

HIPAA PRIVACY SELF-STUDY MATERIALS

This self-study packet serves as a review of important Health Insurance Portability and Accountability Act (HIPAA) requirements. Many of these requirements are included in our code of conduct and ethics compliance policies and procedures.

Please read these materials and take the quiz that follows. You will need to return the answer sheet as instructed after you complete the quiz. If you have read these materials, you should have no trouble completing the quiz.

The objectives of the HIPAA training are:

- To heighten your awareness of and commitment to HIPAA regulations.
- To reinforce the role you place in creating and maintaining organizational integrity, ethics and compliance.
- To renew your working understanding of HIPAA requirements.

Mission and Values Statement

By being familiar with the Mission and Values statement each of us can contribute to maintaining our "tradition of caring."

- We have always endeavored to deliver healthcare compassionately and to maintain our strong ideals.
- Our Mission and Values statement is the cornerstone of our organization. It recognizes our commitment to deliver high quality, cost effective healthcare in the communities we serve. It provides the value statements that we consider essential and timeless. The words selected from our Mission and Values statement exemplify the type of conduct that all of us strive to achieve.

Reporting Concerns

There will be no retribution for asking questions, raising concerns about the Code of Conduct or for reporting possible improper conduct that are done in good faith. Any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague will be subject to punishment.

We encourage the resolution of issues at the local level whenever possible. To obtain guidance on an ethics or compliance issue or to report a potential violation, you may choose from several options:

- Consult your supervisor
- Consult your facility Ethics Compliance Officer or another member of management at your facility
- Call the Ethics line at 1-800-455-1996

The Ethics line is an easy and anonymous way to report possible violations or obtain guidance on an ethics or compliance issue. You are encouraged to use the Ethics line anytime, especially when it is inappropriate or uncomfortable to use one of the other methods. To properly investigate reports, it is important to provide complete and accurate information about your concern.

Information Security

ID's and Passwords

Patient financial information, clinical information and user passwords are all examples of confidential information. A user ID without a password is not confidential and is frequently included in directories and other tools widely available. The person granting access to a system or application typically assigns a User ID to the end user, and the User ID is sometimes used for identification, tracking and other maintenance procedures within the IT and Systems Department.

If you have access to information systems, please keep in mind that your password acts as an individual key to the network and to critical patient care and business applications. It must be kept confidential.

It is part of your job to learn about and practice the many ways that you can help protect the confidentiality, integrity and availability of electronic information assets.

Confidential Information

A patient's diagnosis, the company's marketing strategy and computer network configurations are all considered confidential information. The Confidentiality and Security Agreement states that individuals with access to confidential information will not disclose or discuss any confidential information even after termination of their relationship with the company.

No colleague, affiliated physician or other healthcare partner has a right to any patient information other than that necessary to perform his or her job.

Although you may use confidential information to perform your function, it must not be shared with others unless the individuals have the need to know this information and have agreed to maintain the confidentiality of the information.

Patient or confidential information should not be sent via electronic media until such time that its confidentiality is assured. If it is necessary to send patient information to a business associate (i.e. someone outside the facility) arrangements other than e-mail must be made.

Privacy

HIPAA and its implementing regulations set forth a number of requirements regarding ensuring the privacy of protected health information (PHI).

HIPAA requires healthcare entities to appoint a **Facility Privacy Official (FPO)**. The FPO in the facility oversees and implements the privacy program and works to ensure the facility's compliance with the requirements of the HIPAA Standards for Privacy of Individually Identifiable Health Information. The FPO is also responsible for receiving complaints about matters of patient privacy.

HIPAA regulations contain a number of restrictions on the transmission of protected health information; however, they do not prevent faxing or mailing health information as long as certain precautions are taken. The regulations mandate that health information may not be sold by a facility.

The Notice of Privacy Practices must be made available to all patients, posted on the facility's Internet site (unless the facility does not have a site) and the consent form language must refer to the notice. Patients do need to sign an acknowledgement form confirming receipt of the notice.

Patients have the right to access any health information that has been used to make decisions about their healthcare at our facility. They can also access billing information. They may review the paper chart (supervised) or be provided a hard copy. Access to the Clinical Patient Care System (CPCS) is not a recommended method of providing access to PHI (patient health information).

A patient may have access to all of the records in the designated record set. This record set includes any information that is maintained, collected, used or disseminated by a facility to make decisions about individuals. The paper record is the legal medical record and a copy should be provided upon request (electronic access is not appropriate with the current system). A patient may be denied access under certain circumstances (e.g., when a person may cause harm to him or herself or others, or when protected by peer review.) The FPO has more information on the right to access.

A patient may add an amendment to any accessible record for as long as the record is maintained by the facility. The request for amendment should be made in writing to the facility. The FPO and the HIM department have more information on the right to amend.

While patients have a right to amend their record that does not mean that health information can be deleted from the record. The patient may submit an addendum correcting or offering commentary on the record, but no information may be deleted from the record.

In order for the HIM department to track releases of patient information, patients (including employees) should be directed to the appropriate personnel at your facility, for access to any health information.

