

# HIPAA Privacy Training



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# Key Topics

Welcome to HealthCare Partners HIPAA Privacy Training! By completing this course, you will become knowledgeable about the following key topics as a HCP provider:

• What is HIPAA?	• Business Associates
• HITECH Act	• Patient Rights under HIPAA
• Who is Affected by HIPAA?	• Permitted Uses & Disclosures of PHI
• HIPAA Privacy & Security	• Authorizations for Disclosures
• Protected Health Information (PHI)	• Breach Notification Rule
• De-identification of PHI	• Privacy & Security Best Practices
• What is not Considered PHI?	• Your Role
• Covered Entities	

Following this training, you must also complete a separate online Provider & FDR Compliance Attestation found on [www.HealthCarePartnerNY.com](http://www.HealthCarePartnerNY.com), under the HCP Compliance Program webpage. **You must complete and submit the online attestation to be in compliance.**

# What is HIPAA?

## Health Insurance Portability and Accountability Act of 1996

The Health Insurance Portability and Accountability Act of 1996 (**HIPAA**) required the Secretary of the U.S. Department of Health and Human Services (HHS) to develop regulations protecting the privacy and security of certain health information.

HealthCare Partners (HCP) Workforce members and providers receive and manage health information about our members. It is important to protect the privacy of this health information and other confidential information with which we come into contact.

# What is HIPAA? (Cont'd.)

HIPAA was enacted to achieve the following goals:

✓ Health Care Reform

- Continued health insurance coverage for individuals who lose or change jobs (“Portability”)
- Established national standards for electronic data transmission (e.g., enrollment, eligibility, claims, and payment transactions)
- More efficient, simpler, and less costly health care system

✓ Privacy and Security of Health Information

- Sets minimum standards to protect the integrity, availability, and confidentiality of patient information (“Accountability”)
- Defines penalties for violations

# HITECH ACT

## H e a l t h i n f o r t e c n o m i c a n d c l i n i c a l h e a l t o f 2 0 0 9

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The HITECH Act was enacted under the American Recovery and Investment Act of 2009, resulting in significant changes to HIPAA Privacy and Security, including:

- widening the scope of privacy and security protections;
- increasing the potential legal liability for non-compliance; and
- providing more enforcement.

The Act also created incentives among providers to use health care information technology, such as electronic health record (EHR) systems.

# HIPAA Privacy & Security

## Privacy

Privacy refers to the protection of a member's health care data and defines which data is to be protected, including how member data is used and disclosed.

## Security

Security refers to the systems in place to guard the integrity of and accessibility of protected health information in electronic form. Security protects data integrity, confidentiality, and availability by using administrative, physical, and technical safeguards.



# HIPAA Privacy & Security (Cont'd.)

## HIPAA Privacy Rule

### What does the rule do?

- Established standards to protect all forms (written, verbal, or electronic) of information created or received by health care providers, employers, health plans or other “covered entities”.
- Gives patients certain rights and control over their health information.

### Examples of protected information:

Individually identifiable information such as:

- Name and address
- Phone number
- Social Security number
- Health care specifics
- Payment information

Information pertaining to HIV, alcohol or substance abuse, mental health and genetics requires additional protections.





# HIPAA Privacy & Security (Cont'd.)

## HIPAA Security Rule

What does the rule do?

- Established to safeguard electronic protected health information (ePHI)\*
- Outlines security procedures to ensure the confidentiality, integrity and availability of protected health information (PHI)

\*ePHI is protected health information stored on computers, storage devices, or in any electronic system.

How is health information protected?

As required by the Security Rule, the appropriate administrative, physical, and technical safeguards must be used to protect ePHI.

See the next slide for examples of administrative, physical and technical safeguards.



# HIPAA Privacy & Security (Cont'd.)



## Administrative Safeguards

Security Official & Personnel

Policies & Procedures

Risk Assessment & Management Process



## Physical Safeguards

Facility Access Controls

Workstation & Device Security



## Technical Safeguards

System Access Controls

Audit Controls

Electronic Data Transmission Security



# Who is Affected by HIPAA?

- Employees who handle, use, or know individuals' Protected Health Information (PHI)
- Health care providers (health departments, hospitals, doctors' offices, any agency that transmits PHI electronically)
- Health plans that provide or pay the cost of medical care (e.g., Medicaid, Medicare, CHAMPUS, BC/BS, HMOs)
- Trading Partners – electronically exchange PHI
- Business Associates – perform services on your behalf
- HIPAA also applies to you as a consumer of healthcare!

