized visitors should have a visitor badge and/or sign a confidentiality agreement.

6. **A Written Authorization is Required for Disclosures of Information Outside of the County's Regular Course of Business.**

Disclosures of private information outside of the County's regular course of business (i.e. the employees' regular job duties) require a written authorization from the owner of the disclosed data. Disclosures of any kind are on a "need to know" basis only.

Disclosures of PHI outside regular treatment, payment or healthcare operations require specific written authorization (**See Authorization to Release Private Information form**). Authorizations must specify: the date of the request; a description of the private information to be disclosed; the person authorizing the disclosure; the person to whom the County may make the disclosure; an expiration date; the method information will be communicated and the purposes for which information may be disclosed.

Authorizations must be kept for six years after each expiration date. A description of disclosures allowed without an authorization form can be found in the Notice of Privacy Practices.

The employee has the right to request a copy of the authorization, deny its use or modify it (See PRO# 01600-7, 01600-8 & 01600-9-HR) (See the Notice of Privacy Practices).

7. A Log of PHI Disclosures Shall Be Maintained by Each Department.

Employees/Clients have a right under HIPAA to request a list of disclosures regarding their own PHI. The County will provide lists for up to six years prior to the request date. All requests must be made in writing to the County's Privacy Compliance Officer or the appropriate Department Head/Elected Official with the requestor's valid signature (See PRO# 01600-6-HR) (See Notice of Privacy Practices).

PHI disclosures that do not need to be logged include:

- Employee/client requests for their own information
- The normal treatment, payment or healthcare operations of the department
- Family members/others involved in the employee's/client's care
- Notification purposes
- Signed authorizations by the employee/client

Each department's log shall contain:

- Name and address of data recipients
- Date of the disclosure
- Description of the data and the disclosure's purpose
- Method by which the data was released

8. Whitman County Will Take Reasonable Steps to Limit the Use or Disclosure of Private Information to the Minimum Necessary.

The County will take steps to limit the use/disclosure of private information to the minimum necessary to accomplish the intended purpose.

In doing so each department shall identify, in writing, the people and positions who need access to specific private information in order to carry out their duties and the conditions for which such information may be communicated. Only those employees and the Department Head/Elected Official may have access to those records. Access shall be limited to business purposes only.

Private information provided by the County shall only be the minimum necessary in meeting the information request. The County may request clarification regarding the request in order to prevent disclosure of unnecessary information.

Minimum necessary requirements do not apply to:

- Disclosures to or requests by a health care provider for treatment purposes
- Disclosures to the individual of their own private information
- Uses or disclosures required for HIPAA compliance
- Disclosures to DHHS for enforcement purposes
- Uses or disclosures required by other laws
- Disclosures authorized by the individual

9. Private Information no Longer in Use Shall be Shredded.

Documents containing private data that is no longer in use shall be stored in a secure location in accordance with County and Washington State retention schedules. Once the documents have met retention schedule requirements, they shall be destroyed in accordance with State and Federal access regulations.

10. Whitman County Shall Provide its Employees a Notice of Privacy Practices.

The County shall provide its employees and clients a notice of privacy practices concerning PHI in accordance with HIPAA. The notice shall include:

- How the County may use and disclose protected health information about an individual
- The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the County
- The County's legal duties with respect to the information, including a statement that the County is required by law to maintain the privacy of protected health information.
- Authorized contacts for further information about the County's privacy policies
- An effective date

The notice shall be reviewed, and if revised, distributed whenever the County makes changes to its privacy policies (**See TSK# 01600-1-HR**). It shall also be distributed at each new employee's orientation. Each employee receiving a new notice shall review and sign an acknowledgement form indicating that they have received and understand the document.

The notice shall be available through the Human Resources Department to any person who requests it. The notice shall also be posted where all employees have access to it, and on the Human Resources page of the County's website.

11. Whitman County Shall Provide Training to Its Employees.

All new Whitman County employees shall receive training through Human Resources or the Privacy Compliance Officer(s) regarding general provisions of access, use, storage, disclosure and destruction of private information. Training specific to the employee's position shall continue in the appropriate department. Such training shall be conducted before the employee handles any private information.

It is each department's responsibility to provide training updates to County employees responsible for handling PHI. Training shall include instruction regarding this policy and the privacy laws. As a part of that training, employees shall sign training acknowledgement forms.

12. Misuse, Loss or Unauthorized Disclosures of Private Information Shall be Subject to Discipline.

Misuse, loss or unauthorized disclosure of private information shall be subject to discipline up to and including termination. Violations of the policy shall be immediately reported to the Department Head/Elected Official.

Employees aware of PHI violations against this policy shall report the incident(s) to their Department Head/Elected Official within 180 days of their discovery. The employee and supervisor shall then report incidents regarding PHI to the County's Privacy Compliance Officer(s). The incident shall then be investigated in a timely and respectful manner and appropriate action taken (**See PRO# 01600-10-HR**).

The supervisor shall make any corrective steps needed and send written notification to the employee/client whose information was violated. Corrective steps may include, but are not limited to, training, updated security procedures, the disciplinary process and/or notifying the authorities.

All violations of misuse, loss or unauthorized disclosure of PHI shall be logged by the Privacy Compliance Officer along with the corrective steps taken, as well as a report to the Department of Health and Human Services if required by State and/or Federal law. The Department Head/Elected Official and Compliance Officer shall initial and date each entry.

No employee/client shall be intimidated, threatened, coerced, discriminated or retaliated against for reporting a reasonably legitimate violation.

13. PHI Documents Shall be Kept for Six Years.

The County shall keep the following PHI documents for six years after their irrelevancy in accordance with HIPAA:

- Healthcare Plan documents
- Policies on PHI uses and disclosures
- Minimum necessary policies
- Signed authorizations
- Privacy Notes
- Documents regarding individual rights for the treatment of PHI
- PHI disclosures for purposes other than the regular treatment, payment or healthcare operations
- All complaints regarding PHI and their outcomes
- Sanctions imposed on violators
- Business Associate contracts

RESPONSIBILITY SUMMARY

ELECTED OFFICIALS, DEPARTMENT HEADS, MANAGERS AND SUPERVISORS

- Know and comply with the provisions of this policy
- Develop and maintain procedures as applicable to the office or department to ensure compliance with HIPAA
- Immediately report any breaches of privacy or security to the Privacy Compliance Officer

HUMAN RESOURCES DEPARTMENT

- Provide new hire orientation training and refresher training as needed

PRIVACY COMPLIANCE OFFICER

- Address policy questions and complaints regarding privacy practices, policies and procedures
- Process requests for changes, restrictions and/or copies of protected health information as needed.
- Investigate policy violations and recommend corrective measures

EMPLOYEES

- Know and comply with provisions of this policy
- Immediately report any breaches of privacy or security to their supervisor or the Privacy Compliance Officer
- Participate in privacy practices training
- Follow established procedures to safeguard protected health information



UPDATING AND REVIEWING PRIVACY POLICIES

Procedure: PRO-1600-1-HR • Effective Date: 1/1/2012 •
Res. #072277
Cancels: Res. # 070161 • Reference: POL-1600-HR

Definitions:

Privacy Compliance Officer – An individual(s) responsible for creating and maintaining the privacy policies of Whitman County in accordance with State and Federal regulations.