Everyone is responsible for protecting patients' individually identifiable health information. Any piece of paper that has individually identifiable health information on it must be disposed of in appropriate receptacles. The paper must be handled and destroyed securely. The elements that make information individually identifiable include: name, zip or other geographic codes, birth date, admission date, discharge date, date of death, e-mail address, Social Security Number, medical record/account number, health plan ID, license number, vehicle identification number and any other unique number or image.

Any member of the workforce with a legitimate need to know to perform their job responsibilities may access a patient's health information. However, the amount of information accessed should be limited to the minimum amount necessary to perform their job responsibilities.

Policies prohibit employees from accessing their own records in CPCS (also known as Meditech). Typically, employees do not have a "need to know" for the performance of their job. Employees may however, fill out the appropriate consent in HIM and can obtain a copy of their records.

The hospital directory or listing of patients used by the operator, information desk or volunteers should contain only patient name, room/location and condition in general terms. Patient diagnosis or procedures should not be released. In addition, this information may not be released about confidential patients or patients who ask not be listed in the directory or have their whereabouts known.

Lists of patients may be provided to clergy. The current Conditions of Admission form explains that the patient name may be released to local religious organizations. The lists should consist of the patient name, room/location and may include the condition in general terms. This list should be restricted by religion and confidential patients; confidential information such as Social Security Numbers should not be included.

HIPAA Privacy Self Study Quiz

Place the **letter** or **word** of the correct answer on the answer sheet provided. Please complete the second page attached to the answer sheet. (HIPAA Certificate)

1. What is an FPO?
 - a. Facility Privacy Official
 - b. Facility Police Officer
2. Confidential Information includes all of the following except:
 - a. Patient Financial Information
 - b. User ID
 - c. Passwords
 - d. Clinical Information
3. Individually identifiable health information may NOT be:
 - a. Faxed
 - b. Mailed
 - c. Sold
4. Which of the following can you disclose after your relationship with the facility ends?
 - a. Your salary
 - b. A patient's diagnosis
 - c. The company's marketing strategy
 - d. Computer network configurations
5. Who is responsible for protecting patients' individually identifiable health information?
 - a. CEO
 - b. ECO
 - c. Physician
 - d. All of the above
 - e. None of the above
6. It would be appropriate to release patient information to:
 - a. The patient's (non-attending) physician brother
 - b. The transferring hospital's personnel checking on the patient
 - c. The respiratory therapy personnel doing an ordered procedure
 - d. A retired physician who is a friend of the family
7. If a person has the ability to access facility or Company systems or applications, they have a right to view any information contained in that system or application.
True or False?
8. Patient information may be attached within a company e-mail sent via the Internet to a business associate to resolve questions related to a patient's account
True or False?
9. A patient listing given to a member of the clergy should be restricted by religion and may have the following information except:
 - a. Patient name
 - b. Patient social security number
 - c. Patient location
 - d. Patient condition in general terms

10. Which of the following is the appropriate person with whom to share patient information even if the patient has NOT specifically authorized the release of information to the individual:
 - a. A former physician of the patient who is concerned about the patient
 - b. A colleague who needs information about the patient to provide proper care
 - c. A friend of the patient
 - d. A pharmaceutical sales representative who is offering a fee for a list of patients to whom he could send a free sample of his product.

11. The acronym for HIPAA stands for :
 - a. Health Information Protection and Accountability Act
 - b. Health Insurance Portability and Accountability Act
 - c. Health Information Publication and Accumulation Act
 - d. None of the above

12. Confidential information must not be shared with another unless the recipient has:
 - a. An okay from a doctor
 - b. The need to know
 - c. Permission from Human resources
 - d. All of the above

13. HIPAA privacy regulations prevent facilities from storing the medical record at the patient's bedside.
True or False?

14. It is part of our jobs to learn and practice the many ways we can help protect the confidentiality, integrity and availability of electronic information assets.
True or False?

15. Patients have a right to access their health information.
True or False?

16. What is the standard for accessing patient information:
 - a. A need to know for the performance of your job
 - b. If a physician asks you the diagnosis of the patient
 - c. Just because you are curious
 - d. You are a relative of the patient

17. Can you access your own medical record via the Meditech system - Yes or No?

18. If an employee has medical testing at a facility, the appropriate way for him or her to access the test results is:
 - a. Complete the release of information form in HIM and receive a copy of the results
 - b. Check the computer system for his or her own results
 - c. Get a fellow employee to access the results while looking over his or her shoulder
 - d. Call a friend in the department where the test was done to get the results for the employee

19. Patient or confidential information may be sent through Atlas or the Internet with guaranteed security.
True or False?

20. Patient information is considered individually identifiable if which of the following elements are included:
 - a. Social Security Number
 - b. Name

- c. Fingerprint
- d. All of the above

21. Patients do not need to sign a form acknowledging receipt of the facility's Notice of Privacy Practices.
True or False?
22. Only clinicians may access a patient's health information.
True or False?
23. Under the privacy rule each facility must designate _____ who is responsible for the development and implementation of privacy policies and procedures for the facility:
- a. A privacy official
 - b. A HIPAA officer
 - c. An Ethics and Compliance Officer
 - d. A mediator
24. A visitor who asks for a patient by name may receive the following information except:
- a. Patient name
 - b. Patient condition in general terms
 - c. Patient location
 - d. Patient diagnosis
25. Copies of patient information may be disposed of in any garbage can in the facility.
True or False?