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# **HIPAA**

# **Education**

# **Program**

# HIPAA Education Program

## **Instructions**

1. Read the self-study module on HIPAA.
2. Complete the post-test.
3. Have your Account Manager or designated person correct the post-test. You must score 80% or higher to receive a certificate for this education program.

# HIPAA Education Program

This self-study module will provide you with information about HIPAA. Topics that will be covered include: an overview of the law, the basics on the HIPAA Privacy Standards, a basic understanding of patient privacy information, and your responsibilities on how to be compliant with the law.

## Awareness of HIPAA

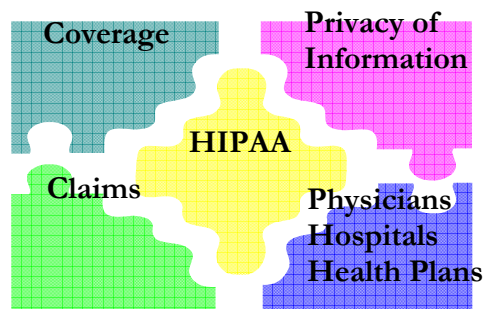
HIPAA stands for The Health Insurance Portability and Accountability Act. An overview of the HIPAA law is presented by answering these 5 questions:

1. Why was the law passed?
2. What are the parts of the law?
3. When do we have to be compliant?
4. What happens if we don't comply?
5. How does the government know we have not complied?

Why was the law passed? There were 3 reasons for this law.

1. This federal law was originally about health insurance coverage. It was created to guarantee that persons leaving their jobs would not lose their healthcare coverage. As the name implies, health insurance portability.
2. As coverage was being reviewed, discussions occurred centering on how claims were managed. There were also concerns that a lot of money and resources were being spent on the payment of claims. In order to decrease cost the government added another section to the law called administrative simplification. This will standardize how health information is collected and sent between doctors, hospitals, health care providers like VÖY, and insurance companies.
3. Since there is a lot of information being shared so easily via computers, there are a lot of abuses and leaks. This brought about the last section that was added to guarantee to the patient that their information would be kept secure and confidential.

Understanding the 3 reasons for HIPAA shows how the pieces fit together like a puzzle. All of these sections affect doctors, hospitals, health care providers, and insurance companies. All of these entities have to comply with the law.



## When do we have to be compliant with HIPAA?

Compliance dates have been set for 2 of the sections. Standard Claims Submission compliance date is October of 2003. The Privacy of Patient Information compliance date is April 14, 2003.

What happens if you don't comply with the law?  
The government has imposed 2 types of penalties:



**Civil Penalties:** focus mainly on paying fines

\$100 per violation

\$25,000 per calendar year for multiple violations of a single standard



**Criminal Penalties:** focus on fines and going to jail

Up to \$50,000 and/or imprisonment up to 1 year

False pretenses \$100,000 and imprisonment for 5 years

If for commercial advantage, personal gain, malicious harm - \$250,000 imprisonment for 10 years

How does the government know we have not complied?

Non-compliance can be reported to the government two ways.

1. Through a complaint process: patients and employees can file a written complaint with the government.
2. Through a report as a result of a survey such as a state survey or JCAHO survey.

If a complaint were filed we would prove we are compliant through documentation.

Documentation that shows:



How we handle patient information.



A plan of action on how we became compliant by making changes:

1. Revising our policies and procedures.
2. Developing an "Employee Privacy Acknowledgement".
3. Educating all staff on how to use and protect patient information.
4. Developing a pamphlet for our patients informing them of our "Privacy and Confidentiality Practices".

## Basics on HIPAA Privacy Standards

The basics of HIPAA Privacy is presented by answering these 5 questions:

1. What is the purpose of the privacy standards?
2. Who controls the use and release of patient information? Who is allowed to see patient information?
3. How is the use and release controlled?
4. What is patient information?
5. Where is patient information?

The answers to these questions will give you a fundamental understanding of Protected Health Information (PHI). As noted above, an organization has to be compliant with the privacy of patient information section of the HIPAA law by April 14, 2003.

What is the purpose of the HIPAA Privacy Standards?

