

HIPAA Privacy for Non-Clinical Employees



What is HIPAA?

Health Insurance Portability and Accountability Act was passed by U.S. Congress in 1996.

It has many subparts, including the HIPAA Privacy Rule, which will be discussed in this presentation.

The Purpose

- The purpose of the Privacy Rule is to protect and enhance the rights of consumers by providing them:
 - access to their health information
 - control of the inappropriate use of that information
- The Rule's goal is to maintain the trust in the health care system and improve the quality, efficiency and effectiveness of health care delivery.

The Purpose (cont.)

- The Privacy Rule promotes the balance of:
 - use of individual's health care information to advance economically prudent health care
 - while protecting the privacy of the individual seeking medical care and treatment.

HIPAA Mandates:

- Privacy and confidentiality standards for patient information
- Security for electronic data
- Standardized transactions and code sets

HIPAA Provides for the following:

- Implementation of administrative, technical, and physical safeguards to ensure privacy of patient Protected Health Information (PHI)
- Policies and procedures for the protection of health information and individual patient rights
- Mandatory faculty, staff, resident and student education on privacy policies and practices
- Complaint process that accepts, records, and investigates patient complaints about the entity's privacy practices
- Designation of a Privacy Official

LSUHSC-N.O. and HIPAA

- LSUHSC-NO has a commitment to protect the privacy of the patient's health information, in all situations.
- The privacy policies and procedures affect the tasks an employee performs and provides guidance in addressing situations where employees and students encounter PHI unexpectedly.

Training Methods at LSUHSC-N.O.

- Online Training
- Presentation/Classroom training
- Training for users who do not have network accounts

Who is Covered Under HIPAA?

- LSUHSC-NO, as a healthcare provider is a “covered entity” under HIPAA.
- This means that LSUHSC-NO must abide by the requirements of the Privacy Rule.
- One of the requirements is for LSUHSC-NO faculty, staff, residents and students to safeguard patient’s PHI.

Protected Health Information (PHI)

- Protected Health Information (PHI) is comprised of two elements:
 - Information that identifies the patient and
 - Information related to the patient's health care or payment
- Ex. Patient's name and health diagnosis

Points to Remember about PHI

- PHI can be written (paper, computer printout, email printout, or paper to paper FAX), electronic (email or FAX), or verbal/sign language
- PHI reveals the state of a person's health
- PHI identifies individuals in such a way that it gives a reasonable basis for determining a person's identity
- PHI is created or received by a health care organization.

Protecting a Patient's Privacy

- Treat all information as if it were about you or your family
- Do not discuss confidential patient information in elevators, hallways, cafeteria, restrooms, or other public places, etc.
- Shred documents and disks with PHI before discarding

Protecting a Patient's Privacy (cont.)

- Do not discuss patient information with your family, friends, or people in your facility who are not directly involved in the patient's treatment, payment, or operations
- Do not leave charts, schedules, or open documents on computer screens that may contain patient information in plain view

Protecting a Patient's Privacy (cont.)

- Access only the information you are officially authorized to access
- Do not share your passwords with anyone
- Set an idle time out or log off on your computer

Protecting a Patient's Privacy (cont.)

- Do not allow unauthorized visitors or patients in staff areas, dictating rooms, chart storage areas, etc.
- Conduct telephone conversations or dictation regarding confidential patient information in a discreet manner
- To view the privacy policy on Patient Safeguards, go to CM 53, Policy F:
<http://www.lsuhscc.edu/no/administration/cm/cm-53/AdministrativeSafeguards1.aspx>

Where Can I find The Privacy Policies and Procedures?

- The HIPAA Privacy Policies and Procedures are contained in Chancellor's Memorandum 53 available at:

<http://www.lsuhs.edu/no/administration/cm/cm-53/>

Privacy Complaints

- If anyone suspects or knows of mishandling or misuse of patient PHI, a complaint can be made to:
 - The LSUHSC-NO Privacy Officer
 - The Office of Compliance Programs
 - The Office of Civil Rights of Department Health and Human Services

Role of the Privacy Officer

- Responds to HIPAA privacy complaints
- Implements privacy policies and procedures
- Conducts educational programs
- Reviews LSUHSC-NO's privacy program
- Is available to answer any privacy questions or concerns.

Reporting a HIPAA Violation

- Contact the LSUHSC-NO Privacy Officer or the Office of Compliance Programs by:
- Telephone at:
 - Office: (504) 568-2350
 - Confidential reporting hotline:
(504)568-2347, or
- E-mail at:
nocompliancehotline@lsuhsc.edu

Penalties for HIPAA Violations

- There is a tiered system for assessing the level and penalty of each violation:
 - Tier A-violations that are accidental not intentional-fines of **\$100** per violation up to **\$25,000** for violations of an identical type per calendar year.
 - Tier B-violations due to reasonable cause and not willful neglect- fines of **\$1000** per violation up to **\$50,000** for violations of an identical type per calendar year.

Penalties for HIPAA Violations (cont.)

- **Tier C**- violations that the hospital corrected, but were due to willful neglect of the policies/procedures-fines **\$10,000** per violation up to **\$250,000** for violations of an identical type per calendar year.
- **Tier D**- violations due to willful neglect that the hospital did not correct-fines \$50,000 per violation up to **\$1.5 million** for violations of an identical type per calendar year.

Additional Penalties

- Individuals and health care providers (hospitals, etc.) can also face civil and criminal prosecution, depending on the facts of the case.
- Loss of your job or student status

**Any Questions?
We Are Here to Help!**

Office of Compliance Programs

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568-2350