Action By:

Action:

- | | |
|---|---|
| Privacy Compliance Officer | 1. Reviews all County policies regarding privacy every other year. |
| Department Head/Elected Official | 2. Sends department records to each Department Head/Elected Official.
3. Reviews his/her department's privacy policies & procedures.
4. Brings the department policies & procedures up to date.
5. Returns any changes to the Privacy Compliance Officer with confirmation that the department record is accurately updated and information is properly protected. |
| Privacy Compliance Officer | 6. Reviews the department's policies & procedures.
7. Records that the department is in compliance.
7a. If the department is not in compliance, makes recommendations to the Department Head/Elected Official to correct its shortfalls. |
| Department Head/Elected Official | 8. Implements the appropriate changes.
9. Forwards those changes to the Privacy Compliance Officer. |
| Privacy Compliance Officer | 10. Documents that the policies & procedures have been reviewed, updated and are compliant.
11. Files the documentation for six years. |



REQUESTING RESTRICTIONS OF PHI DISCLOSURES

Procedure: PRO-1600-2-HR • Effective Date: 1/1/2012 •

Res. #072277

Cancels: Res. # 070161 • Reference: POL-1600-HR

Definitions:

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Protected Health Information (PHI) – Employee/Client information of a private nature, including demographic, financial, medical/health and social data related to health care. PHI is found in any form including oral, electronic and printed material.

Action By:

Action:

Employee/Client

1. **Requests** in writing of the Department Head/Elected Official to have his/her PHI disclosure restricted.

Department Head/Elected Official or Designee

2. **Verifies** the identity of the employee/client. This may be done through personal knowledge or photo identification.
3. **Reviews** the request.
4. **Restricts** the disclosure.
 - 4a. If the restriction is unacceptable, **forwards** the request and a written denial letter to the Privacy Compliance Officer. **(Skip to step # 7)**
5. **Records** the Change.
6. **Notifies** the necessary parties that PHI disclosure has been restricted. **(Skip to step # 9)**

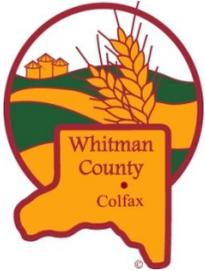
Privacy Compliance Officer

7. **Reviews** the request and denial for legal compliance.
 - 7a. If compliant, **notifies** the Department Head/Elected Official in writing.
 - 7b. If not compliant, **works** with Department Head/Elected Official to come in to compliance.

Department Head/Elected Official or Designee

8. **Makes** any necessary adjustments to become compliant.

9. **Notifies** the employee/client in writing of the request's outcome.
10. **Files** the request and documentation for six years.



REQUESTING ALTERNATE METHODS OF DISCLOSING PHI

Procedure: PRO-1600-3-HR • Effective Date: 1/1/2012 •
Res. #072277
Cancels: Res. # 070161 • Reference: POL-1600-HR

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Action By:

Action:

Employee/Client

1. **Requests** in writing of the Department Head/Elected Official to have his/her PHI disclosure through an alternate method.

Department Head/Elected Official or Designee

2. **Verifies** the identity of the employee/client. This may be done through personal knowledge or photo identification.
3. **Reviews** the request.
4. **Changes** the method of disclosure.
 - 4a. If the alternative method is unacceptable, **forwards** the request and a written denial letter to the Privacy Compliance Officer. **(Skip to step # 7)**
5. **Records** the Change.
6. **Notifies** the necessary parties that PHI disclosure has been changed to an alternate method. **(Skip to step # 9)**

- Privacy Compliance Officer
 - 7. **Reviews** the request and denial for legal compliance.
 - 7a. If compliant, **notifies** the Department Head/Elected Official in writing.
 - 7b. If not compliant, **works** with Department Head/Elected Official to come into compliance.
- Department Head/Elected Official or Designee
 - 8. **Makes** any necessary adjustments to become compliant.
 - 9. **Notifies** the employee/client in writing of the request's outcome.
 - 10. **Files** the request and documentation for six years.



REQUESTING TO INSPECT/COPY PHI

Procedure: PRO-1600-4-HR • Effective Date: 1/1/2012 •
 Res. #072277
 Cancels: Res. # 070161 • Reference: POL-1600-HR

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Protected Health Information (PHI) – Employee/Client information of a private nature, including demographic, financial, medical/health and social data related to health care. PHI is found in any form including oral, electronic and printed material.

Action By:

Action:

- | | |
|---|--|
| Employee/Client | 1. Requests in writing of the Department Head/Elected Official to inspect/copy his/her PHI. |
| Department Head/Elected Official or Designee | 2. Verifies the identity of the employee/client. This may be done through personal knowledge or photo identification. |
| | 3. Reviews the request. |
| | 4. Notifies the employee/client of when the PHI will be ready to inspect/copy. |
| | 4a. If the PHI is available to inspect/copy at that time, allows the employee/client to inspect/copy his/her |

records. Inspections/copies must be made in the presence of an authorized employee.

5. **Prepares** the PHI for inspection/copying.
 - 5a. If inspection/copies of the PHI are unacceptable, **forwards** the request and a written denial letter to the Privacy Compliance Officer. **(Skip to step # 8)**
6. Forwards the records to the employee/client within 15 working days of the request.
 - 6a. If the request is delayed, notifies the employee/client in writing of the reason for the delay and the date the record will be available (no later than 21 working days from the request).
7. **Records** the inspections/copies made. **(Skip to step # 10)**
8. **Reviews** the request and denial for legal compliance.
 - 8a. If compliant, **notifies** the Department Head/Elected Official in writing.
 - 8b. If not compliant, **works** with Department Head/Elected Official to come in to compliance.
9. **Makes** any necessary adjustments to become compliant.
10. **Notifies** the employee/client in writing of the request's outcome and **mails** the necessary copies within 15 days of the request.
11. **Files** the request and documentation for six years.

