



HIPPA
and
YOU

Training Objectives

1. Understand the purpose of HIPAA and the Privacy Rule.
2. Understand why HBHS must comply.
3. Understand the term “protected health information.”
4. Understand the rules for use and disclosure of protected health information.
5. Understand the Notice of Privacy Practices and patients’ rights.
6. Understand that the HBHS may still share protected health information with its business associates while following HIPAA requirements.
7. Know where to find HBHS privacy policies and procedures.
8. Know who the HBHS Privacy Complaint Officer is.



Please Note:

This training material was designed for His Branches Health Services (HBHS) staff and is being provided for informational purposes. **Review of this material does not indicate or guarantee HIPAA certification or compliance.**

HIPAA BASICS

*Health Insurance Portability
and Accountability Act (HIPAA)*



Course Outline

- Overview of the Federal HIPAA legislation
- The HIPAA *Privacy Rule*
- Protecting Patient Information
- Patient Rights
- HBHS HIPAA Operating Policy and Procedures



WHAT IS *HIPAA*?



What is HIPAA?

Health Insurance Portability and Accountability Act

- The purpose of HIPAA is to improve the efficiency and effectiveness of the country's health care system.
 - By establishing standards for electronically transmission of health information.
 - By establishing standards to protect the privacy of individuals' medical records and other protected health information.
 - By ensuring the security of health care information.

HIPAA Privacy



- HIPAA Privacy Regulations establish national standards for protecting the privacy of health information.
- ▣ They impose new restrictions on the use and disclosure of protected health information.
- ▣ They give patients greater access to and protection of their medical records and more control over how they are used.

HBHS must comply with HIPAA

- Covered entities must comply with HIPAA.
 - A covered entity is a:
 - Health Plan
 - Health Care Clearinghouse
 - Health Care Provider
- The activities we carry out match the HIPAA definition of a Health Care Provider, especially those involving Medicare and Medicaid.

What does this have to do with me?

- Patient records
- Disease reporting
- Registries
- Identifiable client information

family planning

sexually transmitted diseases

medical records

AIDS/HIV

vital statistics

tuberculosis

bioterrorism

Contracted client services

public health reporting

chronic disease management

healthy start

HIPAA rules apply to a significant part of our ministry and its staff.

WHAT DOES THE
HIPAA *PRIVACY RULE* REQUIRE?