The privacy standards were created to give patients more control over the use and release of information that identifies them and relates to their treatment. Therefore the privacy standards address the use and disclosure of patient information.

Who controls the use and release of patient information?

### **The patient!**

The patient is in control of the use and disclosure or release of their information. The patient is the only person who can identify who will see or receive this information. Only those individuals who need to know pertinent medical information such as doctors and staff providing care and treatment to the patient, or persons receiving payment for services rendered. These individuals should only see the minimum amount of information necessary to do their job. This means the use of patient information should be limited to only what is really needed to treat the patient.

How is the use and release of patient information controlled?

### **Patient Rights**

↵ **Right** to access – the patient may read and/or copy their health information.

↵ **Right** to request an amendment (change) to their health information.

↵ **Right** to request restrictions on certain uses and disclosures of information.

↵ **Right** to receive an accounting of disclosures (releases).

↵ **Right** to adequate notice about:

Use and disclosure of their information.

Individual rights to see/get copies/request amendments to medical records.

Healthcare provider duties.

How to make a complaint and get information.

↵ **Right** to obtain a paper copy of the Notice of Privacy Practices.

Therefore patients have rights on how their information is to be used and released to others and we, as providers of healthcare must comply with these rights. We have policies and procedures to address how we will comply with these rights.

What is patient information?

- ❖ Patient Name
- ❖ Fax numbers
- ❖ Medical record numbers
- ❖ Account numbers
- ❖ Vehicle ID numbers
- ❖ URLs/Internet address
- ❖ Telephone numbers
- ❖ Any identifying characteristics
- ❖ Social security numbers
- ❖ Health plan numbers
- ❖ Certificate/license numbers
- ❖ Device identifiers
- ❖ Full face photographs
- ❖ All geographic subdivisions smaller than a State

- ❖ Dates related to the patient (birth date, admission date, discharge date, death date)

All of these items are called Protected Health Information or **PHI**. Review this again and think about all the places in the system that you could see this information. Most of these items such as a patient name, date of birth, admission date, medical record number or discharge date we use every day.

Where is patient information?

## EVERYWHERE

Patient information is everywhere. It is

On paper



Fax machines



computers

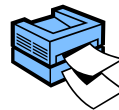


conversations:

In person or by telephone



printers



copiers



Points to Remember:

1. The compliance date for HIPAA Privacy is **April 14, 2003**.
2. Protected information is everywhere.
3. The law protects patient information.
4. The patient controls his or her information and that releasing this information should only be done with a patient's written authorization.
5. Patient information is released to persons who have a business need to know.

## How to be HIPAA Compliant

What you need to know as a VÖY employee:

### **Awareness of the law:**

This includes knowing the law, how it relates to your job and asking questions if you think patient information is being used or released incorrectly.

### **An understanding of how you are to protect patient information:**

First, if you are ever in doubt about how patient information is being used or if something just doesn't seem right, please ask your Account Manager immediately. With patient information everywhere how will you protect it? The answer is to look at each of these places and think about ways to keep patient information confidential.

Lets start with paper:

- ◆ Don't leave notes, specimens, labels, and forms with patient information. laying around on counters or anywhere visible to someone that may just walk in.
- ◆ Dispose of paper and labels by approved methods.
- ◆ Don't leave paper on printers, fax machines or copiers.
- ◆ Don't place printers; fax machines, copiers or trash bins in common areas and walkways.
- ◆ Always use a **Fax Cover Sheet** with a confidentiality statement when faxing any information.

What about conversations- probably the most difficult place to control the use and disclosure of patient information:

- ◆ Be sure you know to whom you are speaking **before** you release patient information.
- ◆ Disclose information only to individuals with a business need to know and then only the minimum necessary to accomplish the job.
- ◆ Keep your voice down-speak so others may not overhear.
- ◆ Do not leave information at your desk.
- ◆ Knock before entering a patient room if you are working in a hospital setting.
- ◆ When possible, close patient doors or draw privacy curtains.
- ◆ **Do not speak** about patient information in hallways, cafeterias, elevators or any other public area.
- ◆ **Do not have a patient, employee or any other identifiable information on a whiteboard!** Use initials or codes to identify a patient or employee when using a whiteboard.

