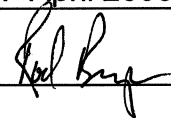


Effective Date: April 2008	Number: ADMN 004	Page 1 of 2
Approved By: 	Title: Rod Branyan, Director	

## HIPAA - CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION (PHI)

(HIPAA PRIVACY RULE - Health Insurance Portability and Accountability Act of 1996)

**POLICY:** Washington County Department of Health and Human Services (HHS), its employees and business associates, will respect and protect the confidentiality and privacy of records and information about clients. All individually identifiable information on HHS clients in any form is confidential and private, only subject to disclosure following HIPAA regulations and Oregon Statutes. This includes written, electronic, and oral communications.

Client information shall be maintained by all Department of Health and Human Services personnel in physically secure areas at all times. Access to client information shall be limited to personnel who are carrying out a necessary client care, billing, or health care operations function and be kept away from the public. Client information, and computers used to access client information, shall not be accessible to the public. Client medical records are the property of HHS.

The ADMN 004 Policy, HHS Confidentiality Agreement, and instructions regarding the HHS electronic HIPAA PowerPoint training will be given to all new permanent, temporary, and on-call employees at their New Hire Orientation with HHS administrative staff (Payroll Clerk). Volunteers, students, and interns will be given a packet with this information by their Supervisor and must complete before commencing duties. Supervisors may download the electronic packet from:

F:\Shared\DEPT SHARED INFO\HIPAA and Confidentiality Agreement\Instructions for Volunteers, Students, and Interns Packet.

### PROCEDURE:

- A. Department of Health and Human Services personnel (including permanent, temporary, and on-call employees; volunteers, students, and interns):
1. Shall not access, use, or disclose client information except as needed in the course and scope of their duties.
  2. Shall use or disclose only the minimum amount of information necessary to provide services to clients.
  3. Shall not discuss client information with individuals not directly involved with the client's care or health care operations.

4. Shall not conduct client discussions in public areas.
  5. Shall not allow any client information to be exposed to view of the public.
  6. Shall avoid sending any Protected Health Information (PHI) in e-mails UNLESS special encryption software (e.g., WinZip9) has been installed on the user's computer with authorization from County Information Technology Services (ITS).
  7. Protected Health Information (PHI) may be transmitted via wireless with encryption. (Standard in County issued laptops with wireless capability.)
- B. All personnel (including permanent, temporary, and on-call employees; volunteers, students, interns) shall read this policy, take the HHS electronic HIPAA PowerPoint training, and sign/date the HHS Confidentiality Agreement (Attachment A) **before commencing duties**. Employees who violate policies and procedures regarding the safeguarding of client information are subject to disciplinary action up to and including termination and possible legal action by the client. A single violation of the ADMN 004 Policy can lead to termination. Contractors, volunteers, students, and interns may be excluded from HHS sites for a single violation of ADMN 004.

Contractors shall comply with all applicable Federal, State, and local laws, rules and regulations. All Personal Service Contracts or Trade Services Contracts will include the Washington County Business Associate Agreement, Attachment F, if applicable. All other contracts incorporate HIPAA in their contract language. (Contract information can be found electronically on County Horizons, Depts/Offices, Support Services, Purchasing, Contracts.)

Department of Health and Human Services personnel (including permanent, temporary, and on-call employees; volunteers, students, and interns) will:

1. Read the ADMN 004 Policy.
2. Take the HHS electronic HIPAA PowerPoint training found in the HHS shared area:  
F:\Shared\DEPT SHARED INFO\HIPAA\HIPAA Training - PowerPoint
3. Read and sign/date the HHS Confidentiality Agreement.
4. Give the signed/dated HHS Confidentiality Agreement to their immediate Supervisor.

Supervisors will sign/date and return the HHS Confidentiality Agreement for permanent, temporary, and on-call employees to the HHS administrative section (Payroll Clerk) for inclusion in the Personnel Record. Supervisors will be responsible for retaining the HHS Confidentiality Agreement for their volunteers, students, and interns.

