

Welcome to the 2021 HIPAA

(Health Insurance Portability and Accountability Act)

Privacy Training Presentation and Annual Test



**Protecting Patient PHI
is Everyone's Responsibility**

What is PHI?

PHI (Protected Health Information) is individually identifiable health information that is transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form (oral or paper) or medium.



PHI includes patient identifiers such as:

- Names;**
- Address and Phone/Fax Number;**
- Date of Birth;**
- Medical Record Number;**
- Social Security Number;**
- Diagnosis, Medical History, Medications;**
- Insurance / Health plan, billing records;**
- Email address and Photographs, etc.**

**You may access PHI only if you have a need
to know for TPO !**

(Treatment, Payment or Healthcare Operations)

What types of Protected Health Information (PHI) are protected?



- ❑ Paper medical records;
- ❑ Electronic medical records;
- ❑ Oral communication;
- ❑ Electronic (faxed, email) documents;
- ❑ **Any information** that can identify the patient and is related to the person's **past, present or future physical or mental health condition**; and,
- ❑ Anything associated with healthcare services or treatment.

Who oversees HIPAA and Compliance at Torrance Memorial?



- **La Toya Johnson, Privacy Officer ext. 22069**
 - Monitors compliance with HIPAA and privacy regulations.
 - Handles privacy incidents and breaches.
 - Handles Business Associate Agreements.

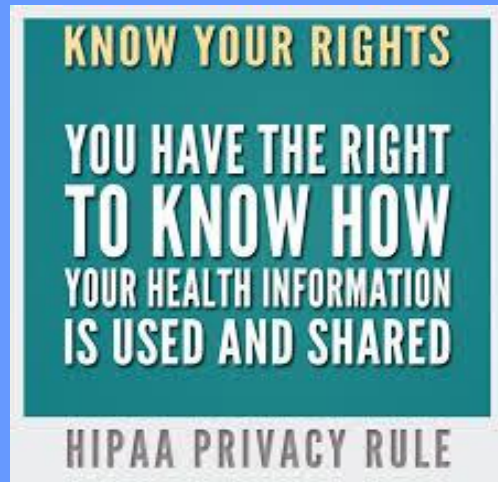
- **Brad Cohen, Information Security Manager ext. 16736**
 - Overall responsibility for Information Security.
 - Handles security incidents, breaches, security awareness, and risk mitigation.

- **Dennis Kikuno, Director of Compliance ext. 16725**
(Compliance Hotline 1-855-226-5554)
 - Oversees compliance program for preventing Medicare fraud and abuse.

Patient Rights mandated by HIPAA

Patients have the right to:

- Receive our Notice of Privacy Practices
- Access their medical record
- Request amendments to their medical record
- An accounting of disclosures of their medical records
- Request restrictions on release of Protected Health Information
- File a complaint



Who is Authorized to See Patient PHI?

“Minimum Necessary Rule”



- Clinical staff, physicians and employees are required to access only the information they need to do their job for TPO
- Release of PHI for TPO is permitted (Treatment, Payment or Healthcare Operations)
- Release of PHI for Non-TPO is not permitted without a signed Authorization Form
- Access to your /your family records is not permitted without a signed Authorization Form

Privacy and Social Networking:



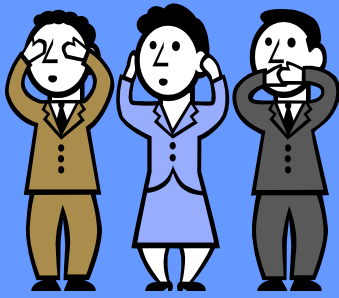
Posting ANY patient information even without patient names, or patient photos may lead to termination, fines and jail time

Federal Law: HIPAA Violations

A breach is the unlawful or unauthorized acquisition, access, use or disclosure of patient PHI.

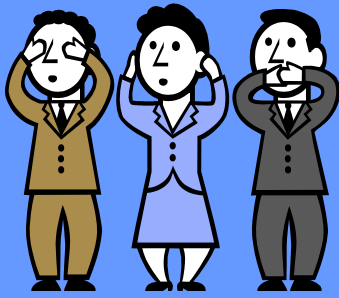


- **CARELESSNESS (Single Violation):**
 - Faxing to the wrong fax number;
 - Staff discuss patient medical information in presence of visitors (family, friends) without the patient consent;
 - Patient is admitted with wrong guarantor/insurance;
 - Patient receives PHI (discharge summary, results, etc.) belonging to another patient
- **MISUSE OF PHI**
 - Staff reviews a record of a patient out of concern or curiosity, or “peeking” in a patient record;
 - Staff access patient record for Non-TPO and without a signed authorization from the patient
- **MISUSE UNDER FALSE PRETENSES:**
 - Using another person’s password to get into a clinical application
- **MISUSE OF PHI WITH PERSONAL GAIN OR MALICE:**
 - Staff reviews a patient record for personal use or to sell patient PHI



Doing your part to protect Patient **PHI**:

1. Only access information if your job **REQUIRES** it for TPO.
(Treatment, Payment, Healthcare Operations);
2. Authorization Form #17 is **REQUIRED** from the patient prior to Non-TPO access or release of PHI;
3. Faxes with a cover sheet can be sent to a physician office or other health care facilities fax machine that is within a secure location with:
 - Approved fax numbers (on Medical Staff Roster); or
 - The recipient waiting by the machine to receive the fax.
4. Use a low or soft voice when speaking about a patient on the telephone or in areas where you can be overheard by others;
5. Suspend, log off, tap out or lock down your PC before you walk away;
6. Do not share or disclose patient information with family, friends or co-workers;



Doing your part to protect Patient **PHI**, cont:

7. Do not copy, email, text or post any information (or photos) that can identify a patient to personal devices;
8. Do not leave messages regarding patient conditions or test results on answering machines or with anyone except the patient;
9. Use shredding bins to discard documents, reports, labels, wrist bands, etc. containing PHI;
10. Promptly report patient privacy incidents to your supervisor, Privacy Officer or Information Security Officer;
11. Emergency care **can** proceed without obtaining authorizations;
12. HIPAA **permits** Reporting Domestic, Child and Elder abuse
13. HIPAA **permits** Public Health Reporting.

Protecting **PHI** is everyone's job, PHI is **NOT** everyone's business.
YOU are the key to Preventing Violations !

Quiz

Click the **Quiz** button to edit this object

**Welcome to the 2021 HIPAA Privacy Annual
Test**

Click the "Start Quiz" button to proceed