



ALLEGHENY VALLEY  
SCHOOL

*Celebrating 50 Years of Caring  
1960 - 2010*

An **NHS** Company  
HUMAN SERVICES

# HIPAA

Protecting Personal Health Information

# INTRODUCTION

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*“Confidentiality is everyone’s job, not everyone’s business”*

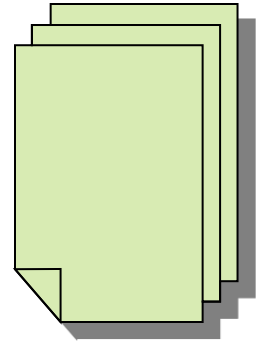
- ▶ The purpose of this training is to provide education on the implication of HIPAA\* in regards to our services.
- ▶ It is everyone’s responsibility who works in healthcare to learn and practice information security

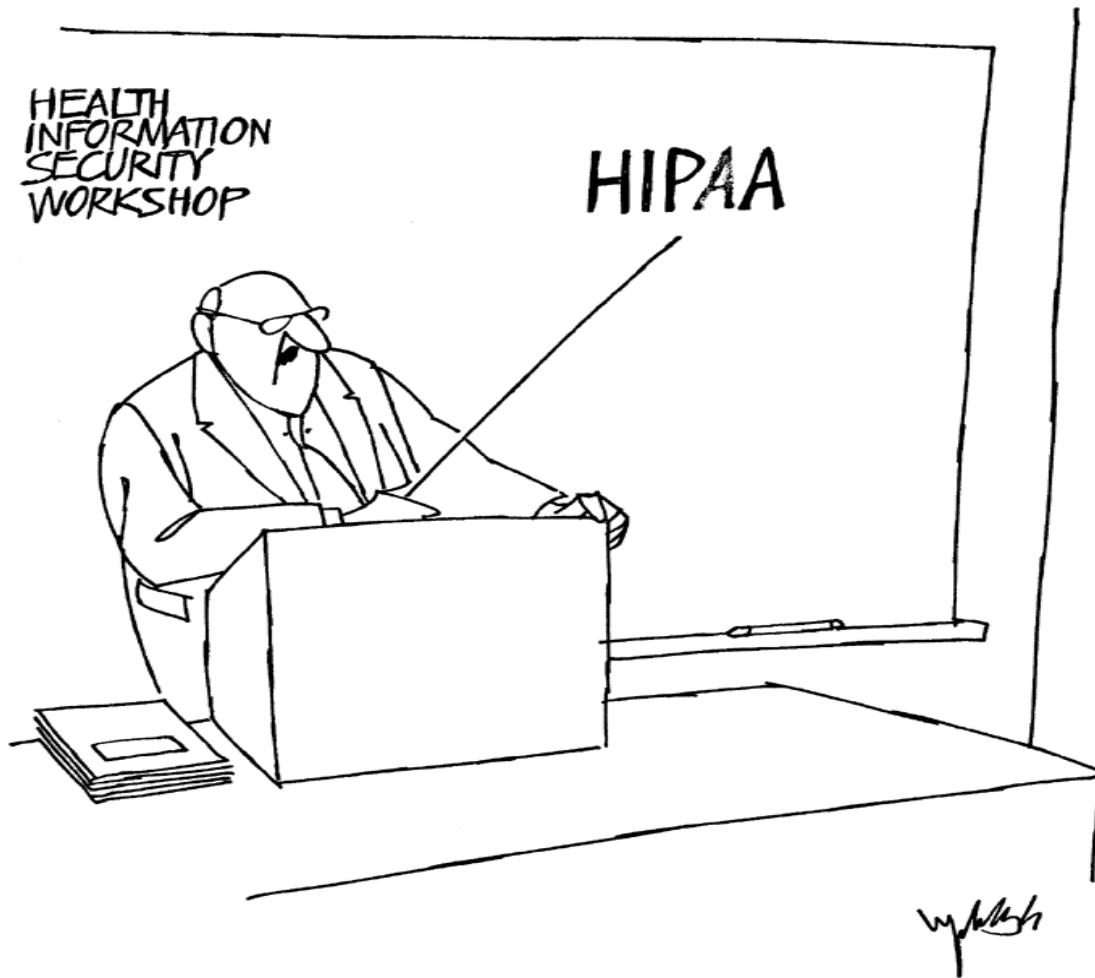


# WHAT IS HIPAA

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- ▶ Health Insurance Portability and Accountability Act of 1996, a federal law signed in August of 1996. Its primary purpose is to provide continuous insurance coverage for workers and their families whether they change or lose jobs.
  
- ▶ Provisions of the act include:
  - a. Ensure patient confidentiality of all health care related information.
  - b. Reduce the administrative burden of health care by making possible the standardized electronic transmission of many administrative and financial transactions that are currently carried out annually on paper.