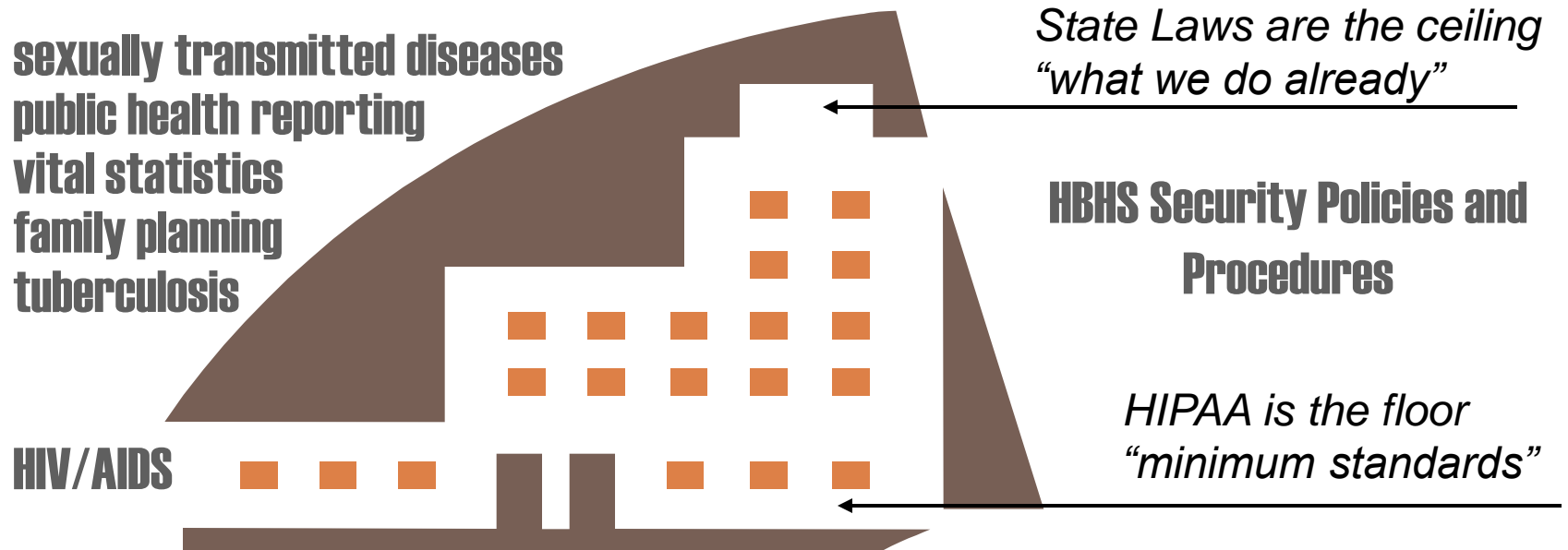


The HIPAA *Privacy Rule*

- Establishes safeguards to protect the privacy of health care information
- Sets boundaries on the use and release of health records
- Holds people accountable if they violate patient rights (civil and criminal penalties)

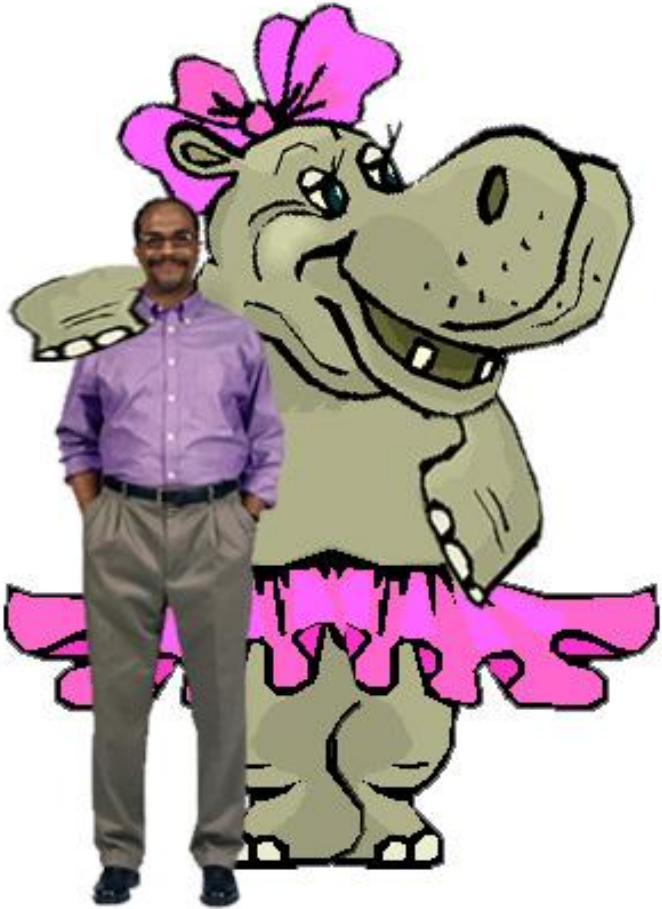


HIPAA rules and New York law



In many instances, New York laws are more stringent than HIPAA requirements. Our staff has been protecting health information for many years and already has many safeguards and procedures in place.

HBHS Responsibilities



- Notify patients about their privacy rights
- Adopt and implement privacy procedures across the ministry
- Train employees on privacy procedures
- Ensure that business associates protect our patients' information
- Designate an HBHS Privacy Complaint Officer
- Establish a Complaint Procedure

What is a *Business Associate*?

- Individuals or companies hired to do work for a covered entity that requires the use or disclosure of protected information.
 - ▣ Examples:
 - Biomedical waste transport
 - Transcription firms
 - Case Management



WHAT IS PROTECTED HEALTH INFORMATION?



Protected Health Information (PHI)



- Individually identifiable health information
- Transmitted or maintained in any electronic, written, or spoken format.
 - For example, e-mail, fax, on-line databases, voice mail, video/audio recordings, or conversations.
- HIPAA calls Protected Health Information *PHI*.

What is protected health information?