Privacy Compliance Officer

Department Head/Elected Official or Designee



REQUESTING TO AMEND PHI

Procedure: PRO-1600-5-HR • Effective Date: 1/1/2012 •
Res. #072277
Cancels: Res. # 070161 • Reference: POL-1600-HR

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Action By:

Action:

Employee/Client

1. **Requests** in writing of the Department Head/Elected Official to amend his/her PHI.

Department Head/Elected Official or Designee

2. **Verifies** the identity of the employee/client. This may be done through personal knowledge or photo identification.

3. **Reviews** the request.

4. **Amends** the necessary records within ten calendar days of the request.

4a. If an amendment of the PHI is unacceptable, **forwards** the request and a written denial letter to the Privacy Compliance Officer. **(Skip to step # 7)**

4b. If the request cannot be accommodated within ten calendar days, **writes** the employee/client stating the reason for the delay and the date the amendment will take place (no later than 21 days from the date of the request).

5. **Notifies** all other entities/individuals that may use a record of the changes and **records** the necessary disclosures.

6. **Records** the amendments made. **(Skip to step # 9)**

- Privacy Compliance Officer**
7. **Reviews** the request and denial for legal compliance.
 - 7a. If compliant, **notifies** the Department Head/Elected Official in writing.
 - 7b. If not compliant, **works** with Department Head/Elected Official to come in to compliance.
- Department Head/Elected Official or Designee**
8. **Makes** any necessary adjustments to become compliant.
 9. **Notifies** the employee/client in writing of the request's outcome and **mails** the necessary copies within ten days of the request.
 10. **Files** the request and documentation for six years.



REQUESTING A LOG OF PHI DISCLOSURES

Procedure: PRO-1600-6-HR • Effective Date: 1/1/2012 •
Res. #072277
Cancels: Res. # 070161 • Reference: POL-1600-HR

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Protected Health Information (PHI) – Employee/Client information of a private nature, including demographic, financial, medical/health and social data related to health care. PHI is found in any form including oral, electronic and printed material.

Action By:

Action:

- | | |
|---|--|
| Employee/Client | 1. Requests in writing of the Department Head/Elected Official to amend his/her PHI. |
| Department Head/Elected Official or Designee | 2. Verifies the identity of the employee/client. This may be done through personal knowledge or photo identification. |
| | 3. Reviews the request. |
| | 4. Collects the necessary data. |

4a. If a log of disclosures is unacceptable, **forwards** the request and a written denial letter to the Privacy Compliance Officer. **(Skip to step # 7)**

5. **Forwards** a copy of the written log to the employee/client within 60 days of the request date.

6. **Records** what specific information has been provided to the employee/client. **(Skip to step # 9)**

Privacy Compliance Officer

7. **Reviews** the request and denial for legal compliance.

7a. If compliant, **notifies** the Department Head/Elected Official in writing.

7b. If not compliant, **works** with Department Head/Elected Official to come in to compliance.

Department Head/Elected Official or Designee

8. **Makes** any necessary adjustments to become compliant.

9. **Notifies** the employee/client in writing of the request's outcome and **mails** the necessary copies within 60 days of the request.

10. **Files** the request and documentation for six years.



DOCUMENTING AND ACCOUNTING FOR DISCLOSURES OF PHI

Procedure: PRO-1600-7-HR • Effective Date: 1/1/2012 •
Res. #072277
Cancels: Res. # 070161 • Reference: POL-1600-HR

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Protected Health Information (PHI) – Employee/client information of a private nature, including demographic, financial, medical/health and social data related the health care.

Action By:

Action:

- Employee/Client**
1. **Requests** in writing of the Department Head/Elected Official to disclose his/her PHI.
- Department Head/Elected Official or Designee**
2. **Verifies** the identity of the employee/client. This may be done through personal knowledge or photo identification.
 3. **Provides** the employee/client with an Authorization Form.
 - 3a. If no authorization form is required, **reviews** the request for legal compliance. **(Skip to step # 7)**
- Employee/Client**
4. **Completes** the Authorization Form.
 5. **Returns the Authorization Form to the Department Head/Elected Official.**
- Department Head/Elected Official or Designee**
6. **Reviews** the Authorization Form.
 7. **Discloses the PHI in accordance with the Authorization Form's criteria.**
 - 7a. If the specified PHI cannot be disclosed, **forwards** the request and a written denial to the Privacy Compliance Officer. **(Skip to step # 9)**
 8. **Records** the dates and information that were disclosed.
- Privacy Compliance Officer**
9. **Reviews** the request and denial for legal compliance.
 - 9a. If compliant, **notifies** the Department Head/Elected Official in writing.
 - 9b. If not compliant, **works** with Department Head/Elected Official to come in to compliance.
- Department Head/Elected Official or Designee**
10. **Makes** any necessary adjustments to become compliant.
 11. **Notifies** the employee/client in writing of the request's outcome.
 12. **Files** the request and documentation for six years.



REQUESTING TO MODIFY AND/OR COPY AN AUTHORIZATION FORM

Procedure: PRO-1600-8-HR • Effective Date: 1/1/2012 •
Res. #072277
Cancels: Res. # 070161 • Reference: POL-1600-HR

Definitions:

Privacy Compliance Officer – An individual(s) responsible for creating and maintaining the privacy policies of Whitman County in accordance with State and Federal regulations.

Protected Health Information (PHI) – Employee/Client information of a private nature, including demographic, financial, medical/health and social data related to health care. PHI is found in any form including oral, electronic and printed material.

Action By:

Action:

Employee/Client

1. **Requests** in writing of the Department Head/Elected Official to modify/copy his/her Authorization Form.

Department Head/Elected Official or Designee

2. **Verifies** the identity of the employee/client. This may be done through personal knowledge or photo identification.
3. **Reviews** the request.
4. **Modifies/copies** the Authorization Form.
 - 4a. If the modification/copy is unacceptable, **forwards** the request and a written denial letter to the Privacy Compliance Officer. **(Skip to step # 7)**
5. **Notifies** the appropriate parties that the Authorization Form has been modified.
6. **Records** that the Authorization Form has been modified/copied. **(Skip to step # 9)**

- Privacy Compliance Officer**
7. **Reviews** the request and denial for legal compliance.
 - 7a. If compliant, **notifies** the Department Head/Elected Official in writing.
 - 7b. If not compliant, **works** with Department Head/Elected Official to come into compliance.
- Department Head/Elected Official or Designee**
8. **Makes** any necessary adjustments to become compliant.
 9. **Notifies** the employee/client in writing of the request's outcome and **mails** the necessary copies.
 10. **Files** the request and documentation for six years.



