

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

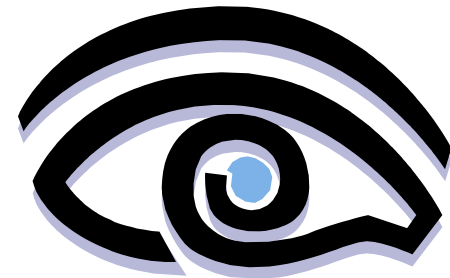
How is Stetson complying?

- 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."

HIPAA Story

- 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?

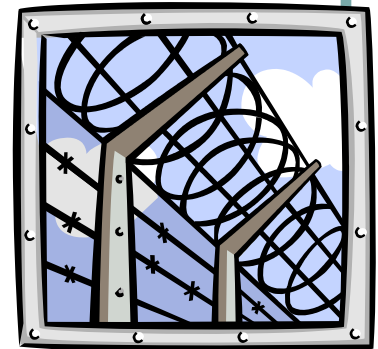
What is University Policy?

- **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://www.acha.org/info_resources/hippa_links.cfm HIPAA resource site of American College Health Association
- <http://www.aspe.hhs.gov/admnsimp/> United States Department of Health and Human Services/Administrative Simplification
- <http://www.hhs.gov/ocr/hippa> Office of Civil Rights/HIPAA
- <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.**

Just checking. Please answer the following questions.

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**

Please continue with these questions

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.**

Please continue with these questions

- 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**

Please continue with these questions

- 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.**

Please continue with these questions

- 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

