

HIPAA Outline

HIPAA – Health Insurance Portability & Accountability Act - HIPAA is about health care privacy, security and paperwork reduction.

Nothing has changed about the importance of maintaining a patient's privacy.

- **What has changed:**
 - There are new national standards for privacy
 - Resident rights regarding health care privacy are explicit
 - Residents will be getting a privacy notice to inform them of their rights and to encourage discussion of this. See enclosed Notice of Privacy Practices
 - Each facility has to designate a privacy official
 - The federal government has established penalties if a resident's privacy is violated.

HIPAA is **applicable to all members of the work force**, including all employees, volunteers, trainees, etc, whether or not they are paid.

HIPAA applies to all persons and businesses in the health care field,

- Hospitals
- home cares
- nursing homes
- insurances
- pharmacies

HIPAA specifies what information may be given out and when.

What is PHI (Protected Health Information)? - Any information that identifies a resident or describes his/her health.

- It can include
 - a resident's name,
 - address,
 - SS#,
 - the fact that a person is even a resident at CLV, (see facility directory for whether or not we are allowed to give out information that a person is here)
 - resident charts,
 - resident diagnoses,
 - faxes,
 - resident reports,

- We are required to **review each job position and volunteer role and specify what resident information that position needs** in order to do that job on a usual basis.
- The **MINIMUM NECESSARY RULE DOES NOT APPLY TO TREATMENT.** But, you should still use discretion if you get a request for an entire medical record.

Incidental Disclosures of PHI (I couldn't help overhearing!!) Not all resident information is locked up in a file room. **Remember that even the fact that a person is a resident at a facility is PHI.**

- We have to **establish reasonable safeguards** to limit incidental uses and disclosures of PHI:
 - For example:
 - pull a curtain between roommates and lower your voice when discussing the resident's medical condition with him/her and the roommate is present.
 - don't have conversations at the nurses' desk regarding a resident's condition when other residents are present or other resident family members are present.
 - don't leave medical records open on the nurse's desk in public view
 - fax machines in an area out of public view
 - limit access to medical records, ie; few people with access to billing records files
 - Don't discuss a resident's information outside of the facility or with persons that do not work at the facility.

Notice of Privacy Practices (handout)

The basic reason for this notice is so that all residents have the opportunity to become informed about the privacy of their medical records and our concern for maintaining that privacy.

Your responsibility is to understand the basic ideas of the notice

If you or a resident have questions, see me.

Who can you talk to about the resident's condition?

- Professionals – Nurses, social worker, therapists, physicians
- Personal representatives - HCPOA or guardian or health care surrogate (when clearly designated)
- those with the resident's permission (signed consent)
- C.N.A.'s, secretaries, housekeepers, etc., should refer questions from family or friends to the nurse assigned to the resident

- lab reports,
- medication lists, etc.
- **PHI can be in any medium...**
 - conversations between resident and nurse,
 - conversations between a nurse and an MD
 - written on paper
 - faxed
 - saved on a computer

WHEN CAN YOU DISCLOSE PHI WITHOUT AN AUTHORIZATION?

You may disclose PHI without an authorization, when PHI is part of:

- treatment,
- payment and
- health care operations

Treatment - a resident's health information is used to plan, coordinate, and provide care. Under HIPAA, a resident's health information can be used and disclosed to other health care professionals or providers involved in that resident's care. (Examples: Nurses can talk to physicians or C.N.A.'s (certified nurse's aides) about a resident's care, C.N.A.'s can report behaviors to social worker, etc.)

Payment - PHI can be disclosed to prepare documentation to bill a resident's insurance company.

Other Health Care Operations - PHI may also be disclosed for reasons such as a quality assurance review or an infection control review.

The privacy rule is not intended to impede common health care communications and practices that are essential to providing health care to the resident.

Minimum Necessary Rule - The basic principle of this is that each person should only access the minimum necessary PHI to do his/her job.

What this means is...If you don't need the information to do your job, don't look at, don't read it, don't ask about it, etc.

- **Examples:**
 - If the billing clerk needs copies of the therapy notes to bill an insurance company, the billing clerk does not have the right to look at the rest of the chart.
 - This also applies to other health care providers. If the insurance company requests the entire chart, the insurance company will have to justify why it needs all that information.

If you become aware of **privacy breaches** - you should report them to your supervisor or the privacy officer.

Deceased residents - Their health information is still private. Must protect it the same as when they were alive.

Questions or concerns –

Feel free to see Ashlee Schoonover, Privacy & Security Officer