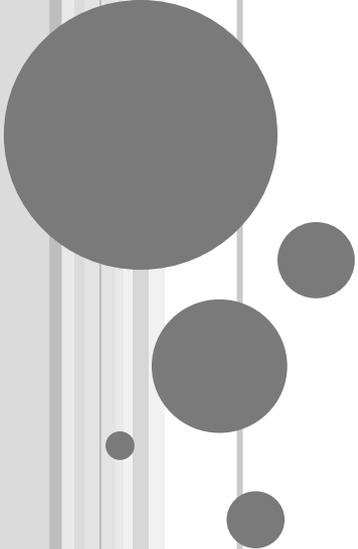




**Department of
Communication
Sciences
and Disorders**

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THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) & PROTECTED HEALTH INFORMATION (PHI)



**VSU Speech-Language Hearing
Clinic in The Martin & Lynn
Miller Family Clinic**

WHAT IS HIPAA?

- **HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. HIPAA is a federal regulation that requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health information.**



HIPPA'S EVOLUTION OVER THE YEARS

- The Privacy Rule 2003
- The Security Rule 2005
- HITECH 2010
 - HITECH expanded HIPPA Privacy requirements to Business Associate
- Omnibus Rule 2013
 - New regulations



HIPAA TERMS

- HIPAA regulations protect an individual's right to the privacy of his/her medical information, that is, to keep it from falling into the hands of people who use it for commercial advantage, personal gain or malicious harm.
- The HIPAA privacy regulations require providers to tell patients how their information is used and disclosed for activities related to treatment, payment, or healthcare.



HIPAA TERMS

- Covered entity – health care provider(s) who maintain or electronically transmit any health care information
- Notice of Privacy Practice (NOPP) – a statement provided to each patient (annually) that outlines 1. how the facility uses PHI, 2. a patient's rights, and 3. how a patient can request changes or limitation to their health information.
- Required Training – All faculty, students, and staff must complete training for HIPAA compliance.



TERMS CONTINUED

- Minimum necessary – refers to showing reasonable effort to release the minimal amount of PHI to accomplish the request for release of information.
- De-identified – PHI which all of the patient's identifiers have been removed
- Business Associate – a business or person(s) who provides a service for the covered entity that involves PHI
- Authorized Representative – a person authorized by the patient or legal guardian to receive PHI

PROTECTED HEALTH INFORMATION (PHI)

- PHI is any information created or received by a provider that related to one's past, present, or future physical or mental health (oral, written or recorded [audio, video])
- Examples of PHI include but are not limited to: telephone numbers, zip codes, names, addresses, birth dates, SSN, and medical records
- The regulations protect all patient information in any form (paper, electronic, oral) that is stored or transmitted by the covered entity



WHAT SHOULD YOU KNOW ABOUT PHI

- Since there are privacy laws protecting patient health information, it should NOT be discussed in hallways, elevators, classrooms, restrooms or reception areas. These are public places and you cannot secure those around you from not listening.
- Social Media: Facebook, Twitter, Instagram, and LinkedIn are causing numerous problems in the health care environment. **Do not include** any PHI (pictures, names, age) about your client through social media.



DE-IDENTIFIED INFORMATION

- De-identified information is not considered protected health information under HIPAA
- Information is considered de-identified **ONLY** if **ALL** of the following information is removed and the covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual.



PHI OPERATIONS AT THE SPEECH- LANGUAGE & HEARING CLINIC

- There are many ways that PHI is needed for the operation of the clinic
 - We will use PHI to assess quality reviews
 - We will use PHI to audit patient records for payment
 - We will use PHI for investigation of a HIPAA complaint
 - PHI can be used for risk management analysis
- The university is a teaching facility, so we may use patient information in the process of education and training of students



RESPONSIBILITIES OF VSU SPEECH- LANGUAGE & HEARING CLINIC

- Maintain the privacy of patients' health information
- Refrain from selling protected health information without the patient(s) individual written authorization
- Notify the patient if there has been a breach of unsecured protected health information
- Provide the patient with a paper copy of this notice of privacy practices upon request





DO'S FOR HIPAA

- Do secure all patient information, reports, billing records from the public view
- Computer screens should be turned away from public view
- Log off the computer when unattended
- Have screen savers set to go off within a certain time frame
- Patient information must be discarded by shredding, **NOT** by in regular trash/recycle bins



DO'S CONTINUED

- Do respect patients and their right to privacy. Keep your voice low so others cannot overhear your conversation
- Keep fax machines located away from the public and verify number prior to sending the information
- If you think someone is misusing patient information then you have a duty to report that to your supervisor or the Privacy Officer





DON'TS FOR HIPAA

- Do not leave printed or electronic patient information exposed where visitors or unauthorized individuals can see it. Only designated individuals are allowed back in the receptionist's area!
- Do not discuss patient information in public places or with unauthorized individuals
- Videotape, audiotape, and DVD recordings are considered part of a patient's PHI and are NOT to leave the facility for any reason.



WHAT ARE THE CRIMINAL PENALTIES UNDER HIPAA?

- There are severe civil and criminal penalties for a single violation that range from \$100 per violation to \$250,000 and/or 10 years in prison.
- The HIPAA Omnibus Rule of 2013 expanded the penalties up to \$1.5 million for multiple violations in a covered year
- HIPAA is the only federal regulation that carries with it personal liability to individuals who violate the act.



USES & DISCLOSURES

- The VSU Speech-Language & Hearing Clinic obtains the patient's written authorization in order to release a copy of all or portion of the patient's record to another healthcare provider.
- Written authorization is NOT needed for:
 - Treatment and payment
 - Healthcare operations such as quality assurance and teaching
 - Reporting abuse/neglect
 - Certain legal proceedings and law enforcement



INADVERTENT DISCLOSURES

- An inadvertent disclosure is a disclosure of PHI made by staff that violates the Privacy Rule.
- Examples include:
 - A conversation between 2 staff members of the health plan about an individual's case in the elevator and it was overheard by another person who did not have a legitimate reason to know.
 - Placing patient 1's identifying information in patient 2's chart
- These inadvertent disclosures must be reported to the HIPAA Privacy Liaison or designee



PATIENT'S RIGHTS

- Patients have the right to access their medical records, request an amendment to their records, and make restrictions on uses of PHI.
- Patients have the right to file a complaint if they believe their privacy rights have been violated to any of the following:
 - The Privacy Official or designee at the facility
 - VSU's Privacy Official
 - The secretary of DHHS in Washington, D.C.



SUMMARY



- All health information that specifically identifies an individual is considered confidential!
- Examples of PHI:
 - Client's name
 - Addresses
 - Phone numbers
 - Emails
 - SSN's
 - Date of birth
 - Reports (progress reports, diagnostics, test forms)
 - Departmental records (intake forms, case-histories)



SUMMARY CONTINUED

- Protecting the privacy of patient information is **EVERYONE'S** responsibility
- Don't intentionally or unintentionally disclose patient information. Help others to do the same!
- If you suspect any privacy violations or concerns, notify clinic director or Privacy Officer .



- Now you are ready for the test found in Blazview
- Good luck!