- Helen Hippo
- Lives in Rochester, New York
- Suffers from hypertension
- Receives prenatal care and care coordination services
- Participates in WIC program



The following are examples of identifiers:

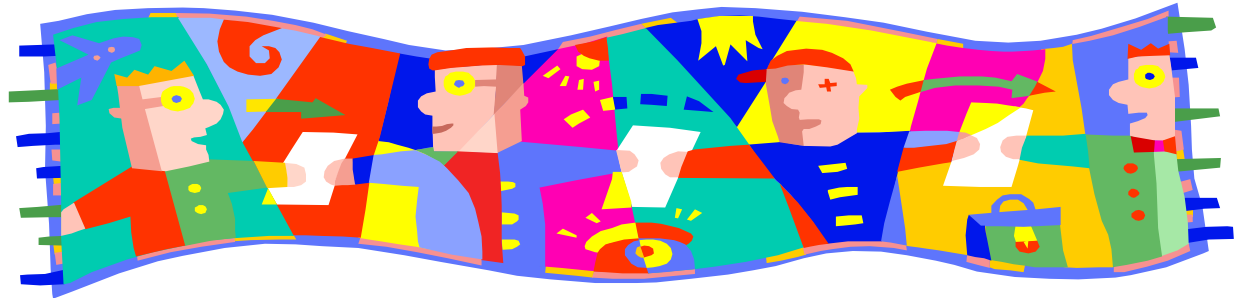
- Names
- Addresses
- Dates directly related to an individual such as birth date, admission date, discharge date, and date of death
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Biometric identifiers, including fingerprints and voice prints
- Full face photographic images.

Protected Health Information (PHI)

- Use and Disclosure

- The *Privacy Rule* prohibits use or disclosure of protected health information unless:
 - It is used to provide **T**reatment, **P**ayment, or health care **O**perations, or
 - Its use is authorized by the patient, or
 - Not sharing the information would present a risk to public health or safety (example: Disease Reporting as required by statute, bioterrorism activities).

Incidental Uses and Disclosures*



- Incidental uses and disclosures occur as a result of an initial use or disclosure that is permitted.
- These are allowable as long as *reasonable safeguards* are taken and the sharing of protected health information is *limited to the minimum necessary to do the job*.

* An incidental use is a **re-disclosure** of health information

Use *Reasonable Safeguards*

- *Reasonable Safeguards* are the actions HBHS offices take to ensure that protected health information remains private.
- When there is incidental use or disclosure of health information, use these *reasonable safeguards*:
 - Access is limited
 - Authorization is obtained prior to sharing (when applicable)
 - Patient information is physically secure

Reasonable Safeguard Examples:

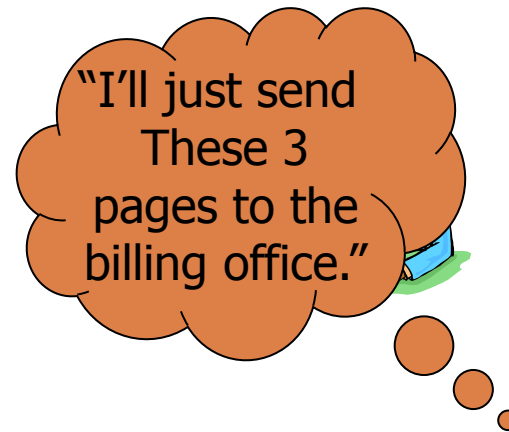
The HBHS Security Policy specifies precautions that should be taken to assure information privacy and security.

- Speak quietly when discussing a patient's condition with family members or others.
- Avoid using patient names in open places like hallways.
- Secure documents in locked offices and cabinets.
- Use passwords and other security measures on computers.



Minimum Necessary Standard

- The minimum necessary means that the office will develop policies and procedures that limit the sharing of protected health information to the minimum necessary to do the job.
- The policy must:
 - Limit who has access to protected health information.
 - Specify the conditions under which this information can be accessed.