REQUESTING REVOCATION OF AUTHORIZATION TO USE/DISCLOSE PHI

Procedure: PRO-1600-9-HR • Effective Date: 1/1/2012 •
Res. #072277
Cancels: Res. # 070161 • Reference: POL-1600-HR

Definitions:

Privacy Compliance Officer – An individual(s) responsible for creating and maintaining the privacy policies of Whitman County in accordance with State and Federal regulations.

Protected Health Information (PHI) – Employee/Client information of a private nature, including demographic, financial, medical/health and social data related to health care. PHI is found in any form including oral, electronic and printed material.

Action By:

Action:

- | | |
|---|--|
| Employee/Client | 1. Requests in writing of the Department Head/Elected Official to revoke his/her Authorization Form. |
| Department Head/Elected Official or Designee | 2. Verifies the identity of the employee/client. This may be done through personal knowledge or photo identification. |
| | 3. Reviews the request. |
| | 4. Revokes Authorization Form. |

4a. If the revocation is unacceptable, **forwards** the request and a written denial letter to the Privacy Compliance Officer. **(Skip to step # 7)**

5. **Notifies** the appropriate parties that the Authorization Form has been revoked, **stopping** the use/disclosure of PHI.

6. **Records** that the Authorization Form has been revoked. **(Skip to step # 9)**

Privacy Compliance Officer

7. **Reviews** the request and denial for legal compliance.

7a. If compliant, **notifies** the Department Head/Elected Official in writing.

7b. If not compliant, **works** with Department Head/Elected Official to come into compliance.

Department Head/Elected Official or Designee

8. **Makes** any necessary adjustments to become compliant.

9. **Notifies** the employee/client in writing of the request's outcome.

10. **Files** the request and documentation for six years.



GRIEVANCE PROCEDURE

Procedure: PRO-1600-10-HR • Effective Date: 1/1/2012 •
Res. #072277
Cancels: Res. # 070161 • Reference: POL-1600-HR

Definitions:

Grievance – a written concern about Whitman County's compliance with health information privacy laws and regulations.

BOCC – Board of County Commissioners

Privacy Compliance Officer – An individual(s) responsible for creating and maintaining the privacy policies of Whitman County in accordance with State and Federal regulations.

Action By:

Action:

Complainant

1. **Provides** a written grievance to the Privacy Compliance Officer.

- Privacy Compliance Officer**
2. **Reviews** the grievance.
 3. **Interviews** the complainant, the Department Head/Elected Official, and the appropriate employees.
 4. **Documents** his/her conclusion regarding the grievance.
 5. **Forwards** the conclusion and advice to the Department Head/Elected Official.
- Department Head/Elected Official**
Compliance Officer's advice.
6. **Takes** action based on the grievance and the Privacy
 7. **Documents** the outcomes.
 8. **Forwards** the Privacy Compliance Officer a written statement of the outcomes.
- Privacy Compliance Officer**
9. **Reviews** the outcomes for legal compliance.
 - 9a. If the outcomes are compliant, **initials** the statement and **files** it for six years.
 - 9b. If the outcomes are not compliant, **works** with the Department Head/Elected Official to come into compliance.
- Department Head/Elected Official**
10. **Adjusts** the outcomes appropriately. **(Skip to step # 18)**
 - 10a. If he/she disagrees with the Privacy Compliance Officer, **appeals** the decision in writing to the BOCC.
- BOCC**
11. **Reviews** the grievance and appeal.
 12. **Investigates** the grievance and appeal.
 13. **Decides** if the outcomes were appropriate.
 14. **Notifies** the Privacy Compliance Officer in writing of their decision.
- Privacy Compliance Officer**
15. **Reviews** the decision.
 16. **Notifies** the Department Head/Elected Official in writing of the BOCC decision.

16a. If the BOCC decides the original outcomes were appropriate, **files** all documentation for six years.
(Skip to step # 20)

Department Head/Elected Official

- 17. **Adjusts** any outcomes appropriately.
- 18. **Notifies** the Privacy Compliance Officer in writing that the adjustments have been made.
- 19. **Records** the changes made.

Privacy Compliance Officer

- 20. **Notifies** the complainant in writing of the grievance’s outcomes.
- 21. **Records** the outcomes.
- 22. **Files** all documentation for six years.

072278 7. Commissioner Largent **moved** Commissioner O’Neill **seconded** the motion and it **carried** to approve the revised policy for Using Electronic Information.

**RESOLUTION NO. 072278
BEFORE THE BOARD OF WHITMAN COUNTY COMMISSIONERS**

IN THE MATTER OF the action of the adoption for the Whitman County Policy **Using Electronic Information** and its corresponding procedures and tasks;

WHEREAS, this action is required by the federal HIPAA Security Rule,

WHEREAS, Whitman County policy requires a review and update every two years of privacy policies,

WHEREAS, this action is necessary and in the best interest of Whitman County and its employees,

NOW, THEREFORE, IT IS HEREBY RESOLVED by this Board that the above is approved as the attached:

- POL-01500-HR **USING ELECTRONIC INFORMATION**
- PRO-01500-1-HR **Authorizing Computer Access**
- PRO-01500-2-HR **Authorizing Access to Electronic Protected Health Information Outside of Normal Operations**
- PRO-01500-3-HR **Reporting Malicious Software**
- PRO-01500-4-HR **Terminating Electronic Access**

Dated this 3rd day of October 2011 and effective as of January 1, 2012.

BOARD OF COUNTY COMMISSIONERS
OF WHITMAN COUNTY, WASHINGTON

ABSENT

Greg Partch, Chairman

ATTEST:

Patrick J. O'Neill, Commiss.

Maribeth Becker, CMC
Clerk of the Board

Michael Largent, Commissioner



USING ELECTRONIC INFORMATION

Policy: POL-1500-HR • Effective Date: 1/1/2012 •
Res. #072278
Cancels: Res. # 067428 • Reference: POL-1600-HR

This policy applies to all Whitman County departments and employees.

Definitions:

Protected Health Information (PHI) – Employee/client information of a private nature, including demographic, financial, medical/health and social data related to healthcare. PHI is found in a variety of forms, including oral, electronic and printed material.

