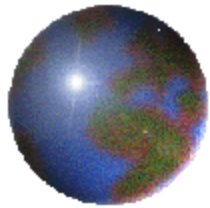




*HIPAA Privacy*



*Keys to Success*

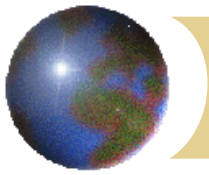
**Education for Health Care  
Professionals**



**LAS PALMAS**  

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**DEL SOL**  
HEALTHCARE



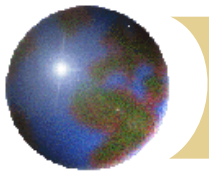
# ***HIPAA and Its Purpose***

## **What is HIPAA?**

- **Health Insurance Portability and Accountability Act of 1996**
- It's a Federal law
- HIPAA is mandatory, penalties for failure to comply

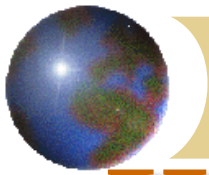
## **Purpose:**

- Protect health insurance coverage, improve access to healthcare
- Reduce fraud and abuse
- Improve quality of healthcare in general
- Reduce healthcare administrative costs (electronic transactions)



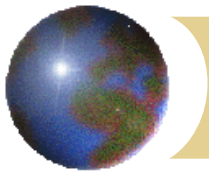
# *Facility Privacy Official*

- ✚ Your FPO for Del Sol Medical Center is Jovanie Salas and at Las Palmas it is Monica Perches.
- ✚ Responsible for:
  - ▣ Privacy Program
  - ▣ Patient complaints
  - ▣ Privacy Rights of patients
  - ▣ Requests for Privacy Restrictions
  - ▣ Facilitating the training and education of staff



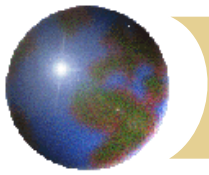
# ***HIPAA Terminology***

- ⊕ **HIPAA:** Health Insurance Portability and Accountability Act
- ⊕ **PHI:** Protected Health Information
- ⊕ **CE:** Covered Entity (Hospital)
- ⊕ **OHCA:** Organized Health Care Arrangement (The hospital and medical staff will be considered an Organized Health Care Arrangement)
- ⊕ **DRS:** Designated Record Set (the medical record and billing record)
- ⊕ **AOD** – Accounting of Disclosure – Patients right to AOD
- ⊕ **Directory** – Hospital census list used by volunteers and operators with patient name and room number
- ⊕ **TPO** – treatment, payment, healthcare operations



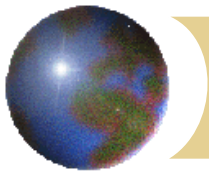
# *Penalties for Non-compliance*

- ✚ Civil - For failure to comply with transaction standards
  - ✓ \$100 fine per occurrence; up to \$25,000 per year
  
- ✚ Criminal - For health plans, providers and clearinghouses that knowingly and improperly disclose information or obtain information under false pretenses
  - ✓ Penalties higher for actions designed to generate monetary gain
    - up to \$50,000 and one year in prison for obtaining or disclosing protected health information
    - up to \$100,000 and up to five years in prison for obtaining protected health information under "false pretenses"
    - up to \$250,000 and up to 10 years in prison for obtaining or disclosing protected health information with the intent to sell, transfer or use it for commercial advantage, personal gain or malicious harm



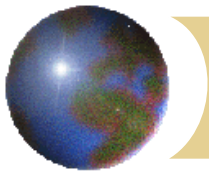
# *How will HIPAA affect you?*

- ⊕ Coversheets with confidential statement needs to be used on all external faxes – Public Relations has a customized fax sheet for each department.
- ⊕ Screens will need to be placed out of public view and screensavers in use
- ⊕ Patient charts will need to be placed in secure area
- ⊕ PHI will need to be placed in Shred-It containers for disposal
- ⊕ Patient family members will give a passcode for other than directory releases
- ⊕ Patient information should only be accessed if there is a **need to know**.