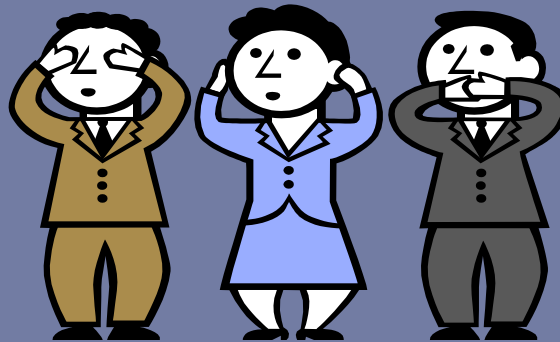




*“No, it’s not a female Hippopotamus, anyone else know?”*

# HIPAA

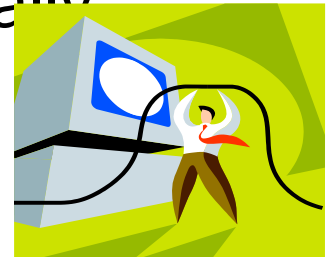
Health Insurance Portability and Accountability Act protects the confidentiality and the integrity of individual records.



# HOW DOES **HIPAA** APPLY TO OUR SERVICES

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- ▶ We as professionals have long known and upheld the legal and ethical obligations of our individuals' privacy in regards to health information.
- ▶ HIPAA- in effect as of April 14, 2003
- ▶ HIPAA applies to covered entities such as Medicare, Medicaid and group health plans, clearing houses and providers who submit claims electronically.



# ABBREVIATIONS/COMMON TERMS

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- ▶ **Acknowledgement-** acknowledges the receipt of the notice of personal health information practices
- ▶ **Authorization-** used to disclose personal health information for non routine healthcare purposes
- ▶ **Business Associate-** identified as any entity that provides service for which there is an exchange of personal health information
- ▶ **Consent-** used to receive treatment, payment, healthcare operations
- ▶ **De-Identification-** there is no reasonable basis to believe that information can be used to identify and individual. This is not subject to the privacy requirement and may be disclosed



## ABBREV./COMMON TERMS (CONT.)

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- ▶ **DHHS** - Department of Health and Human Services
- ▶ **HIPAA**- Health Insurance Portability & Accounting Act of 1996
- ▶ **P&P**- Policy and Procedures
- ▶ **Personal Representative**- a court deemed legal guardian or next of kin
- ▶ **PHI**- Protected Health Information
- ▶ **Privacy**- How we use and disclose PHI
- ▶ **TPO**- Treatment, payment healthcare operations





# CONFIDENTIALITY / PRIVACY

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## ▶ Confidentiality:

- ✓ The practice of permitting only certain authorized individuals to access information.
- ✓ With this understanding, that they will disclose the confidential information only to other authorized individuals.

## ▶ Privacy:

- ✓ Privacy is an employee and individual's right to keep certain information to him/herself.
- ✓ With this understanding, that the information will only be used or disclosed with his/her permission.



- ❑ Non-criminal violations (Civil penalties) of the privacy standards- **\$100 per violation up to \$25,000 per year per standard**
- ❑ Criminal penalties (Federal criminal penalties) for certain types of violations of statute that are done knowingly and under “false pretenses” - **\$50,000 and 1 year in prison, up to \$100,000 and up to 5 years in prison**
- ❑ Disclosing protected health information with intent to sell, transfer or use for commercial advantage, personal gain or malicious harm- **\$250,000 and up to 10 years in prison.**

## Penalties for Breach of Confidentiality

✓ For the first time, there will be specific federal penalties if an individual's right to privacy is violated.