1. Whitman County Recognizes the Risks of Electronic Information.

The County recognizes its responsibility to protect electronic information for its employees/clients in accordance with state and federal regulations. This protection must extend to electronic Protected Health Information (PHI) in accordance with the HIPAA Security Rule. Therefore, this policy shall act in close conjunction with policy POL-01600-HR Protecting Private Information and POL-0408-HR Overseeing County E-Mail and Internet Systems. This policy shall concern electronically used, stored and/or communicated information only.

Whitman County recognizes that security risks to electronic information include, but are not limited to the following areas:

- Hacking
- Theft
- Moving/sending information by mistake
- Using expired passwords
- Information left in plain view of the public
- Unauthorized employee access
- Unauthorized non-employee access

- Unauthorized use and/or changes of information

2. **Policies and Procedures Involving Private Electronic Information Shall be Reviewed and Updated in Accordance with Policy POL-01600-HR.**
3. **Department Heads/Elected Officials and Employees are Expected to Take Reasonable Steps to Protect Electronic Information.**

County employees shall conduct services and operations in such a way that electronic information is protected in accordance with legal mandates and all related privacy policies.

Department Heads/Elected Officials shall be responsible for ensuring that access to private electronic information is limited to only those employees who need it in conducting their daily operations. Department Heads/Elected Officials shall investigate and, if feasible, use firewalls, screensavers, virus protection, record amending procedures and passworded documents to provide maximum security.

Passwords shall be created by each employee. They shall be changed at least once per year. They must also be changed in the event of employee turnover, a change in software, a breach of privacy or any other event that would put confidential information at risk. Passwords shall be at least eight characters in length and consist of a combination of upper and lower case letters, numbers and at least one special character (i.e. exclamation point, @ sign, etc.). They shall not contain any part of the employee's username or full name. Computer passwords shall only be shared in case of emergency. Passwords for files or documents shall not be shared with others except when authorized by the Department Head/Elected Official. Nor shall passwords be stored where unauthorized individuals may easily access the information (i.e. under keyboards, on the front of monitors, etc.).

Passwords shall be reported to the Department Head/Elected Official or his/her designee. That individual shall store those passwords in a secure, confidential location. The Department Head/Elected Official and designee shall be the only individuals with access to the password record.

The public shall not have unsupervised access to electronic equipment containing private information. The monitors of such equipment shall be turned from public view.

Visitors and/or contractors with authorized access to electronic equipment shall wear identification tags. Identification tags shall be provided by the appropriate Department Head/Elected Official. They must be worn throughout the duration of the visitor/contractor's work with the County. Each department shall keep a record of who they have authorized, how long and why.

The downloading or installation of programs must be coordinated and approved by both the Department Head/Elected Official and Information Technology. It must also be in accordance with policy POL-0408-HR. Each Department Head/Elected Official and Information Technology are responsible for ensuring that all software/hardware is installed properly, licensed correctly and protected from computer viruses. All malicious software must be immediately reported to the Department Head/Elected Official and Information Technology (**See procedure PRO -01500-3- HR**).

Employees shall not copy software belonging to others or the County. Nor shall they read another employee's files without the permission of the Department Head/Elected Official. Software shall be transported between computers only by Information Technology and with the cooperation of the

Department Head/Elected Official. No programs shall be downloaded or installed without the permission of the Department Head/Elected Official. Nor shall any programs or files be brought from home and downloaded, installed or viewed without the permission of the Department Head/Elected Official.

4. **All County Electronic Equipment Is Subject To Review and Monitoring.**

All electronic equipment and software provided by Whitman County is the property of the County and, therefore, subject to review and monitoring. Employees shall be held accountable for all usage of their systems.

5. **Each Department Shall Ensure That Only Authorized Personnel Have Access to Electronic Information.**

Authorized access to electronic information shall be governed by the Department Head/Elected Official in accordance with policy POL-1600-HR. Authorizations may come in the following forms:

- Specific written authorization for a specific time period (See procedure **(PRO -01500-2- HR)**)
- Authorization written in to a position's job description
- Documentation required by policy POL-01600-HR
- Issued keys and/or pad lock combinations
- Documented department policy and/or procedure

All log-in attempts to County computers will be recorded and monitored on an as needed basis. Information Technology shall assign each computer a user name in accordance with the employee authorized to use it (**See procedure PRO -01500-1- HR**). Once an employee leaves employment, or no longer has a need to use a specific computer, the user name shall be disabled and/or changed to reflect the newly authorized individual (**See procedure PRO -01500-4- HR**). User name assignments shall be recorded and tracked by Information Technology.

Appropriate measures must be taken in order to protect electronic information after access is no longer needed. Such measures may include, but not be limited to:

- Changing door locks
- Changing security pad combinations
- Changing passwords to computers and files
- Voiding written authorizations allowing access to private information
- Amending job descriptions
- Amending documentation in accordance with policy POL-1600-HR

Repairs and modifications to the physical security components of County buildings shall be recorded by Facilities Maintenance.

All necessary records shall be changed to reflect the change in access.

6. **All Business Associate Agreements Shall Include Electronic PHI and be in Compliance with Policies POL-01600 & 01620-HR.**

7. **All Disclosures and Uses of Private Electronic Information Shall Be the Minimum Necessary in Accordance With POL-01600-HR.**

8. **Electronic Equipment No Longer Used Shall Be Cleared.**

Electronic equipment no longer in use or required for retention shall be cleared. Equipment such as disks, tapes, etc. containing private information shall be stored in accordance with POL-01600-HR and then destroyed. Computers shall be reformatted before being stored, transferred or disposed of.

Information Services is responsible for assisting each department with securing private data before moving/destroying any electronic equipment. Records for the movement of hardware, media and those responsible shall be kept by Information Services (in cooperation with each department) via inventory controls and any other appropriate County policies.

9. Whitman County Shall Provide Training to Its Employees In Accordance with Policy POL-01600-HR.

County employees shall receive training in accordance with policy POL-01600-HR.

10. In Case of Emergency, Information Services and Each Department Head/Elected Official Are Responsible For Data.

In case of emergency, Information Technology and the appropriate Department Head/Elected Official shall be responsible for retrieving lost data and securing it from unauthorized individuals. Access at the time of the emergency shall only be given to Information Technology, the Department Head/Elected Official and individuals specifically authorized by the Department Head/Elected Official.

