HIPAA Privacy Compliance
(Health Insurance Portability and Accountability Act)
Self-Study Packet

Purpose:

Heighten your awareness of and commitment to HIPAA regulations
Reinforce the role you play in the organizational compliance
Renew your working knowledge of HIPAA requirements

HIPAA: Privacy Compliance

The HIPAA privacy Rule, finalized on August 14, 2002, is part of the Health Insurance Portability and Accountability Act (HIPAA) enacted by Congress in 1996

The purpose of the Privacy Rules are:

- Guarantee patients access to their medical records
- Giving patients control over use and disclosure of their **Protected Health Information (PHI)**
- Provide recourse for inappropriate uses of PHI

What is Protected Health Information (PHI)?

According to HIPAA, any health information, be it in paper, electronic or oral form, which can identify a patient, is Protected Health Information (PHI)

Examples of information that might connect personal health information to the individual patient include:

- Patient's name and address
- Phone/Fax/e-mail address
- SSN or ID number
- Dates (Birth, death, admission, discharge)
- Physician's personal notes
- Billing Information
- Any other information that identifies the patient

AMU University Clinic's Privacy Officer:

The Privacy Officer acts as the contact person for AMU University Clinic staff/interns and our patients for privacy related issues. The officer also coordinates the implementation of the privacy rules. The Alternate Privacy Officer is in charge when the Privacy Officer is not available.

The Privacy Officer of AHMC is Anyork Lee, L.Ac. and can be reached at 626-289-7719 ext. 123.

The Alternate Privacy Officer is Jerome Jiang, L.Ac. and can be reached at 626-289-7719 ext. 118.

Notice of Privacy Practices (NPP)

Patients have the right to adequate notice and documentations concerning the use/disclosure of their PHI on the first date of service delivery. Along with the informed consent and arbitration agreement, the patient signs acknowledgement of the HIPPA regulations. New notices must be issued to all staff/interns and patients when the Clinic's privacy practices change. Written acknowledgement from patient for receipt of notice concerning HIPAA is documented in the clinic.

NPP(Notice of Privacy Practices) describes how patient information is used and disclosed:

We are permitted to use patient's PHI for treatment, payment and health care operations, without their expressed consent or authorization. Health care operations are the day-to-day activities that must occur in order to operate the clinic, such as quality improvement, case reviews, legal services and regulatory agency inspections, etc.

We can also use and disclose Private Health Information:

-For appointment reminders
-To assess patient satisfaction
-For treatment alternatives, health related benefits and services
-To conduct training programs or review competency of health care professionals
-To avert a serious threat or safety
-To business associates
-For Clinic Directory
-To individual involved in their care or payment for their care
-To disaster relief agencies
-For approve research projects
-For future communications

Other special situations when the University Clinic will release a patient's PHI include:

-Food and Drug administration
-Public health or legal authorities
-Correctional institutions
-Workers' compensation agents
-Military command authorities
-Health oversight agencies
-Coroners, medical examiners and funeral directors
-National security and intelligence agencies
-Law enforcement/legal proceeding
-State-specific requirements

NPP(Notice of Privacy Practices) also lists rights a patient has regarding their PHI(Protected Health Information)

-To inspect and receive copy of medical records
-To amend the medical information
-An accounting of disclosures, except for purposes of treatment, payment and health care operations
-To restrict any use or disclosures of information
-To have PHI communicated to them by alternate means and at alternate locations to protect confidentiality
-To receive a paper copy of the NPP
-To contact designated persons regarding any privacy concern or breach of privacy
-Authorization prior to use or disclosures for any other purpose not listed in the NPP

Business Associates Agreement:

The University Clinic has to enter business associate agreement with any individual or entity that receives PHI from the Clinic to assist us with health care functions, for example, the collection agencies, transcription services and insurance billing agencies. The agreement makes sure that our business associates will use or disclose permitted and required PHI only. They should use appropriate safeguards for PHI. Upon termination of contract, they are required to return, destroy, or continue protect the information received from the University Clinic.

AMU Clinic Policies and Procedures:

There are policies and procedures we have developed for the compliance of HIPAA. Following are some of the new/revised policies:

-"Minimum Necessary Use and Disclosure of Protected Health Information (PHI): In general, each employee/intern must make a reasonable effort to limit the PHI that you are using or disclosing to a minimum necessary amount to accomplish your purpose. If your job does not require you to look at a patient's PHI, don't.

-"Incidental Uses and Disclosures of PHI": The HIPAA Privacy Rule is not intended to interfere with the routine care of patients. The rules specifically addresses and permits Incidental uses and disclosures of PHI, examples are:

Discussion of a patient at a joint treatment area, such as a semi-private room, or discussion a prescription with a patient over a pharmacy counter.

However, the privacy Rule states that such incidental disclosures are allowed only if:

The information is "incident to" a permitted use or disclosures.

The person disclosing the PHI is taking reasonable precautions.

The minimum necessary standard has been implemented.

"**Patient Condition Reporting":** Under the HIPAA rules, general patient information (such as the location and general condition of a patient) can only be released if the inquiry specifically contains the patient's name.