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**Forms/Documents referenced in this policy:** (see following copy)

- HHS Confidentiality Agreement, Attachment A, form
-



# WASHINGTON COUNTY OREGON

Department of Health and Human Services Policy ADMN 004, Attachment A

## HHS Confidentiality Agreement

Including HIPAA (Health Information Portability and Accessibility Act of 1996)

1. All information about the public, clients, and employees served by Washington County Department of Health and Human Services (HHS) is confidential and must be treated as required by State and Federal laws. This includes oral information as well as information in written or electronic form.
2. Department personnel (including permanent, temporary, on-call employees; volunteers; students; interns) may not access, use, or disclose information about clients unless the access, use, or disclosure is permitted by law and necessary to perform job duties.
3. Under Oregon law, Washington County is required to defend employees who are sued over actions taken in the course and scope of their employment. This duty does not extend to actions taken outside the course and scope of employment. In most cases, disclosures of confidential information not permitted under HHS ADMN 004 Policy will be considered outside the course and scope of employment. As a result, employees sued over such disclosure may have to defend themselves and personally pay any resulting damages. Additionally, employees may face criminal and civil sanctions under the federal Health Insurance Portability and Accountability Act (HIPAA).
4. A single violation of ADMN 004 Policy may result in disciplinary action up to and including termination for employees or exclusion from HHS sites for contractors, volunteers, students, and interns.
5. By signing this statement, I acknowledge that I have completed HIPAA training (electronic PowerPoint) provided by HHS and have read, understood, and agree to be bound by the confidentiality requirements set forth in the ADMN 004 Policy. I am aware that my duty as an agent of HHS requires me to abide by the laws and policies regarding the handling of confidential information.

**Please Check Appropriate Box:**

Employee    Volunteer    Student    Intern    Other:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

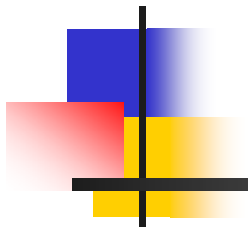
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SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

F:/shared/DEPT SHARED INFO/HIPAA and Confidentiality Agreement, 4/08

# **HIPAA Privacy Training**



## **For the Department of Health and Human Services**

**(Health Insurance Portability and Accountability Act of 1996)**

Click the button (looks like a monitor/TV) at the bottom left of your screen to view in “Full Screen” on your computer. Use the Page Down key to move from page to page.



# HIPAA Privacy Rules

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**This presentation will describe:**

- **Our Responsibility**
- **Client Rights**
- **Notice of Privacy Practices**



# HIPAA Privacy Training

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**Our  
Responsibility**



# What is HIPAA?

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- **Health Insurance Portability and Accountability Act of 1996.**
- **A national law that prohibits the violation of client privacy and establishes standards for privacy and security.**



# What You Will Learn

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- **What is HIPAA all about?**
- **What is Protected Health Information (PHI)?**
- **How to handle PHI.**
- **What we can and can't do.**
- **How does HIPAA apply to your job role?**





# HIPAA Applies to All Communication Formats

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- **Electronic**
- **Written**
- **Spoken**



# **HIPAA Includes Information About**

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- **Physical and Mental Health**
  - **Assessment**
  - **Treatment**
  - **Payment**
- **Insurance Claims**
  - **Billing**

# What is Confidential?

- **All** information about clients is considered private or “confidential,” whether written on paper, saved on a computer, or spoken aloud.
- **Individually identifiable** data or data that identifies an individual client such as the following must be carefully considered:
  - Name, address, SSN, age
  - Illness, treatments, medications, notes



# Understanding Protected Health Information

- Individually identifiable information
- Demographics
- Any form or medium
  - Oral
  - Written
  - Electronic





# Data Elements of Protected Health Information (PHI)

- **Name**
- **Address**
- **Phone / Fax**
- **Dates**
  - Birth
  - Death
  - Service

- **Social Security #**
- **Email address**
- **Account #'s**
- **Device identifiers**
- **Any unique identifying #, code, or characteristic**



# Use and Disclosure of PHI

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So we can do our work, HIPAA allows the Use and/or Disclosure of PHI for the purpose of:

- **T**reatment – the provision of health care.
- **P**ayment – the provision of benefits & premium payment.
- **O**perations – normal business activities (reporting, data collection & eligibility checks, etc.).
- **These terms are collectively referred to as TPO.**



# Minimum Necessary:

## Use/Access – “Getting” PHI

- HIPAA states that HHS must give employees only the **minimum necessary** access to PHI to perform their job function.
- Before looking at client information, ask yourself one simple question:

**“Do I need to know this to do my job?”**



## Minimum Necessary:

### Disclosure/Sharing - "Giving" PHI

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- HIPAA states that HHS must *share* only the minimum necessary PHI.
- Before sharing PHI, ask yourself:

**“Does this person need this PHI to treat the client, receive payment, or conduct eligibility?”**





# Minimum Necessary

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- **Disclose and use least amount of information needed to accomplish purpose**
  - Make reasonable effort to limit disclosures and requests.....
  - .....while having enough information to do your job.