Policies and procedures for data contingency plans, evaluation, integrity and transmission security are the responsibility of Information Technology. Employees who detect a problem must contact their Department Head/Elected Official and/or Information Technology immediately.

11. Misuse, Loss or Unauthorized Disclosures of Electronic Information Shall be Subject to Discipline.

Misuse, loss or unauthorized disclosure of private information shall be subject to discipline in accordance with policy POL-01600-HR. Violations of the policy shall be immediately reported to the Department Head/Elected Official and Information Technology, as well as Health and Human Services in accordance with federal regulations. The Department Head/Elected Official, in cooperation with Information Technology, shall keep a record of incidents and outcomes.

12. PHI Documents Shall be Kept for Six Years.

This policy shall be retained by Human Resources for at least six years past its expiration. This policy shall be available to all County employees and those charged with implementing its requirements. Furthermore, the County shall keep the following PHI documents for six years after their irrelevancy in accordance with HIPAA:

- Healthcare Plan documents
- Policies on PHI uses and disclosures
- Minimum necessary policies
- Signed authorizations
- Privacy Notes
- Documents regarding individual rights for the treatment of PHI
- PHI disclosures for purposes other than the regular treatment, payment or healthcare operations
- All complaints regarding PHI and their outcomes
- Sanctions imposed on violators
- Business Associate contracts



AUTHORIZING COMPUTER ACCESS

Procedure: PRO-1500-1-HR • Effective Date: 1/1/2012 •
Res. #072278
Cancels: Res. # 063842 • Reference: POL-1500-HR

Action By:

Action:

- | | |
|---|--|
| Department Head/Elected Official | 1. Hires and/or assigns an employee to work with a specific work station. |
| Information Technology | 2. Notifies Information Technology of the assignment. |
| Human Resources | 3. Forwards the request to Human Resources for verification that the employee has signed an Email/Internet Acknowledgement. |
| Information Technology | 4. Verifies to Information Technology that the employee has or has not signed an acknowledgement.

4a. If no acknowledgment has been signed, trains the employee and obtains a signed form.

4b. If an acknowledgment has been signed, sends Information Technology a copy. |
| Information Technology | 5. If the employee has not signed, denies the requested computer account until he/she signs an acknowledgement.

6. If the employee has signed, disables any previous computer username on the system.

7. Assigns the workstation a new user-name based on the employee authorized to use it.

8. Teaches the new user how to log in to his/her new work station. |
| Employee | 9. Creates new passwords for his/her computer, email and confidential files.

10. Reports the passwords to his/her Department Head/Elected Official or designee. |
| Department Head/Elected Official | 11. Records the passwords. |

And/Or Designee

12. **Stores** the records in a secure location.
13. **Updates** the HIPAA and other necessary records.
14. **Changes** all other security features needed to protect private data.



**AUTHORIZING ACCESS TO ELECTRONICALLY PROTECTED PHI
OUTSIDE OF NORMAL OPERATIONS**

Procedure: PRO-1500-2-HR • Effective Date: 1/1/2012 •
Res. #072278
Cancels: Res. # 063842 • Reference: POL-1500-HR

Action By:

Action:

Department Head/Elected Official

1. **Determines** that an employee without normal authorization requires access.
2. **Authorizes** the employee in writing to access electronic PHI for a specific time period.
3. **Files** the authorization.

Employee

4. **Performs** the necessary work within the specified time period.

Department Head/Elected Official

5. **Reviews** the need for further access to be granted.
 - 5a. If needed, **extends** the authorization in writing.
 - 5b. If not needed, **records** that the authorization has ended.
6. **Instructs** the normally authorized employee to change the passwords.
7. **Verifies** that the password has been changed and **stores** it in a secure and confidential location.



REPORTING MALICIOUS SOFTWARE

Procedure: PRO-1500-3-HR • Effective Date: 1/1/2011 •

Res. #072278

Cancels: Res. # 063844 • Reference: POL-1500-HR

Action By:

Action:

Employee

1. **Discovers** a piece of software/program is damaging to his/her computer/files.
2. **Reports** the incident to his/her Department Head/Elected Official.
3. **Reports** the incident to Information Technology.

Information Technology

4. **Investigates** the problem.
5. **Reports** the findings and solutions to Department Head/Elected Official and employee.

Department Head/Elected Official

6. **Reviews** the possible solutions.
7. **Chooses** the appropriate solution.
8. **Reports** the solution to Information Technology and the employee.

Information Technology

9. **Works** with Department to solve the problem.

Employee

10. **Works** to restore any lost/damaged information.
11. **Adjusts** his/her passwords.
12. **Reports** any damaged or missing PHI to the Department Head/Elected Official.

Department Head/Elected Official

13. **Reports** the damage of PHI to the Privacy Compliance Officer.
14. **Notifies** the appropriate individual in accordance with policy POL-01600-HR.

Privacy Compliance Officer

15. **Reviews** the report.

- 16. **Performs** the necessary follow-up to complete the record.
- 17. **Files** the report in accordance with policy POL-01600-HR.



TERMINATING ELECTRONIC ACCESS

Procedure: PRO-1500-4-HR • Effective Date: 1/1/2012 •
 Res. #072278
 Cancels: Res. # 063845 • Reference: POL-1500-HR

Action By:

Action:

Department Head/Elected Official

- 1. **Approves** action resulting in termination of electronic access to a workstation and/or specific data.
 - 1a. If termination of employment, notifies Human Resources via exit checklist.
 - 1b. If a change in duties, notifies the employee no longer requiring access.
 - 1c. Notifies the employee access is now assigned to.

Information Technology

- 2. **Reports** the change to Information Technology.
- 3. **Disables** the existing user account until a new user is assigned.
- 4. **Notifies** the Department Head/Elected official that the account has been disabled.

Department Head/Elected Official

- 5. **Changes** all necessary records and security features.

072279 8. Commissioner Largent **moved** Commissioner O’Neill **seconded** the motion and it **carried** to enter into an interlocal cooperation agreement with the Endicott School District for use of the county’s small works rosters.

072280 9. Commissioners’ pending list reviewed.

10:10 a.m. - Recess.

11:00 a.m. - Mark Storey, Public Works Director.

BOCC MINUTES-10/03/11

Present: Bill Spence.

ACTION ITEMS

Engineering Division:

072281 10. Commissioner Largent **moved** Commissioner O'Neill **seconded** the motion and it **carried** that the contracts between Whitman County and Frank Gurney, Inc. for guardrail on the Tate Bridge be signed as presented.