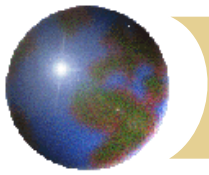
# *How will HIPAA affect you?*

- ✚ Registration will be giving out a Notice of Privacy Practices brochure to every patient concerning our patient privacy protection policy.
- ✚ Patients will be given the option to “opt out” of our directory.
- ✚ Patients will have a right to a copy of their medical record
- ✚ Authorizations need to be obtained from patient to release information for reasons other than for treatment, payment or healthcare operations (TPO)



# *What is Protected by HIPAA (PHI)?*

- Name
- Address including street, city, county, zip code and equivalent geocodes
- Names of relatives
- Name of employers
- Birth date
- Telephone numbers
- Fax Numbers
- Electronic e-mail addresses
- Social Security Number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate/license number
- Any vehicle or other device serial number
- Web Universal Resource Locator (URL)
- Internet Protocol (IP) address number
- Finger or voice prints
- Photographic images
- Any other unique identifying number, characteristic, code

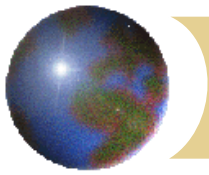


# *What is a Covered Entity (CE)?*

- Health plans, Health care clearinghouses, and Health care providers that transmit electronically for billing

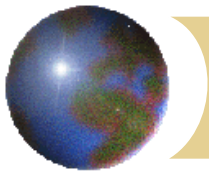
## • Examples

- Hospitals
- Physician Practices
- Insurance companies
- Ambulance Transportation Services
- Hospice
- Home Health



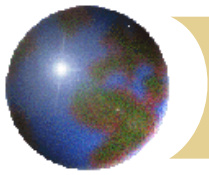
# *What does that mean to me?*

- ⊕ You can share information without patient authorization as it relates to TPO
- ⊕ Other covered entities will request only minimum necessary to perform their job
- ⊕ You may request the minimal information necessary from them for reasons of TPO without patient authorization
- ⊕ May need to verify the requestor according to policy



## *Disclosing PHI to Family Members and Friends who call the unit*

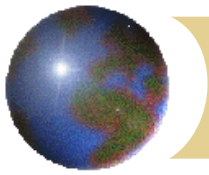
- ⊕ Patient will be assigned a four-digit passcode that will be needed to get non-directory information
- ⊕ Distribution of passcode will be responsibility of patient
- ⊕ May be changed during treatment
  - ⊞ Revocation and password change form must be routed to FPO
- ⊕ Passcode will be last 4-digits of patient account number



# *Verification of Requestors*

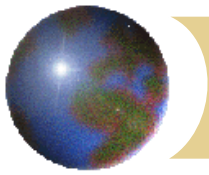
## ✚ **Requestors via phone will need:**

- ✚ Patient SS#, DOB and one of the following:
  - Account number, street address, MR#, birth certificate, insurance card or policy number
- ✚ Scenarios
  - Unknown physician calling from cell phone
  - Family member or friend calling without passcode
- ✚ Route requests through Medical Records



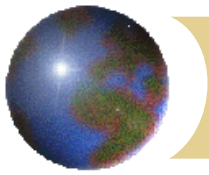
# *External Faxing Guidelines*

- ✚ Limit when possible
- ✚ Verify fax number
- ✚ Utilize preset numbers when applicable
- ✚ Locate fax machine in secure location
- ✚ **ALWAYS** use cover sheet with confidentiality statement for transmittals
- ✚ Highly sensitive information should **NEVER** be faxed (HIV status, abuse records, etc.)



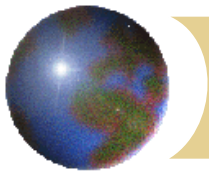
# *Patient's Right to Access*

- ✚ Forward to HIM/Medical Records for processing
- ✚ Must be able to provide access and/or hard copy of record
- ✚ If patient is in-house, HIM will manage access process



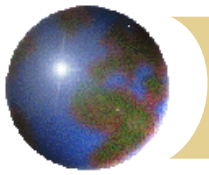
# *Patient's Right to Amend*

- ✚ Forward request to HIM for processing
- ✚ Right of patient to provide amendment to records
- ✚ Cannot change or omit documentation already in the medical record
- ✚ If patient in-house HIM will manage amendment process



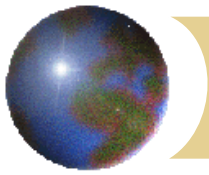
# *Patient's Right to Opt out of Directory*

- ❖ Patient can opt out of directory at anytime but will probably happen during admission process
- ❖ You may not acknowledge the patient is in the facility or give information about the patient to friends, family or others who may inquire
- ❖ Can still release information to family and friends with 4-digit passcode as defined in the Directory policy.
- ❖ Forward any request for opt out to Registration for processing



