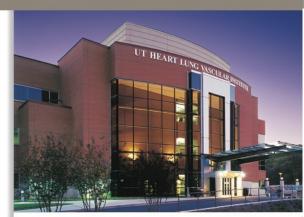
HIPAA Privacy Health Insurance Portability and Accountability Act of 1996

UHS Compliance Office 305-6566



Wisdom for Your Life.







Objectives

- Understand basic HIPAA privacy requirements
- Identify examples of protected health information (PHI)
- Outline UHS policies regarding relating to patient privacy
- Describe how to report a HIPAA violation
- List ways in which patient privacy can be protected

Protected health information (PHI) is any health information or combination of information that would allow someone to identify a patient.

The HIPAA Privacy rule protects the privacy of patients by:

- limiting how PHI can be used;
- requiring security of health records in paper, electronic or other form;
- assuring that patients know their rights.

The HIPAA Privacy Rule:

- Requires that we take reasonable safeguards to protect patient information.
- Allows patient information to be accessed for treatment, payment or health care operations.

Team members are required to report privacy violations to the UHS Compliance Office.

Under UHS Policy, a team member who has access to the UHS electronic medical record system may view their <u>own medical</u> information or the medical information of a legal dependent (for example a child).

It is a violation of UHS Policy to access the electronic medical information of a spouse, extended family member, co-worker or friend, even at their specific request. Such requests should be directed to the Medical Records department.

PHI takes many forms. A medical record is the most obvious example of where we would find PHI. Other locations for PHI include:

- patient label
- MD note about the patient
- MD rounding sheet
- patient test results
- face sheets



The patient has a right to <u>not</u> be included in the hospital's patient directory. This is called "no information" status.

Inquiries about "No Information" patients should be answered "I'm sorry; I have no Information to release on a patient by that name."

- HIPAA requires that we comply with the "minimum necessary" guideline.
- Minimum necessary information is the least amount of information you need to do your job. Therefore you should:
 - access only the information you need;
 - use the information only to do your job;
 - limit the information you share with others to do their jobs.

UHS has implemented role-based access to medical information. Role-based access means allowing team members access to patient information as needed to perform their role in the organization. For example, a nurse may need a different level of access than a registration clerk.

Everyone has a responsibility to help protect patient information:

- When speaking with a patient or authorized family member, talk softly and in a private environment, if possible;
- Ask the patient's permission before discussing any medical information in the presence of visitors or family members;
- Protect computer monitors from the vision of others;
- When leaving a message on an answering machine or with an individual other than the patient, provide a generic message and call back number. Do <u>not</u> include specific patient medical information;
- Dispose of PHI properly in an authorized container.

HIPAA allows the healthcare provider to use "professional judgment" in deciding how PHI should be shared / used. If you are in doubt, the safest approach is to ask the patient for permission and validate that discussion with a note in the clinical record.

Any suspected breach must be reported immediately to the UHS Compliance Office which will then perform a Risk Assessment to determine if a breach has occurred and what further action, if any, is required.

- Patients have a right to view their medical record. As a current patient, the request should be handled as follows:
 - notify the Attending MD of the patient request;
 - a UHS team member should be present with the patient while the record is reviewed;
 - any patient request for copies of the record should be directed to the Medical Records Department.
 Do not copy and distribute the chart on the unit.
- If the individual is <u>not</u> a current patient, the request should be directed to the Medical Records Department for handling.

It is a violation of HIPAA to:

 post any identifiable patient information on social media sites;

Remember:

- UHS policy prohibits taking a cell-phone picture of a patient or the patient's environment unless explicitly authorized in your job description.
- UHS has a social media policy to provide guidance to team members and to ensure that patient privacy is protected.

COMPLIANCE

UHS Code of Conduct

UHS Compliance Office 305-6566



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How do you report a violation:

- Discuss with supervisor.
- Speak to department manager.
- Call Compliance Officer or VP for Human Resources.
- Bringing the matter to the attention of any member of the UHS management team.