072282 11. Commissioner Largent **moved** Commissioner O'Neill **seconded** the motion and it **carried** to publish the notice of hearing regarding an application for a franchise agreement between Whitman County and Palouse Wind.

072283 12. A quote for snow plow blades was awarded to Rebuilding and Hardfacing of Colville, WA in the amount of \$5,365.20.

Planning Division:

072284 13. Commissioner Largent **moved** Commissioner O'Neill **seconded** the motion and it **carried** to authorize the publishing of a public meeting regarding Ruckelshaus legislation.

11:10 a.m. - Recess.

2:00 p.m. - Board Business/Executive Session.

Present: Gary and Valerie Hunt and Kelli Campbell.

072285 14. Commissioner Largent **moved** Commissioner O'Neill **seconded** the motion and it **carried** to go into executive session with the above individuals until 2:50 p.m. in accordance with RCW 42.30.140(4)(a) for matters related to negotiations.

2:50 p.m. - Return to Open Session/Recess.

3:00 p.m. - Board Business Continued/BOCC Workshop.

Present: Janet Schmidt, Gary Petrovich and David Ledbetter.

072286 15. Extension Office 2012 budget reviewed. No action taken.

3:30 p.m. - Recess.

BOCC MINUTES-10/03/11

D072286A THE BOARD OF WHITMAN COUNTY COMMISSIONERS met in their Chambers in the Whitman County Courthouse, Colfax, Washington for **Tuesday, October 04, 2011** at **9:00 a.m.** Patrick J. O'Neill and Michael Largent, Commissioners and Maribeth Becker, CMC, Clerk of the Board attended. Commissioner Partch was unavailable.

9:00 p.m. - Meeting Reconvened/Board Business Continued/BOCC Workshop.

Present: Gary Petrovich, Bill Spence, Joe Reynolds (9:00 a.m.), Kelli Campbell (9:30 a.m.), Shirley Bafus (10:00 a.m.) and Bob Reynolds (10:30 a.m.).

072287 16. Assessor, Human Resources, Clerk and Fair/Facilities Management 2012 budgets reviewed. No action taken.

11:30 a.m. - Recess.

1:00 p.m. - Meeting Reconvened/Board Business Continued/BOCC Workshop.

Present: Gary Petrovich, David Ledbetter, Peggy Wright and Nichole Eaton (1:00 p.m.).

072288 17. The Weed Department 2012 budget reviewed. No action taken.

1:30 p.m. - Recess.

D072288A THE BOARD OF WHITMAN COUNTY COMMISSIONERS met in their Chambers in the Whitman County Courthouse, Colfax, Washington for **Wednesday, October 05, 2011** at **9:00 a.m.** Patrick J. O'Neill and Michael Largent, Commissioners and Maribeth Becker, CMC, Clerk of the Board attended. Commissioner Partch was unavailable.

9:00 p.m. - Meeting Reconvened/Board Business Continued/BOCC Workshop.

Present: Gary Petrovich, David Ledbetter, Mark Storey, Evon Jones, Bill Spence (9:00 a.m.), Fran Martin, Robin Cocking and Michael Baker (10:30 a.m.).

072289 18. Public Works, Public Health and Emergency Communications 2012 budgets reviewed. No action taken.

12:00 p.m. - Recess.

2:30 p.m. - Board Business Continued/BOCC Workshop.

Present: Gary Petrovich, David Ledbetter and Tim Myers (2:30 p.m.).

BOCC MINUTES-10/03/11

072289A 19. Parks and Developmental Services 2012 budgets reviewed. No action taken.

3:30 p.m. - Recess.

D072289B THE BOARD OF WHITMAN COUNTY COMMISSIONERS met in their Chambers in the Whitman County Courthouse, Colfax, Washington for **Monday, October 10, 2011** at **9:00 a.m.** Chairman Greg Partch, Patrick J. O'Neill and Michael Largent Commissioners and Maribeth Becker, CMC, Clerk of the Board attended.

9:00 a.m. - Meeting Reconvened/Board Business Continued/Workshop.

Present: Kelli Campbell, Joe Smillie, (9:00 a.m.), Mike Otis (9:10 a.m.) and Denis Tracy (9:15 a.m.).

072290 20. Items discussed included 2012 county employee medical insurance, school art, Palouse Basin Water Summit and Mayor's Roundtable. No action taken.

072291 21. Claims/Payroll warrants numbered **258528-258628** for **\$159,975.20** approved.

072292-072293 22. Personnel change orders approved.

072294-072298 23. Commissioner O'Neill **moved** Commissioner Largent **seconded** the motion and it **carried** to sign three (5) master applications for 2012 insurances with the Washington Counties Insurance Fund.

072299 24. A letter was received from the Chairperson of the Veteran's Advisory Board requesting quarterly financial statements. The request was forwarded to the Auditor.

10:10 a.m. - Mark Storey.

072300 25. Commissioner O'Neill moved Commissioner Largent seconded the motion and it carried that the resolution to initiate a county road project for crushing at the Gnaedinger Quarry be signed as presented.

**RESOLUTION NO. 072300
BEFORE THE BOARD OF WHITMAN COUNTY COMMISSIONERS**

In the matter of initiating a County Road Crushing Project designated as Gnaedinger Quarry, C.R.C.P. No. 156, Project No. XFC1101.

BOCC MINUTES-10/03/11

IT IS HEREBY RESOLVED that the County Road Crushing Project be completed as follows:

This contract provides for the stockpiling of aggregate for county road maintenance purposes.

This project is hereby declared to be a public necessity and the County Engineer is hereby ordered and authorized to report and proceed thereon as by law provided (RCW 36.75.050, 36.80.030, 36.80.070).

IT IS FURTHER RESOLVED that an appropriation from the official adopted E.R. & R. fund budget and based on the County Engineer's estimate is hereby made in the amounts and for the purposes shown:

PURPOSE	AMOUNT OF APPROPRIATION
Engineering	\$ 1,000.00
Inspection	\$ 15,000.00
Crushing & Stockpiling	\$ <u>225,000.00</u>
TOTAL ER&R FUND	\$ 241,000.00

IT IS FURTHER RESOLVED that the crushing and stockpiling is to be accomplished by contract in accordance with RCW 36.77.020 et seq.

ESTIMATED date of commencing work: October 15, 2011

ESTIMATED date of completing work: December 31, 2011

DATED this 10th day of October, 2011.

