

HIPPA

Health Insurance Portability and
Accountability Act



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BFC HIPPA Goals

- ❑ Maintain the privacy and confidentiality of patient health information at all times
- ❑ Remain in compliance with all federal and state regulations related to patient privacy
- ❑ Effectively educate and train staff on all patient privacy regulations in a timely manner



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Health Information Privacy Laws

❑ Federal Privacy Laws:

- ❑ Health Information Portability and Accountability Act (HIPPA)
- ❑ Health Information Technology for Economic and Clinical Health (HITECH) Act

❑ State Privacy Laws:

- ❑ For more information about state privacy laws:

https://www.ode.state.or.us/wma/alder/datagovernance_state_privacylawsandpractices.pdf



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What Information is Protected?

Any patient health information (PHI) that relates to a patient's medical or mental condition now, in the past, or in the future. To be considered PHI, the information must be "individually identifiable" meaning the information has some form of identifier or combination of identifiers that connects the information to a person.



Health Information Privacy Laws

- ❑ Examples of identifiers include:
 - ❑ Name
 - ❑ Address
 - ❑ Diagnosis
 - ❑ Social Security Number
 - ❑ Date of Birth
 - ❑ Physician Name



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Confidentiality and Privacy

- ❑ Permitted use and disclosure PHI
 - ❑ Patients have the right to control who will see their PHI
 - ❑ Patients can authorize family and friends to access their PHI
- ❑ Health care providers may use (internal sharing) or disclose (external sharing) PHI without authorization if the information will be used for:
 - ❑ Treatment of the patient
 - ❑ Conducting needed healthcare operations



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“Direct Need” Rule

- ❑ It is important to understand that unless you have written authorization or permission from the patient to do otherwise you should only access patient health information if you are **TREATING** the patient or are involved in **HEALTHCARE OPERATIONS**
- ❑ Accessing, using, or disclosing a patient’s health information for any other reason is not allowed. Reasons that fall in this category include *curiosity, gossip, and snooping*.
- ❑ You should only access patient health information if you have a *direct need to do so to do your job*



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When do I need Authorization?

- ❑ If information is used for anything other than treatment, payment, or healthcare operations, a signed authorization MUST be obtained.
- ❑ There are special situations that allow for disclosure without patient permission, including:
 - ❑ Verifying workers Compensation Claims
 - ❑ Subpoenas for lawsuits or criminal trials
 - ❑ Release for law enforcement purposes
 - ❑ Accreditation by The Joint Commission or other agencies
- ❑ Verifying medical claims filed under Medicare, Social Security, Disability or similar programs



Incidental Disclosure

- ❑ Incidental disclosures are permitted if reasonable. Examples include: discussion of a patient at a nurses station, use of semi-private treatment areas, calling names in a waiting area
- ❑ Common sense approach to protect patient confidentiality
 - ❑ Examples include:
 - ❑ Closing patients doors when discussing patient treatment
 - ❑ Speaking softly
 - ❑ Avoiding discussion of patients in public areas
 - ❑ Not leaving detailed information on answering machines
 - ❑ Avoiding posting identifiable information

Federal Penalties for Non-Compliance

- ❑ Violating HIPAA's privacy rules may bring civil and/or criminal penalties resulting in large fines or jail time
- ❑ Staff that violates these rules may also be disciplined by BFC

Why do I need to learn about Security?

“Isn’t this just an IT problem?”

- ❑ Good security standards follow the “90/10” Rule:
 - ❑ 10% of security safeguards are technical
 - ❑ 90% of security safeguards rely on the computer user (YOU) to adhere to good computing practices
- ❑ Example:
 - ❑ The lock on the door is the 10%. You remembering to lock, check to see if it’s closed, ensuring others do not prop the door open, keeping control of the keys is 90%
 - ❑ 10% of security is worthless without YOU!



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Information Security

- ❑ Refers to all protections in place that keeps information confidential
- ❑ Physical Security
 - ❑ Always protect access to where information is stored
 - ❑ Doors and desks are locked when appropriate
 - ❑ Never leave Protected Health Information (PHI) unattended or in public view
 - ❑ Log off your computer
 - ❑ Wear your name badge



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Information Security

- ❑ Proper disposal of PHI:
 - ❑ Always dispose PHI in designated HIPAA shredding bins. Never throw PHI in regular trash cans.
- ❑ Voice and location discipline:
 - ❑ Be very aware of your surroundings and voice levels when communicated orally in conversation or via phone.

What are the consequences for security violations?

- ❑ Risk to integrity of confidential/patient health information (ex: data corruption, destruction, unavailability of patient information)
- ❑ Risk to security of personal information (ex: identity theft)
- ❑ Bad publicity, media coverage, news reports related to security breaches
- ❑ Loss of patient, employee, and public trust
- ❑ Costly regulatory reporting requirements for violations/breaches
- ❑ Internal disciplinary action(s), termination of employment
- ❑ Penalties, prosecution and potential for sanctions/lawsuits



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Lastly...

- ❑ Where to communicate patient health information privacy or security related concerns:
 - ❑ Chelsea Ban, BFC Medical Director
 - ❑ chelseaban@borlandclinic.org