Failing to report a violation is a violation.

OR call toll free AlertLine at 1-877-591-6744.

- 24 hours a day, 7 days a week.

Alertline calls may be made anonymously and will, to the extent permitted by law, be treated confidentially.

Google UTMCK Alert Line



Confidential Information

- Electronic or written patient records, personnel data, patient lists, and strategic plans.
- If you have a question about whether or not certain information is confidential, contact your supervisor.

Confidential information should not be discussed outside your department or with others outside UHS.



Conflicts of Interest

- Avoid actions that involve, or may appear to involve, a conflict of interest with your UHS obligations.
- A conflict of interest occurs if your activities or personal interests appear to or might influence business decisions required by your job responsibilities.
- Discuss your plans with your supervisor before pursuing any outside activity that might be perceived as a conflict of interest.



Equal Employment Opportunity

- UHS is committed to nondiscrimination on the basis of race, color, religion, sex, national origin, disability, age or veteran status.
- This policy extends to recruitment, employment, promotion, demotion, transfer, lay-off, termination, compensation, training, benefits and all other terms and conditions of employment.



Reporting Fraudulent Billing

- Federal and state laws allow a private person ("whistleblower") to sue a person or company who is knowingly submitting fraudulent bills to the government.
- The whistleblower ...
 - may share in a portion of any amount recovered
 - is protected against retaliatory employment discrimination for actions taken as a whistleblower.



Gifts

- Team members may not accept personal gifts, business courtesies or services from patients, visitors, vendors or contractors.
 - Accepting gifts of cash or cash equivalents (e.g. gift cards or certificates) is strictly forbidden.
- People who wish to tangibly recognize a UHS team member should be encouraged to do so through a charitable contribution (e.g. the Guardian Angel Program).



Health and Safety

- Comply with workplace requirements through participation in required training (e.g. infection control and safety.)
- Notify your supervisor of any workplace injury or danger of injury so corrective action can be taken.



Sexual Harassment

- UHS is committed to providing a work place free of sexual harassment and all forms of intimidation or exploitation.
- Any form of sexual harassment is strictly prohibited.
 - This includes unwelcome sexual advances or requests for sexual favors related to job offers or promotion opportunities.
- Verbal language or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating or hostile environment will not be tolerated.

Examples of behavior that would contribute to a hostile work environment:

- Sexual pranks, or repeated sexual teasing, jokes, or innuendo, in person or via electronic means
- Repeatedly standing too close to or brushing up against a person
- Repeatedly asking a person to socialize during off-duty hours when the person has said no or has indicated he or she is not interested

Substance Abuse

- UHS policy prohibits the unlawful use, manufacture, possession, distribution or dispensing of drugs or alcohol on UHS property.
- If your prescription or over-the-counter drugs could impair your ability to perform assigned duties you must disclose this to your supervisor.



Social Media

- UHS supports the expression of personal opinions by team members choosing to use social media, but also must ensure that all health information is protected in accordance with federal and state law.
- Do not post any identifiable patient information
 - even if it has already been disclosed by a patient's parents, friends or family members.



Conduct Toward Our Patients

- UHS is committed to treating patients with respect and dignity and providing quality health care that is necessary and appropriate.
- Team members shall not discriminate in the care, admission, transfer or discharge of a patient.
- Anyone with an emergency medical condition is treated based on medical necessity and not economic considerations.



Privacy

- All team members and healthcare providers must respect patients' rights, especially privacy.
- No one should access, share or discuss patient information, patient medical record information, patient billing information or other patient information who does not have a legal and approved reason to do so.



Conduct Toward Affiliated Physicians and Referral Sources

- All business relationships with physicians and referral sources must be in writing and reviewed by the General Counsel to ensure compliance with legal requirements.
- No team member will pay or receive anything of value for patient referrals.



With the assistance of every team member, UHS will fulfill its commitment to provide the highest quality of care to its patients in full compliance with all laws and regulations.