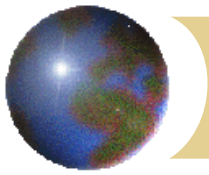
# *Right to Privacy Restrictions*

- ⊕ Patients have the right to request a privacy restriction of their PHI
- ⊕ **NEVER** agree to a restriction that a patient may request
- ⊕ All requests **must** be made in writing and given to the FPO to make a decision on
- ⊕ NO request is so small that it should not be routed to the FPO



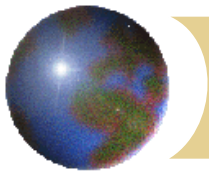
# *Patient Privacy Complaints*

- ⊕ FPO must maintain complaint log in accordance with the complaint process
- ⊕ **ALL** privacy complaints must be routed to the FPO
- ⊕ Responses cannot be accompanied by retaliatory actions by the hospital
- ⊕ Disposition of complaint must be consistent with the facility's Sanctions for Privacy Violations
- ⊕ Risk Management module of Meditech may be used for complaint tracking






# *Accounting of Disclosures (AOD)*

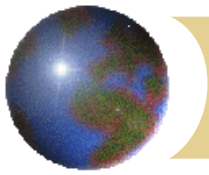
- ⊕ Right to an accounting of disclosures of protected health information
- ⊕ An individual has a right to receive an accounting of disclosures of protected health information made by a covered entity in the six years prior to the date on which the accounting is requested, except for disclosures:
  - ⊠ For TPO
  - ⊠ To the patient
  - ⊠ For directory purposes
  - ⊠ To law enforcement or correctional institutions
  - ⊠ For national security
- ⊕ This process will be managed by HIM



# *How will Accounting of Disclosures (AOD) affect me?*

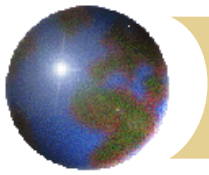
## **You must enter information into the AOD for:**

-  State mandated reporting
  - Suspected Abuse Victims
  - Certain Disease reporting such as STDs
  - Brain Injury
-  Organ and Tissue Donations
-  Health Oversight Activities (JCAHO)



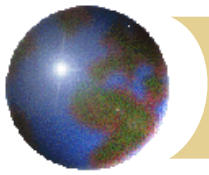
# *Notice of Privacy Practices*

- ⊕ Patient will receive Notice upon each registration
- ⊕ Outlines patient rights
  - ⊞ Right to access
  - ⊞ Right to amend
  - ⊞ Confidential Communication
  - ⊞ Right to Privacy Restriction
  - ⊞ Right to Opt out of Directory
- ⊕ Review Del Sol's Notice of Privacy Practices



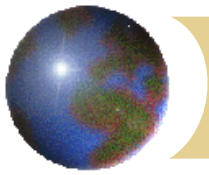
# *Sanctions*

- ✚ 3 levels of violations that require disciplinary action
  - ❏ Accidental and/or due to lack of proper education
  - ❏ Purposeful violation of privacy policy or an unacceptable number of previous violations
  - ❏ Purposeful violation of privacy policy with associated potential for patient harm
    - **Disciplinary action, including termination, will be taken for purposeful violation of privacy policy with associated potential for patient harm**
- ❏ Review Sanctions Policy



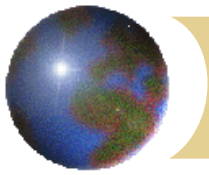
# *Sharing information with other treatment providers*

- ✚ We can share information with physicians and office staff, hospitals, or other treatment facilities just as we do today
- ✚ Need to verify the requestor according to policy
- ✚ Patient information (PHI) can be released for reasons of treatment, payment or health care operations



# *Confidential Communications*

- ✚ Request for use of alternate address or phone number for future contact
- ✚ Route any request for Confidential Communications to Admissions
- ✚ Should communicate only with alternate address given



# *Common Exposures on Nursing Units*

- ✚ Discussions of patient information in public places such as elevators, hallways and cafeterias
- ✚ Printed or electronic information left in public view
- ✚ Patient charts left on counters
- ✚ PHI in regular trash
- ✚ Records that are accessed **without** need to know
- ✚ Unauthorized individuals hearing patient sensitive information such as diagnosis or treatment