BOARD OF COUNTY COMMISSIONERS
OF WHITMAN COUNTY, WASHINGTON

Greg Partch, Chairman

ATTEST:

Patrick J. O'Neill, Commiss.

Maribeth Becker, CMC
Clerk of the Board

Michael Largent, Commissioner

072301 **26.** Commissioner O'Neill **moved** Commissioner Largent **seconded** the motion and it **carried** to publish the notice of call for bids for crushing at Gnaedinger Quarry.

072302 **27.** The Public Works work schedule commencing November 7th was received and reviewed.

BOCC MINUTES-10/03/11

072303 28. The annual winter snow and ice control letter sent to all Whitman County school superintendents and the USPS was received and reviewed.

29. Executed copies of the following documents received:

072304 Spokane County Private Road Use for Tekoa Tower (07/19/2036)

072305 Sienknecht Private Road Use for Tekoa Tower

072306 Spokane County for Shared Tekoa Tower Facility (07/19/2031)

072307 Kale by Ford Tekoa Access and Utility Easement (02/28/2031)

072308 DSHS #1163-33518 County Consolidated Services (12/31/11)

10:25 a.m. - Recess.

10:30 a.m. - Mike Berney, Greater Columbia Behavioral Health (GCBH).

D072308A 30. Mike Berney reported on the special GCBH Board meeting held Wednesday September 20th and the regular GCBH Board meeting held on October 6, 2011.

072309 31. The special Board Meeting was called solely to authorize signature on contracts/amendments between the State of Washington and GCBH and between GCBH and Member Governments/Providers. Contracts included PHIP, State-only, Mental Health Block Grant, and PATH (2). The only variation was that the Vice Chair will sign, on behalf of GCBH, the contract between Franklin and Benton Counties and GCBH. Two additional contracts were also presented to the Board for approval for Ombuds services and with Dr. Brown as Medical Director. Whitman County was in favor of authorizing the chair to sign all the contracts as presented and the vote was unanimous.

D072309A 32. Annually the GCBH Personnel Committee reviews the amount of funding allocated to benefits for GCBH staff. Regional Office staff recommended to the committee that the funding, per person, for personnel benefits stay the same as last year. This means employees will pay for the increased costs of some benefits. The committee accepted this recommendation from staff and was simply reporting it to the Board of Directors.

D072309B 33. Concerning the Regional Office update, some of the proposals developed by the State to deal with the revenue shortfall were reviewed. Most discussion was around the proposal to decrease the number of RSNs. An update was provided on the new authorization center at GCBH.

D072309C 34. The Palouse River Counseling independent financial audit has been completed.

D072309D 35. The licensing visit for the Chemical Dependency program is being conducting today and tomorrow.

BOCC MINUTES-10/03/11

10:50 a.m. - Recess.

11:00 a.m. - Executive Session.

Present: Gary and Valerie Hunt and Kelli Campbell.

072310 36. Commissioner Largent **moved** Commissioner O'Neill **seconded** the motion and it **carried** to go into executive session with the above individuals until 11:45 a.m. in accordance with RCW 42.30.140(4)(a) for matters related to negotiations.

11:45 a.m. - Return to Open Session/Recess.

D072310A THE BOARD OF WHITMAN COUNTY COMMISSIONERS met in their Chambers 8in the Whitman County Courthouse, Colfax, Washington for **Tuesday, October 11, 2011 at 8:00 a.m.** Chairman Greg Partch, Patrick J. O'Neill and Michael Largent, Commissioners and Maribeth Becker, CMC, Clerk of the Board attended.

8:00 p.m. - Meeting Reconvened/Board Business Continued/BOCC Workshop.

Present: Gary Petrovich and David Ledbetter (8:00-12:00 p.m.), Dave Frazier and Sonya Goldsby (8:00-8:40 a.m.), Kim Kopf (9:00-9:40 a.m.), Brett Myers and Ron Rockness (10:00-11:00 a.m.) and Chris Nelson, Esther Wilson and Mark Storey (11:00-12:00 p.m.).

072311 37. Superior Court, Juvenile, Sheriff and Information Technology 2012 budgets reviewed. No action taken.

12:00 p.m. - Recess.

D072311A THE BOARD OF WHITMAN COUNTY COMMISSIONERS met in their Chambers in the Whitman County Courthouse, Colfax, Washington for **Wednesday, October 12, 2011 at 8:00 a.m.** Chairman Greg Partch, Patrick J. O'Neill and Michael Largent, Commissioners and Maribeth Becker, CMC, Clerk of the Board attended.

8:00 a.m. - Meeting Reconvened/Board Business Continued/BOCC Workshop.

Present: Gary Petrovich and David Ledbetter (8:00-12:00 p.m.), Doug Robinson and Marlynn Markley (8:00-9:00 a.m.), Denis Tracy and Kristina Cooper (9:00-9:50 a.m.), Bob Lothspeich (10:00-11:00 a.m.) and Maribeth Becker (11:10-12:00 p.m.).

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072312 38. District Court, Prosecutor, Treasurer and Commissioners 2012 budgets reviewed. No action taken.

12:00 p.m. - Recess.

D072312A THE BOARD OF WHITMAN COUNTY COMMISSIONERS met in their Chambers in the Whitman County Courthouse, Colfax, Washington for **Thursday, October 13, 2011** at **9:00 a.m.** Chairman Greg Partch, Patrick J. O'Neill and Michael Largent, Commissioners and Maribeth Becker, CMC, Clerk of the Board attended.

9:00 p.m. - Meeting Reconvened/Board Business Continued/BOCC Workshop.

Present: Gary Petrovich and David Ledbetter (9:00-12:00 p.m.), Pete Martin (9:00-10:00 a.m.) and Eunice Coker (10:00-11:00 a.m.).

072313 39. Coroner, Auditor and Administrative Services 2012 budgets reviewed. No action taken.

12:00 p.m. - Adjournment.

D072313A Commissioner O'Neill **moved** to adjourn the **October 3, 4, 5, 10, 11, 12** and **13, 2011** meeting. Motion **seconded** by Commissioner Largent and **carried**. The Board will meet in regular session, in their Chambers', in the Whitman County Courthouse, Colfax, Washington, on **October 17, 2011**. The foregoing action made this **13th** day of **October 2011**.

ss/ PATRICK J. O'NEILL, COMMISSIONER
ss/ MICHAEL LARGENT, COMMISSIONER

MARIBETH BECKER, CMC
Clerk of the Board

GREG PARTCH, CHAIRMAN
Board of County Commissioners