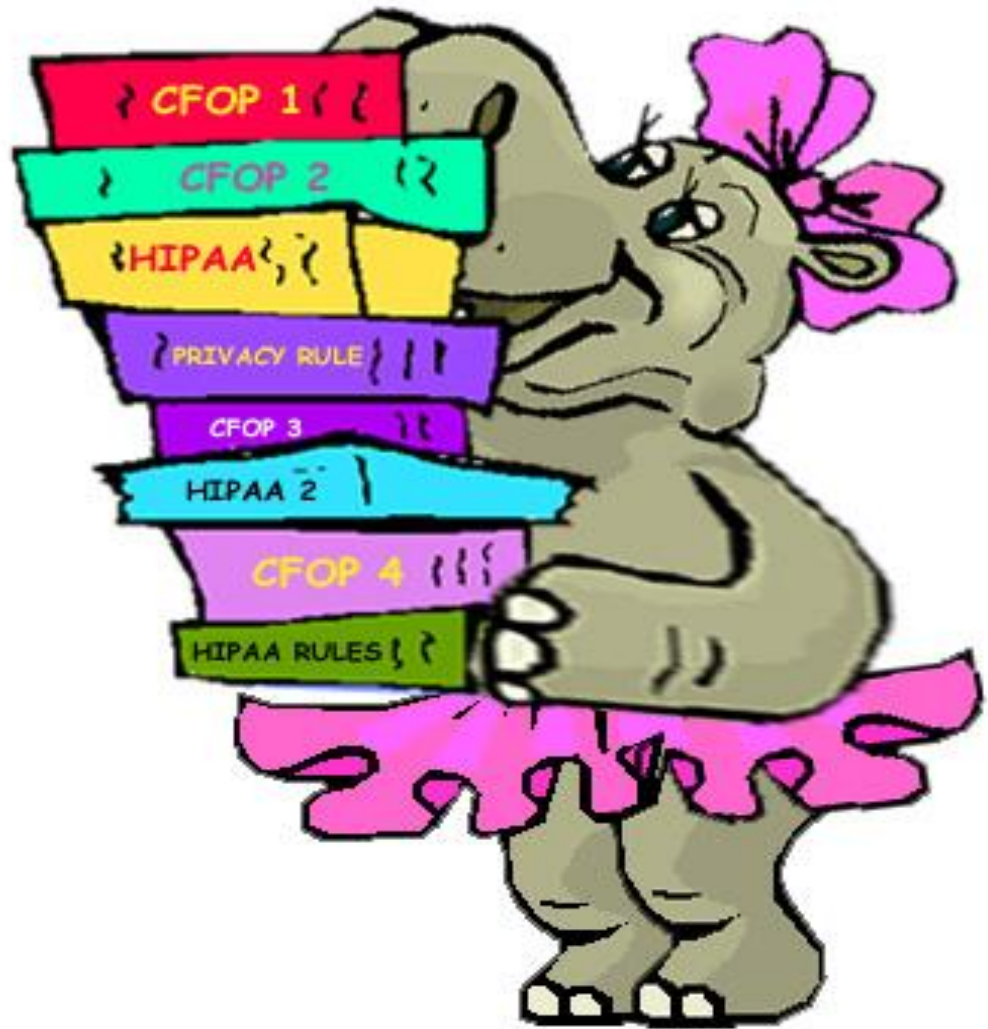
WHAT ARE THE PATIENTS' RIGHTS?



Patients have the right to:

- Receive a written notice of our office's privacy practices.
- Require their authorization for the release of information.
- Request restrictions on the use of their PHI.
- Inspect and copy their PHI – as documented by the office.
- Request that improper uses are corrected.
- Obtain a report of disclosures of their PHI.
- File a grievance or complaint.

HBHS HIPAA POLICY



The HBHS Information Privacy Policy

- Establishes a uniform process for implementing and disseminating the privacy standards required by HIPAA regulations within HBHS.
 - ▣ Privacy Operating Procedures
 - ▣ Notice of Privacy Practice and updated HBHS forms containing HIPAA privacy language
 - ▣ Complaint/Grievance procedures for patients



HBHS Privacy Policy



- Employees and volunteers will be trained about the privacy policy.
- Record of this training will be maintained in the personnel file.
- The policy is accessible on the web and available to all employees.

Violation of this policy will result in disciplinary action and may also have criminal and civil penalties.


