HIPAA (Health Insurance Portability and Accountability Act of 1996)

Stetson University HIPAA Training
Objectives of this Training

- To help you understand:
  - What HIPAA privacy rule is
  - Why it is important to you
  - Who must comply with HIPAA
  - How HIPAA affects the work you do
  - Where to get help with HIPAA
  - To meet requirements of law
  - Training is mandatory
What is HIPAA?

- In 1996, Congress passed the Health Insurance Portability and Accountability Act, or HIPAA.
- In 2000, the Department of Health and Human Services issued final regulations under HIPAA establishing privacy standards for certain individually identifiable health information.
- Final regulations are effective April 14, 2003.
HIPPA has two Rules that affect the use & disclosure of health information

- **The Privacy Rule:**
  - Protects reasonable security of physical records in all forms (PHI).
  - Focus: Who can access, use or disclose information

- **The Security Rule:**
  - For security of electronic records (ePHI).
  - Focus: How do we keep it private
HIPAA Compliance

- HIPAA’s privacy regulations require Stetson to protect the privacy of “protected health information,” or PHI, including:
  - Providers provide Notice of Privacy Rights to employees about privacy rights and how their PHI is used.
  - Adopt privacy policies and procedures.
  - Train employees to understand the privacy requirements and related policies and procedures.
  - Keep records containing PHI secure.
  - Limit access to “minimum necessary.”

- General Rule: do not disclose PHI except as authorized by individual or allowed/permitted by regulations.
HIPAA is really very simple:

- We want to protect the privacy of our employees by safeguarding our use and disclosure of protected health information.
- Always treat individually identifiable health information as PHI.
- It means it is unlawful to share this information inappropriately.
What is considered protected health information (PHI)?

- Health information created or received by a health care provider, health plan, health care clearinghouse; and
- PHI includes written, electronic or oral communication of individually identifiable health information which relates to the past, present or future physical or mental condition of the individual.
  - Example 1: “I heard that John Doe surgery for ____ yesterday!” – considered PHI.
  - Example 2: Benefit enrollment form – considered PHI.
  - Example 3: Short-term disability – not considered PHI.
- Or the payment for the provisions of health care; and
- Identifies the individual
PHI continued....

- Name, all types of addresses including email, URL, home
- Identifying numbers, including Social Security, medical records, insurance numbers, biomedical devices, vehicle identifiers, license numbers
- Full facial photos and other biometric identifiers
- Dates, including birthdates, dates of admission and discharge, death
What is protected?

- Protected Health Information (PHI)
  - Medical (to include retiree plans)
  - Dental
  - Vision
  - Prescription drug benefits
  - Healthcare Flexible Spending Account
  - Employee Assistance Program (EAP)
  - Student Health Services
Why does it affect our work at Stetson?

- Stetson’s health plans are covered entities;
- Stetson HR, on behalf of employees, may use or access PHI held by Health Plans;
- As an employee, you need to understand how HIPAA and other laws allow you to use, access, or disclose a member’s health information.
Stetson’s Providers

- Student Health Services
  - Exclusion: education records covered by FERPA
- Counseling Center staff
- Athletic Trainers
  - only if they transmit health information electronically in one of the defined HIPAA transactions
- Individual faculty members, trainees and others who are part of the provider team
- Human Resources
Plan information not covered:

- Workers’ Compensation
- Family Medical Leave Act
- Life insurance policy
- Short and Long Term Disability Information
- Accidental Death and Dismemberment
- Supervisor/employee discussions of absences and requests for doctor’s excuse
- NCAA intercollegiate accident policy
- Student Health Insurance Plan
How is Stetson complying?

- Your training today
- HR is establishing a website that contains:
  - Information about HIPAA
  - Links to policies and procedures
  - Complaint forms
  - Contact information
How does this apply to you?

You might accidentally view or access PHI by:

- Banner access
- Your administrative duties
- Proximity to someone’s desk or you may overhear something
- If you are fixing someone’s computer hardware/software
What happens if I receive PHI?

- If you see or hear information that is covered under HIPAA, stop the spread!
  - Make sure you keep information secure (i.e., stop the gossip or secure the paper).
  - Remind the source of the PHI that such information is covered under HIPAA.
  - Respect other people’s private information as private.
Simple Do’s and Don’ts

- **DO** “Think Twice” before sharing PHI
- **DO** Refer problems to your supervisors
- **DO** Keep records and communications secure:
  - Fax
  - Email/Voice messages
  - Paper records locked away and off desktop
- **DON'T** use or disclose PHI for employment-related functions
- **DON’T** leave voice mail with PHI
- **DON’T** share computer or system passwords
- **DON’T** leave PHI on your computer screen or desktop
When may Stetson University disclose PHI?

- **Treatment** – to a health care provider for an employee
- **Payment** – assisting with claims (between provider and insurance carrier)
- **Operations** – administrative purposes
  - Eligibility determination
  - Plan enrollment/removal
  - Benefits coordination
Employee rights

Employees may:
1. Inspect and copy their medical info
2. Request alternate communication about medical info (email, at work, at home)
3. Have a right to accounting of disclosures other than payment or operations
4. Designate a personal representative who can access their PHI (in writing)
5. File a written complaint without penalty
Written Authorization . . .