Violation of Privacy Rules: Complaint Mechanism and Enforcement": A procedure is developed at AMU Clinic for individuals to make complaints about alleged violations of HPAA requirements. It specifies that no penalty or retaliation to the people who report the complaints. Any violation of the rules will be subjected to AMU Clinic's disciplinary action as well as civil and criminal penalties.

Who must comply with HIPPA?

Privacy Rule applies to Covered Entities, which include:

- Health Care Providers, who transmit electronic health information.
- All Health Plans, such as Blue Cross, Pacific Care
- All Health Care Clearinghouses, which is a public or private entity that processes health information from non-standard format into standard format, such as the company which deals with our Medicare data in the claim process.

When Does it Go on to Effect?

All providers must comply with the Privacy Rule by April 14, 2003

Why Should we Comply:

The HIPAA law requires clinics to discipline staff violating the privacy rules. The type of sanction will vary depending on factors such as severity of the violation, whether the violation was intentional or unintentional, etc. Employee who violates the privacy rules of HIPAA will be subject to AMU University Clinic's disciplinary actions. There are also civil and criminal penalties for substantial violations.

Civil penalty is $100.00 for each violation up to $25,000 a year. The criminal penalty may up to $250,000 fine and /or 10 years imprisonment for commercial advantage, personal gain or malicious harm.

ONGOING process

Compliance is an on-going process. Remember the following steps:

- Know the Law
- Protect the PHI
- Police each other
- Report to Privacy Office
- Follow up with investigation
- Correct the problem
- IT'S EVERYONE'S BUSINESS

Please read these materials and take the quiz follows.

1. **True or False**: The HIPAA Privacy Rule protects a patient's fundamental right to privacy and confidentiality.

2. Under the HIPAA rules, patients have the rights to:
   a. Inspect and Copy his or her medical records
   b. An accounting of disclosures
   c. Request restrictions to use and disclose
   d. All of the above

3. Protected Health Information is anything that connects a patient to his or her health information, which one(s) below is/are considered as "Protected Health Information" (PHI)?
   a. Patient's name and SSN
   b. Address; E-mail address
   c. Medical record number
   d. All of the above

4. **True or False**: PHI (Protected Health Information) includes all identifiable health information that is used/disclosed on paper, electronic and oral form.

5. **True or False**: You are permitted to use/disclose PHI for treatment, Payment and healthcare operations.

6. **True or False**: The Notice of Privacy Practices is the patient's right to get adequate notice about the use/disclosure of his/her PHI, as well as rights in general. A Notice of Privacy practices should be given to all patients who come to use the services at AMU Clinic.

7. **True or False**: Using PHI for purposes not specified by the rule requires AMU University Clinic to get patient authorization.

8. **True or False**: In general, disclosure of PHI must be limited to the least amount needed to get the job done right.

9. All un-used papers that contain patient information should be placed in:
   a. Recycle bin
   b. Trash can
   c. On shelves for later disposal
   d. Shredders

10. If you need the patients chart to write your case study, you must:
    a. Ask the front desk personnel for unlocking the file cabinet where the patient files are stored.
    b. Log the patient's name and chart # with your name, sign and date so the front desk personnel know who has the chart.
    c. Keep the chart inside the clinic intern working area at all time and never take it out of the clinic.
    d. All of the above

11. **True or False**: When writing up case studies based on your patient(s), you must protect the patient's privacy by avoiding his/her name, only state the file **#** and date of treatment.

12. **Yes or NO:** You are allowed to Xerox, take photographs, or scan electronically your patients' charts so you may do the case study at home.

13. **Yes or NO:** Patients are allowed to Xerox, take photographs, or scan electronically their OWN patient file to keep it as records of their own.

14. **Yes or NO:** Supervisor talks quietly to the interns in the open pharmacy area about a patient's current condition and treatment. A portion of the conversation was overheard by another visitor going into the treatment room. Did the supervisor violate HIPAA privacy regulations by disclosing the patient's PHI to the visitor?

15. **Yes or No:** A person claiming to be a patient's mother called to inquire about her daughter's medical condition because she is subsidizing the daughter's financial needs. You tried to help her and told her the number of visits the daughter needed for her condition. Is it a violation of HIPAA?

16. Patient's husband came to pick up his wife's copy of patient record, you can give him the record without violating HIPAA as long as

    a. He proves he really is the husband
    b. He gave you a copy of his driver's license with the same last name
    c. He gives you a patient chart release authorization form signed by his wife.
    d. All of the above.

17. **Yes or No**: A person came into the clinic looking for his friend without specifying the name of his friend who is getting a treatment. You tried to help the visitor and led him through the treatment rooms. Is this a violation of HIPAA?

18. **True or False**: Privacy violation at AMU Clinic is handled by the Privacy Officer.

19. Name of the Privacy officer is:_____.

20. Name of the Alternate Privacy Officer of AMU University Clinic: _____.

Score:_____ **(1 point for each correct answer)**

Acknowledgement of Training
I have read and understood the self-learning packet, HIPAA Privacy Compliance. I have also completed the test at the conclusion of this packet.

Name: (print) _____ Circle: Student Staff

Signature: _____ Date: _____

Privacy Officer: _____ Date: _____