# Reminder

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- Before looking at a client's health information, ask yourself one simple question:

**“Do I need to know this to do my job?”**

- If the answer is no, **STOP!** Do not attempt to access the PHI.
- If the answer is yes, you have nothing to worry about.
- Before sharing a client's PHI, ask yourself:

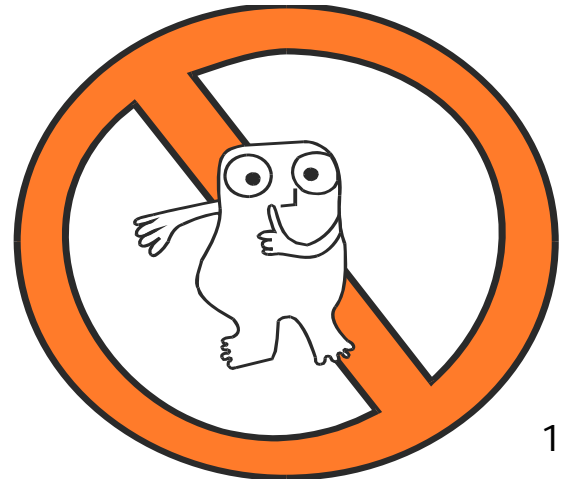
**“Does this person need to know this to do their job?”**

**If you reveal any information to someone who does not need to know it, you have violated a client's confidentiality, and you have broken the law!**

# How Do I Know...

**...when information is considered private?**

- Did you learn it through your job?
  - If yes, then it is considered private
- Access and use information to do your job **only** while at work.



# Sanctions

- Washington County will impose disciplinary sanctions, up to and including termination, on employees who breach client confidentiality.
- The severity of the sanction will be based on the nature of the violation.

**The HIPAA Queen may have to come after you!!**



# Penalties and Fines



Unintentional Disclosure: Up to \$50,000 and /or one year in prison

Disclosure under False Pretenses: Up to \$100,000 and/or 5 years in prison

Disclosure with Intent to Sell or Use: up to \$250,000 and/or 10 years in prison



# What ARE We Permitted to Do?

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HHS *IS* permitted to disclose PHI with or without authorization, outside of *TPO*, in special circumstances such as:

- **Required by law**
- **Emergencies**
- **Abuse**
- **Neglect**
- **Domestic violence**

Example:

- Notifying police of a sexual abuse situation



# How is PHI Transmitted?

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- **By sight**
- **Face-to-face interactions**
- **Fax**
- **Phone**
- **Mail**



# Visual Misuse of PHI

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- **Computer screens**
- **Paper documents on faxes, copiers, and printers**
- **Paper documents left in common areas**

**Be sure that unauthorized people cannot see computer screens and papers.**





## Question (Trash Can)

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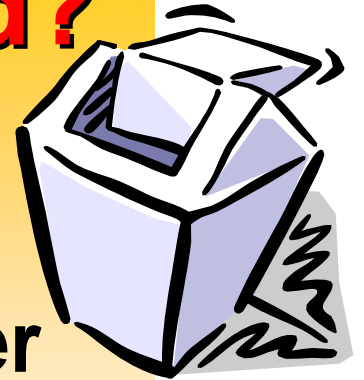
- You are walking by a trash can and notice a pile of client forms has been laid on top of the trash.

**Should you be concerned?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

## Answer (Trash Can)

**Should you be concerned?**  
**Yes x No**



- **Client information should never be thrown away in an unlocked bin unless it has been shredded or destroyed.**



# How Can You Minimize Visual Misuse of PHI?

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- **Clean desk policy**
- **Placing medical charts with name faced inward in chart holder**
- **Turning monitors away from general public**
- **Restricting access to areas where PHI is openly displayed**
- **Shredding documents**



## How Can You Minimize Face-to-Face Misuse of PHI?

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- **Make sure you are not overheard**
- **Use designated rooms **OR** use “reasonable safeguards”**
- **Conduct conversations in areas apart from others**
- **Speak in a low clear voice**
- **Low-risk locations (enclosed rooms)**
- **Medium-risk locations (individual cubicles)**
- **High-risk locations (public areas)**



## Question (Telephone)

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- Your co-worker is on the telephone with another healthcare provider discussing a diagnosis issue. You inadvertently overhear PHI about a client that you do not need to know.

**What should you do?**



## Answer (Telephone)

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### **What should you do?**

- **If you see or hear anything that is private, keep it to yourself.**
- **Disclosure of this information could result in penalties or jail time.**



# How Can You Minimize Misuse of Faxed PHI?

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- Be sure HHS fax is in a secure location and away from the public eye.
- Verify the destination number before sending.
- Pre-program frequently used numbers.
- Use a cover sheet – What information should the cover sheet contain? (Disclaimer)
- **SPECIAL CIRCUMSTANCES**
  - Call to let the receiver know when you are ready to send fax
  - Call to verify the receiver has received your fax



## Question (Mis-sent Fax)

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- You receive a phone call from a local business that states that they received part of a medical record from us.