How about computers:

- ◆ Use privacy screens for your monitor.
- ◆ **Don't share your ID or Password.**
- ◆ Log out of programs when you are done using them.
- ◆ Utilize computers for business purposes only.
- ◆ Assure monitors are not facing out to public view.

In summary, protection of the privacy of patient information is common sense:

1. Follow procedures.
2. Don't talk about patient information.

3. Don't leave information in plain view.
4. Don't violate Patient rights.
5. If you are in doubt or something doesn't feel right, ASK your Account Manager.

You have a responsibility to report any suspected violations to your Account Manager. If you would prefer to report your suspicions anonymously, please feel free to call the **Privacy Hotline Number 1-866-297-2295**. You have a responsibility to protect the privacy of patient information and to report suspected violations of privacy.



## HIPAA TOOL BOX



Our HIPAA toolbox contains policies on:

- **Disclosure of Protected Health Information:**  
We will address policies that focus on how we release PHI on the telephone, in person and via fax.
- **Patient Rights:**  
The rights patients have under the HIPAA Privacy rules.
- **Employee Privacy Acknowledgment:**  
An acknowledgement of HIPAA Privacy rules for employees.
- **Privacy and Confidentiality Statement:**  
A pamphlet that will be distributed to all patients informing them of their rights to privacy.

### Disclosure of Protected Information

- Disclosure to Family and others- **verbal disclosure** to family members and others involved in the patient's care.



VÖYÄ has the legal and ethical responsibility to protect the privacy of confidential information by safeguarding and limiting the use and disclosure of patient information. We only disclose PHI that is directly relevant to the person's involvement in the patient's care or payment for ~~that care.~~ \_\_\_\_\_

Disclosure is made only upon authorization from the patient. If the patient has the capacity to make health care decisions, his authorization must be obtained either through:

1. Verbal agreement or
2. A written patient authorization form.



The patient must be provided with an opportunity to object to the disclosure or to request a family member or friend to be included in the discussion concerning his care. If the patient is incompetent or incapacitated, we may disclose PHI to a family member or friend if that person is the patient's representative. If an emergency situation prevents obtaining the patient's authorization, we should use professional judgment and experience with common practice to determine whether the disclosure to the family member is in the patient's best interest.

### **Authorization to Release:**

The Authorization to Release Information form is available in the Administrative Policy and Procedure Manual. Disclosures that require an authorization are to be coordinated with the Account Manager during normal business hours.

Authorization is **required** when we disclose information:

1. For purposes other than treatment or payment – if we release information to another provider such as a doctor to obtain orders or for the purpose of continuity of care, an authorization is not required.
2. When a patient requests a copy of their medical record or
3. Copies are requested by any 3<sup>rd</sup> party, like attorneys, insurance companies or
4. Research purposes.

If you have any doubt if authorization is required contact your Account Manager immediately.

### **Authorization is not required:**

1. To another healthcare provider like a therapist, doctor or nursing home for the purposes of treatment or payment.
2. As required by law – like court orders or subpoena's.
3. To public health authorities.
4. To report victims of illegal acts, abuse, neglect or domestic violence.
5. In judicial and administrative proceedings.
6. To the Department of Health and Human Services.
7. About death to coroners, medical examiners and funeral directors.
8. For eye or tissue donation purposes.
9. In emergency situations where we are trying to avert a serious threat to health or safety and only if the patient is incapable of responding. As soon as the emergency situation is over, however, the patient's authorization must be obtained.

### **Disclosure over the telephone:**



As a general rule, verbal communications involving PHI are only to those persons that have a "need to know" and limited to only the minimum amount of information needed to complete the job.

First, obtain the name and relationship of the person to whom you are speaking  
Then verify the patient's privacy status to see if the patient has restricted the disclosure by either:

- a Checking for a patient authorization or
- b Obtaining a verbal agreement from the patient for disclosure.

Once authorization is obtained, disclose only the minimum necessary PHI directly relevant to the callers' involvement in the patient's care. ~~If authorization is not obtained~~ no information is disclosed and the caller is politely told, "We do not have any information regarding a patient by that name".

