



Welcome

Health Insurance Portability and Accountability Act (HIPAA) Students



HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

No patient information that you gain either while caring for a patient or incidentally, should ever be shared with anyone outside of the facility. Only those persons providing care to the patient should have access to their healthcare information. Violations of patient privacy can lead to civil penalties up to \$250,000 and up to 10 years imprisonment. These violations could also lead to loss of your clinical privileges. It is your responsibility to understand and abide by these privacy guidelines.

The following scenario is developed to help you consider some of the ways that we need to protect patient identifiable health information

MEET JOE PATIENT

Joe Patient is in an automobile accident and arrives at your hospital. It is your primary focus to provide Joe the best treatment possible. As you do so, however, you must also be aware of your obligation to use and disclose Joe's protected health information only as allowed under the HIPAA privacy regulations, and to provide to Joe all the patient rights provided in HIPAA. The following discussion analyzes how HIPAA will affect Joe and the practices of virtually everyone in your hospital.

Joe is now moved to a patient room for further treatment. Joe's protected health information is maintained both in his room and at the nurse's station.

Use and Disclosure of Protected Health Information

Minimum Necessity

The minimum necessity doctrine applies throughout the hospital, including the patient's room and the nurse station. While the patient's room and the nurses station present special challenges, you must make all reasonable efforts to limit disclosure of Joe's protected health information.

Incidental Disclosures: The Privacy Rule explicitly permits certain "incidental disclosures" that occur as a by-product of an otherwise permitted disclosure. Covered entities will not be subject to enforcement action for limited disclosures that occur beyond what is minimally necessary if the covered entity has taken all reasonable steps to limit disclosure.

The non-private room

If Joe is not in a private room, how may providers treat Joe and discuss his condition with him without disclosing information to his roommate and the roommate's visitors? Does the hospital need to construct a sound proof barrier?

No. The basic standard for minimum necessary uses and disclosures requires that hospitals and other covered entities make reasonable efforts to limit access to protected health information to those who really need it. Reasonable efforts include such common sense actions as:

- ❖ Lowering voices;
- ❖ Limiting discussion to information directly relevant to Joe's treatment;



- ❖ Saving discussion of sensitive protected health information until the discussion may be had privately.

Medical charts in the patient's room

Is the hospital prohibited from maintaining patient medical charts at the bedside?

No. The Office of Civil Rights has made clear that incidental disclosures are acceptable so long as the covered entity has taken steps to protect the information. This means the hospital may maintain the patient medical chart at the bedside but must make reasonable efforts to ensure the patient chart is not accessed by someone who has no business seeing it. Consider how you might secure the patient chart, including such precautions as placing the chart in a location where it cannot be easily accessed by casual visitors to the room.

Storing patient information at the nurses station

May the patient information be stored or maintained at the nurses station?

Yes, but the hospital must make reasonable efforts to protect the information from disclosures to others who do not need to see it. For example:

- ❖ Patient files should not be stacked on a counter. They should be placed in a file cabinet that is either locked or otherwise made unavailable to those who have no need to see the files.
- ❖ White boards displaying patient information should not be used unless the information cannot be identified to the patient. That information is then available to anyone walking by.
- ❖ Empty prescription vials should not be left on the counter.
- ❖ Computer screens should be secured, through password protection or otherwise, to protect against unauthorized access.

The nurse accesses the hospital information system to obtain reports from Joe's previous hospital stays. What obligations does HIPAA impose?

- ❖ The information system must control and limit access to those who need the information;
- ❖ The nurse must be authenticated to the system and be assigned access privileges on a need-to-know basis; and
- ❖ The workstation must be located in a secure place.

The nurse needs to reach Joe's family, who are waiting in another area of the hospital. Should he or she page them with the hospital paging system? No. Release of a patient's family information over a hospital-wide paging system may be a release of protected health information. Hospitals should consider giving family members individual pagers or portable telephones to use when the hospital must contact them.



Medical / Healthcare Students and Volunteers

Medical students following Joe's physician on rounds stop by Joe's room to review and discuss Joe's condition.

Patient permission

Training of medical students is considered a healthcare operation. Accordingly, release of protected health information to them in the course of their training is allowed without patient authorization. Your Notice of Privacy Practices, however, must reference the possible disclosure of PHI to medical students.

Minimum Necessity

Medical students are not engaged in treating Joe so the treatment exception to the medical necessity requirement does not apply. Protected health information about Joe released to the medical students should be limited to the amount necessary to their training.

REMEMBER: We all have a responsibility to protect the patient's privacy.

1. Patient assignment lists, unused labels, and notes taken at change of shift are all examples of documents that are a potential source of a violation of privacy. Please remember to discard these as you would any PHI.
2. No patient information that you gain while working or incidentally, should ever be shared with anyone outside of the facility.
3. Talking in elevators, discussing a case over lunch, discussing a difficult situation with friends are all examples of situations where the patient's protected health information can be shared inappropriately.
4. Only those persons providing care to the patient should have access to their healthcare information. It is your responsibility to understand and abide by these privacy guidelines.
5. Students have a responsibility to protect the patient's privacy. Following the guidelines for minimum necessary access to patient information, and using reasonable care to disclose only the minimum amounts of information to appropriate co-workers is an important part of their professional obligation.



Patients' HIPAA Rights

The HIPAA regulations give individuals rights regarding the use and disclosure of their protected health information (PHI). Patients' rights include:

➤ **RIGHT TO A NOTICE OF PRIVACY PRACTICES**

- Patients must be given a copy of our Notice of Privacy Practices.
- We must make it available to anyone who asks for it. We must also prominently post our Privacy Notice at each service location and make it available on our Web site.
- When patients receive our Privacy Notice, they are asked to acknowledge receipt.
- The areas of patient registration will provide patients with a copy of our Privacy Notice.

➤ **RIGHT TO REQUEST ACCESS TO PHI**

- Patients have the right to access and obtain a copy of their PHI that we maintain, subject to certain limitations.
- We may require patients to make such requests in writing.
 - There is a form for this purpose.
 - Patients should be referred to Medical Records.
- We may charge a reasonable fee to cover the costs of copying.

➤ **RIGHT TO REQUEST AMENDMENT TO PHI**

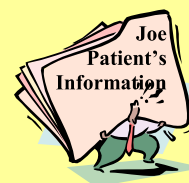
- Patients may ask us to amend in order to correct the PHI that we maintain
- We may require patients to make such requests in writing with the rationale for the requested change.
 - There is a form for this purpose.
 - Patients should be referred to Medical Records.
- We may, under limited circumstances, deny requests to amend PHI.

➤ **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS OF PHI**

- Patients may request that they receive communication from us by alternative means (such as by fax) or at alternative locations (such as a business address).
- We may require patients to make such request in writing.
 - There is a form for this purpose.

➤ **RIGHT TO REQUEST RESTRICTIONS OF PHI**

- Patients may request restriction on uses and disclosures of their PHI.
- We may require patients to make such requests in writing.
 - There is a form for this purpose.
- We are not required to agree to the limitation.



➤ **RIGHT TO OBTAIN AN ACCOUNTING OF DISCLOSURES**

- Subject to significant exceptions, patients may request an accounting of disclosures of their PHI for 6 years prior to the request.
- We may require patients to make such requests in writing.
 - There is a form for this purpose.
 - Patients should be referred to Medical Records.

➤ **RIGHT TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

- Patients may make complaints about our privacy practices or perceived privacy violation to our organization by contacting our Privacy Officer: Brandon Horvath, 3600 Samaritan Drive, Corvallis, Oregon 97330, 541-768-6218





Thank you!