Notice of Privacy Practices

- Written for our patients and their parents or guardians to explain:
 - ▣ Our offices' HIPAA related duties
 - ▣ Reasons HBHS staff will use/share protected information
 - ▣ Patient rights
 - ▣ How to file a complaint or grievance

**Notice of
Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE READ IT CAREFULLY



***His Branches
Health Services***

Notice of Privacy Practices

- A poster about privacy rights will be visibly posted at each of our offices.
- All new patients will be provided with a copy of the *Notice of Privacy Practice* at time of initial contact with one of our offices.
- All existing clients will be provided with the *Notice of Privacy Practice* at their first visit.



Complaint/Grievance Procedure



Client believes rights under HIPAA
may have been violated



Patient files a written complaint with HBHS
Privacy Complaint Officer



If issue not resolved to patient satisfaction,
he or she can file a complaint or grievance
with the Department of Health and Human
Services Office of Civil Rights or the HIPAA
Privacy Complaint Officer in Albany.

HBHS Privacy Complaint Officer

- HIPAA Complaint Officer

342 Arnett Blvd., Suite 1

Rochester, NY 14619

585-235-9000

- Clients who have feel that we have not followed the HIPAA privacy rule should send written complaints for investigation.



HIPAA Information Resources

- **New York State:**

<http://wnylc.com/health/afile/118/105/>

- **US Dept. Of Health and Human Services:**

<http://www.hhs.gov/ocr/hipaa/>

HBHS staff must:

- Safeguard the privacy of protected health information, which includes past, present, or future
 - ▣ health conditions
 - ▣ provision of health care
 - ▣ payment for health care
- Provide notice of the office's privacy practices.
- Explain how, when, and why we may disclose or use protected health information.

General Rules:

- Use and disclose information only within the limits of HBHS policy.
- Document disclosures of patient information in the record.
- Allow patients access to their health information and allow requests to amend health information.



Allowable uses of PHI

- HBHS may use PHI (protected health information) without the client's written authorization for the following reasons:
 - For **T**reatment
 - To obtain **P**ayment
 - For office **O**perations



Exceptions to the written authorization rule

- His Branches Health Services staff can use or disclose protected health information without written authorization for the following reasons:
 - ▣ The law requires disclosure
 - For public health activities
 - For health oversight activities
 - To avert threats to health or safety
 - ▣ For research purposes with Institutional Review Board approval

Exceptions to the authorization rule (cont.)

- Law enforcement
 - Relating to patients who have died
 - Investigation of a crime
 - Medical examiners / funeral directors

Patient Rights

- **Must:**

- receive a copy of the Notice of Privacy Practices

- **May:**

- request restrictions on uses or disclosures
- choose how HBHS contacts them
- inspect and copy their health records
- request an amendment of health records
- request a written audit of disclosures

Complaint and Grievance Procedure

Protected Health Information Complaint/Grievance Procedure

Written complaints or grievances can be filed:

- DOH Office of Inspector General or
- Department of Health and Human Services Office of Civil Rights



Test your knowledge:

1. Who must follow HIPAA privacy requirements?
 1. All HBHS staff and volunteers
 2. Staff who work with patients
 3. All staff and volunteers who work with protected health information
2. The privacy rule...
 1. replaces New York's existing confidentiality laws
 2. protects individually identifiable information
 3. requires a court order for records release

Test your knowledge:

3. Allowable use of PHI is for reasons of treatment, payment or operations.
 - A. True
 - B. False

4. What does protected health information include?
 - A. Any information that can link a specific person with a health condition
 - B. Written, spoken or electronic communication about an individual's health information
 - C. Both

Test your knowledge:

5. The HBHS may no longer share information about clients with business associates.
 - A. True
 - B. False

6. All clients must be provided with written notice of the office's privacy practices.
 - A. True
 - B. False

Test your knowledge:

7. Incidental uses or disclosures of PHI are allowed if:
 - A. The client has provided written consent
 - B. The request comes from administration
 - C. Reasonable safeguards are in place
8. You must obtain patient agreement to use or disclose PHI for public health activities.
 - A. True
 - B. False

Test your knowledge:

9. Clients have the right to request a history of disclosures that have been made.
 - A. True
 - B. False

10. Clients may formally complain to the Department of Health or to the Department of Health and Human Services if they feel their privacy has been violated.
 - A. True
 - B. False

Check your answers:

1. C
2. B
3. A
4. C
5. B
6. A
7. C
8. B
9. A
10. A

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THE END