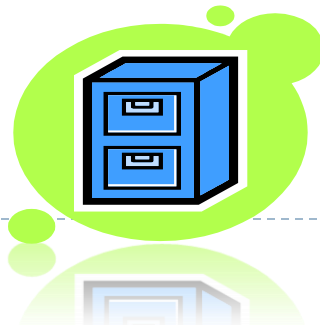


# GENERAL GUIDELINES

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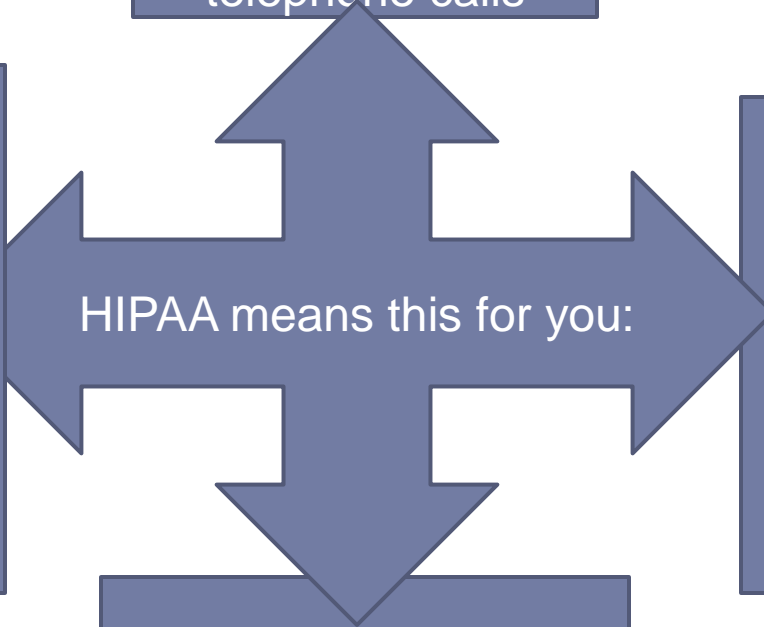

- ❑ Don't print items to printer and leave them lay there. Pick up immediately.
- ❑ Make certain any disclosure of information you make has proper authorization.
- ❑ Each time you remove a chart , handle according to established procedures.
- ❑ Don't leave loose filing lying out in the open; it is best to put it in the appropriate file as soon as possible.
- ❑ When filing documents be certain they are in the correct charts.





Know the rules for  
email, faxes and  
telephone calls


What happens at  
WORK is not discussed  
with others. Do not talk  
about individuals  
outside of work



Keep your  
computer screen  
faced away so  
others cannot read  
your screen.



Lock records to  
maintain the integrity  
of the privacy of  
charts.



# GUIDELINES (CONT.)

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- ▶ Don't have your computer password written down where staff can see . Don't allow other staff to log on to your computer.
- ▶ **Keep client confidentiality a priority in all you do.**
- ▶ **Remember Privacy and Confidentiality is nothing new for us.**
- ▶ **We have always been cautious in any disclosures of information, etc. HIPAA just brings this procedure to the front line and makes us more accountable.**
- ▶ When in doubt, call your supervisor!!!



# RESIDENT/STAFF CONFIDENTIALITY

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- ▶ Direct care and program staff are not permitted to give anyone, including parents or legal guardians any information that specifically relates to the individual's medical/social record, behavior or family background.
- ▶ The Human Resources Department is not permitted to release telephone number of any staff member to another staff member.
- ▶ In regard to a company requesting a credit reference, to obtain a mortgage for example, the employer will only release date of employment, employee title, and whether they are full/part time.

Contact your supervisor when requests for information are received



# WHY IS EVERYONE RESPONSIBLE FOR INFORMATION SECURITY?

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- ❖ All employees and individuals need to know what data is considered confidential.
  - ❖ All employees and individuals need to comprehend and comply with confidentiality policies or disciplinary action could result.
  - ❖ All employees and individuals need to report suspected or known breaches of confidentiality to management.
  - ❖ All employees and individuals need to include security and confidentiality compliance as part of their job responsibilities.
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# It's All the Same

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The law does not recognize any difference between the following methods of recording PHI:

- ▶ Electronic records
- ▶ Paper records
- ▶ Verbal reports



# Individual Rights Include:

Knowing who views their chart  
Others' access to their health information is limited.



Reviewing their medical records.



Receiving copies of the documents from their record, correcting it if needed

Individuals will be given a Privacy notice with how information is maintained, how information is released and who has access to their information.



# WHAT ARE SAFE INFORMATION PRACTICES?

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- ❖ Any person to whom information is communicated must:
  - ▶ Be authorized to receive the information on a need to know basis.
  - ▶ Ensure confidential subjects are discussed only in private setting.
  - ▶ Utilize caution when using cellular phones for confidential conversations.
  - ▶ Ensure hard copied information is secured/kept out of sight of unauthorized persons.
  - ▶ Know that written organizational procedures give complete instructions for release/disclosure of information.
  - ▶ Ensure faxing is done with caution including; number being dialed carefully, recipient informed of pending information.



# CONCLUSION

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- ▶ Questions in regards to HIPAA and/or suspected breaches of HIPAA policy?? You must contact your supervisor immediately.
- ▶ Anything that you do not want anyone knowing about yourself, do not divulge about your individuals.
- ▶ Remember to put away charts/books when not in use.
- ▶ Remember to follow established procedures when using records or charts on the job.

*\*Devised 10/08 DB*

*Approved 10/08 CE*



# Knock ...Knock...

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**Knock, knock.  
Who's there?  
HIPAA.  
HIPAA Who?**

**Sorry- I can't disclose  
that information!**