**What should you do?**





## **Answer (Mis-sent Fax)**

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### **What should you do?**

- **Ask for the name, telephone number, and fax number of the party calling, along with the name of the client.**
- **Advise them to properly dispose of the document they received, via shredder.**
- **Report the breach of PHI to your supervisor.**



## Question (At Fax Machine)

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- You are at the fax machine to pick up a document. There is another fax already in the receiving bin.

**What should you do?**



## **Answer (At Fax Machine)**

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### **What should you do?**

- **Do not seek out information that does not pertain to your job.**
- **If you see private information, keep it to yourself.**

# Help Protect PHI

- **Lock bins, drawers and files when not in use - especially at the end of the day.**
- **Keep work area free of PHI when not present.**
- **Dispose of sensitive paper and materials in shredders or locked bins.**



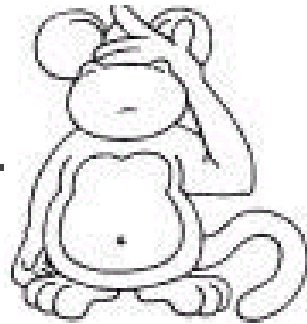
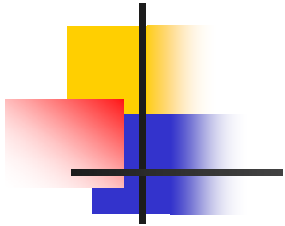


# Email and PHI?

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- **Email is an insecure method of transmitting PHI.**
- **Consider faxing instead.**
- **Speak with your supervisor about team practices.**

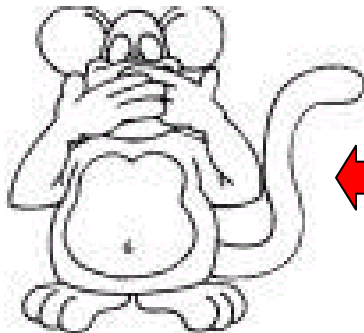
# Something to Keep in Mind



PHI should be **seen** by only those who are authorized to see it.



PHI should be **heard** by only those who are authorized to hear it.



PHI should be **transmitted or shared** with only those who are authorized to receive it.

**Use and disclosure is limited to the minimum necessary.**



# HIPAA Privacy Training

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## **Client Rights**



# Client Rights

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- **Right to be informed on how we use and disclose PHI**

## **We can disclose for:**

- **Treatment (e.g., referrals)**
- **Payment**
- **Health care operations (e.g., data entry)**
- **Appointment reminders**
- **Individuals involved in your care (consults)**
- **Research (de-identified)**





## **Client Rights (cont)**

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- **As required by law (e.g., mandatory reporting)**
- **Oversight activities (state reviews)**
- **Lawsuits**
- **Law enforcement**
- **Workers compensation**
- **Public health risks (reportable diseases)**



## **Client Rights** (cont)

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- **Client has a Right to:**
  - **Receive copy of **Notice of Privacy Practices****
  - **Inspect and receive copy of medical record**
  - **Amend record**
  - **An accounting of disclosures**
  - **Restrict disclosures**
  - **Request confidential communications**
  - **Cancel authorization**
  - **Be informed of changes**
  - **File complaint**



# HIPAA Privacy Training

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## **Notice of Privacy Practices**



# Notice of Privacy Practices

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- **Given first time receiving direct services**
- **Informs clients of their rights**
- **Need to sign for receipt**



# Next Steps-Employees

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- **Sign the HHS Confidentiality Agreement (includes HIPAA) stating you have reviewed and understood this training and HHS Policy ADMN 004.**
- **Speak with your Supervisor regarding HIPAA practices specific to your team.**



# Next Steps-Employees

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- **Give your signed HHS Confidentiality Agreement to your Supervisor who will also sign and forward to HHS Administrative Section (Suite 160, MS-4) for inclusion in your department Personnel Record.**



## **Next Steps-Volunteers, Students, Interns**

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- **Sign the HHS Confidentiality Agreement (includes HIPAA) stating you have reviewed and understood this training and HHS Policy ADMN 004.**
- **Speak with your Supervisor regarding HIPAA practices specific to your duties.**



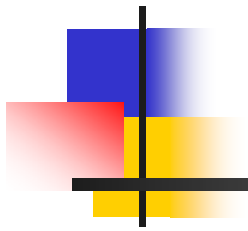
## **Next Steps-Volunteers, Students, Interns**

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- **Give your signed HHS Confidentiality Agreement to your Supervisor who will it retain for the record.**



# **HIPAA Privacy Training**



**You Have Now Completed Your  
HIPPA Training**

**(Health Insurance Portability and Accountability Act of 1996)**