### **Patient Rights and Notice of Privacy**

The HIPAA Privacy rules have to do with use and disclosure of patient information and providing patients with a Notice of Privacy concerning their Patient Rights.

What are some of the patient's rights with regard to HIPAA?

- ✓ Right to access (read and/or copy) their health information.
- ✓ Right to request an amendment (change) to their health information.
- ✓ Right to authorize who gets copies of their health information.
- ✓ Right to request restrictions on certain uses and disclosures of information.
- ✓ Right to receive an accounting of disclosures (releases).
- ✓ Right to adequate notice about:
  - Use ~~and disclosure~~ of their information.
  - Individual rights to see/get copies/request amendments to medical records.
  - Healthcare provider's duties.
  - How to make a complaint and get more information.
- ✓ Right to obtain a paper copy of the Notice of Privacy Practices.

We now have policies and procedures to assure these rights are protected and executed properly.

**Let's begin with Notice of Privacy and Confidentiality Practices:** The Notice of Privacy is a new pamphlet that will be implemented by April 14<sup>th</sup>, 2003. It will be given to patients at the time of admission. The patient must read this notice and sign an acknowledgement of receipt.

The notice includes:

- What rights the patient has while on service with VÖY with regard to information.
- How the patient can file a complaint if the patient feels their privacy information has been violated.
- How VÖY will use the information.
- How VÖY will disclose information.

Every employee should be familiar with the contents of this Notice.

### **Right to Request a Review of the Medical Record:**

If the patient wants to review their record, the caregiver must ask the patient to put the request in writing. The patient is entitled to review his record unless it is determined that this would cause harm to the patient. If a patient is denied the review, the denial must be made in writing. The policy is found under our HIPAA compliance policies.

This policy includes the procedures and forms on how to respond to a request for a review of records.

**Right to Request an Amendment (change):**

After reviewing the record a patient may want to make an amendment. This may occur if the patient believes there is an error or information is omitted. All requests for amendments must be in writing from the patient.

**Right to Obtain a Copy of Medical Record:**



If the patient requests a copy of their record or would want another person to have a copy, a patient authorization is obtained by having the patient sign the Authorization to Release Information. These forms are available in each [ \ Á & a ] . A patient will not be provided a copy of their record until this form is signed. Again, requests for copies of records are coordinated with the medical records department during normal business hours. Requests outside of normal business hours are deferred until the next day.

**Right to File a Complaint for Privacy Violation:**

Patients have a right to file a complaint if they feel the privacy of their protected information has been violated. If the patient wishes to file a complaint, the caregiver must ask the patient to provide the request in writing. The completed form should be forwarded immediately to the Privacy Officer. The Privacy Officer will address and coordinate the complaint. We have 30 days to respond to the written complaint.

If you have any questions on any of these policies, please **contact** your VÖY branch.

Score:

**HIPAA Post-test**  
HIPAA Education Program

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**Name (Please Print)**

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**Date**

1. What is HIPAA?
  - a Health Insurance Portability and Accountability Act
  - b Health Information Publicity Amendment
  - c Healthcare Information Act
  
2. What is the purpose of the HIPAA Privacy Standard?
  - a Provide patients with more control over the use and disclosure of their medical information
  - b Provide health care providers and doctors with a way to organize documents
  - c Provide patients with a unique health care number
  
3. What is PHI?
  - a Patient Health Information
  - b Protected Health Information
  - c Patient Health Insurance
  
4. Where is PHI in the organization?
  - a In the medical record
  - b Everywhere: on paper, computers and in conversations
  - c In the nursing unit
  
5. What should you do if you find PHI on a desk or on the floor?
  - a Call Housekeeping
  - b Step over it
  - c Secure it immediately: pick it up – either file or discard it
  
6. Name 2 rights a patient has that affect the privacy of patient information.  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Who controls the use and release of patient information?
  - a The physician
  - b The patient
  - c The insurance company
  
8. If a patient has requested that information should not be released, what do you tell the caller?
  - a Provide caller with information requested
  - b We do not have any information on a patient by that name
  - c Ask your supervisor before you release any information

9. All complaints about privacy violations must be in writing.
- a True
  - b False
10. Writing a patient name on a whiteboard does not violate HIPAA regulations.
- a True
  - b False