- **Without written authorization**, HR will not be able to discuss claims issues with the employee’s spouse.
- Or a parent about their non-minor child (a child no longer a minor as defined by state law regarding PHI).
### Authorization Form Requirements:

#### Elements:
- Description of PHI and purpose of disclosure
- Name of Person(s) or class of persons authorized to receive PHI
- Expiration date/event
- Signature of member (or personal rep.) and date
- If personal rep signs, state relationship to member
- Disclosure of any direct or indirect payment

#### Required Statements:
- Right to refuse to sign and Right to revoke
- Stetson may not condition treatment, payment, enrollment or eligibility for benefits
- Potential for re-disclosure of disclosed information

#### Other Requirements:
- Plain language
- Copy to the individual
- Retain for 6 years
Stricter Safeguards

- Some jobs require frequent contact with PHI
  - Lock your door when you have PHI visible and you have to leave your office briefly
  - Have private area for discussing PHI
  - Shred PHI items when no longer needed
  - Put away PHI items at the end of the day
  - Lock your desk and file cabinets containing PHI
  - Keep phone conversations about PHI private
Points to remember . . .

Be wary of office gossip and chitchat

- OK to say employee out on sick leave, but do not discuss specific medical condition
  - Example Don’t: “Clara won’t be in her office today because it’s being re-carpeted and she says she’s allergic to glue.”
  - Example DO: “Clara has a medical condition, so we’re letting her work the phones today instead of working in her office.”
I am a file clerk. One of the maintenance workers has been trying to get a job at Stetson. While filing physical reports, I saw his results. His physical test demonstrated negative results! That night at a holiday party, I saw him with some friends, and mentioned he should lighten up on the desserts if he wants to get a job at Stetson. Later I heard that he did not know about the test results. I was the first person to tell him!

Did I do the right thing?
HIPAA asks...

- Did you need to read the results to do your job?
- Is it your job to provide a patient with health information—even if the individual is a friend or fellow employee?
- Is it your job to let other people know an individual’s test results?
- Should a University employee look at another employee’s medical information?
- How would you feel if this had happened to you?

Do not look at, read, use or tell others about an individual’s information (PHI) unless it is a part of your job.
HIPAA Story

As part of my job, I work with PHI every day in the University’s HR office. One day I was so tired from working late that I left patient files open on my desk so I could work on them early the next day.

Why clean up? Isn’t it my co-worker’s responsibility not to look at what is on my desk?
What Does HIPAA Say?

What is University Policy?

- HIPAA and University policy say that it is both your responsibility and your co-worker’s responsibility to do the right thing.

- Each of us has a responsibility to protect others from seeing or using PHI, except when we need the PHI to do our jobs.

*It is your job AND your co-worker’s job to protect the privacy of a person’s PHI!*
What happens if I do not keep PHI private?

- Violation of the regulations carry significant civil penalties, criminal fines, and even jail time.
  - Civil
    - $100 per violation per person up to a maximum of $25,000 per person per year per standard violated
  - Criminal
    - Up to $50,000, 1 year in prison, or both, for inappropriate use of PHI
    - Up to $100,000, 5 years in prison, or both, for using PHI under false pretenses
    - Up to $250,000, 10 years in prison, or both, for the intent to sell or use PHI for commercial advantage, personal gain or malicious harm
To summarize:

- To comply with HIPAA, we need your help:
  - Communicate appropriate information as needed, but keep secure at all times.
  - Acquire only the minimum information necessary (i.e., know when an employee will be absent from work, but do not probe the details of the “why”).
  - Work with HR to ensure compliance.
  - Respect other people’s privacy.

- Questions?
A few online resources on HIPAA

- Stetson Human Resources HIPAA
- [http://snip.wedi.org](http://snip.wedi.org) Strategic National Implementation Process of the Workgroup for Electronic Data Interchange
Just checking. Please answer the following questions.

1. What is PHI? (Please select all answers you think are right. There may be more than one right answer.)

   a. A person’s Protected Health Information.
   b. A person’s health, billing or payment information that is created or received by a health care provider or health plan.
   c. Protected Health Information is information about a person that can be used to identify the person.
   d. PHI is a person’s information that is protected by the HIPAA law.
2. Who has to follow the HIPAA Law? (Please select all answers you think are right. There may be more than one right answer.)

a. My supervisor, and other administrators, managers and directors
b. Everyone
c. I don’t know
3. When can the University use or disclose PHI? (Select all the answers you think are correct.)

a. For treatment of a patient, if the patient has received the University’s Notice of privacy practices.
b. For payment of bills, if the patient has received the University’s Notice of privacy practices.
c. For teaching activities, if the patient has received the University’s Notice of privacy practices.
4. When must you protect a patient’s personal or health information? (Select one or more answer.)

a. NOW because there are federal and Florida laws that protect a person’s information.

b. NEVER

c. I don’t know
5. When can you use or disclose PHI? (Select one or more answer).

a. Only if HIPAA allows me to use or disclose PHI as a part of my job.
b. For the treatment of a patient, if that is part of my job.
c. For obtaining payment for services, if that is part of my job.
d. For teaching activities, if that is part of my job.
6. Where can you go to get more information about what HIPAA says that you and the University can do with PHI? (Select one or more answer.)

   a. In the University’s Notice of Privacy Practices.
   b. From the University’s HIPAA Web-site.
   c. From my supervisor or manager.
Confirmation

- **Click here** to send an email with your responses as indication that you have completed the tutorial.