# Confidentiality

Confidentiality applies to all types of information including information pertaining to:

- Patients
- Employees
- Social Security numbers
- Credit card numbers and other financial data
- System IDs and passwords
- Company data and processes

Confidential information should only be accessed, used or shared when necessary to carry out your responsibilities related to member care.



# Protected Health Information



Protected Health Information or “PHI” refers to *individually identifiable health information* in any form or medium (e.g., verbal, paper, electronic) that is transmitted or stored and that can be linked to a specific individual by a *unique identifier*.

When personally identifiable information (PII) is used in conjunction with information about a person’s physical or mental health condition, health care, or payment for that health care, it becomes PHI.

Examples of PHI can be found in:

- Medical and billing records
- Insurance/benefit enrollment and payment information
- Claims adjudication documentation
- Case or medical management records

# Protected Health Information (Cont'd.)

Under HIPAA, the following **18 unique identifiers** are considered personally identifiable information. This information can be used on its own or with other sources to identify, contact, or locate an individual.

Name	Account number
Address (all geographic subdivisions; including street, city, county state and zip code)	Certificate or license number
All elements of dates (including date of birth or death, admission and discharge dates)	VIN (Vehicle ID Number)
Telephone number	Device identifier/serial number
Fax number	Web URL
Email address	Internet Protocol (IP) address
Social Security Number	Biometric identifiers (voice or finger print)
Medical record number	Photographic image
Health plan beneficiary number	Any other characteristic that could identify an individual

# De-identified PHI

If a communication contains any of the unique identifiers, or parts of the identifier, such as initials, the data is considered “identified”.

To be considered “de-identified”, ALL of the 18 HIPAA Identifiers must be removed from the data set so that the information cannot be linked to an individual.

For research, marketing and fund raising purposes, ALL PHI must be de-identified.

De-identified information is not considered PHI and therefore, is not protected under the HIPAA Privacy Rule.



# What is NOT considered PHI?

Not all PII is considered PHI. HIPAA does NOT consider the following data to be PHI:

- Health information contained in education records (e.g., student health information created and/or maintained by a high school)
- Health data that is not shared with a covered entity or is not personally identifiable (e.g., blood pressure readings without PII)
- Employment records held by a covered entity in its role as an employer (e.g., an employee's medical history in his/her personnel file)

## Preemption of state law:

The HIPAA Privacy Rule overrides any other state law unless that state law provides more protection for the member.



# Covered Entities

HIPAA Privacy Standards apply to Covered Entities and Business Associates who use, store, maintain, transmit or dispose of patient health information (in any form).

## HIPAA Covered Entities include:

- Health care providers - providers of medical or health services who transmit health information electronically, such as *hospitals, clinics, nursing homes, labs, pharmacies, doctors, nurses, dentists, psychologists* and others.
- Health care plans or insurers - e.g., *health insurance companies, HMOs, and employer sponsored group health plans*.
- Health care clearinghouses - entities that standardize health information (e.g., *billing and claims processing companies*).

# Business Associates

## Who are Business Associates?

A business associate is an individual or entity, other than a member of a covered entity's workforce, who performs functions on behalf of, or provides certain services to, a covered entity that involve access to PHI.

EXAMPLES	EXCEPTIONS
Claims processing/medical billing companies	A HCP employee
Medical transcription companies	Healthcare providers, if the disclosure of PHI by another covered entity is related to the individual's healthcare treatment
Answering services	Financial institutions when performing only payment processing activities
Document storage or disposal (shredding) companies	Janitorial service companies, maintenance & repair personnel
Health information exchanges	Conduits of PHI, (e.g., U.S. postal service, messenger services)

# Business Associates (Cont'd.)

## Business Associate Agreements

A Business Associate Agreement or BAA is a required special contract between a covered entity and a business associate. The BAA:

- outlines the permitted uses and disclosure of PHI;
- describes appropriate privacy and security standards and safeguards;
- contractually obligates the business associate to maintain those standards; and
- subjects the business associate to civil and criminal penalties for HIPAA violations.

HCP as a covered entity, has a BAA with each of our business associates.

If you think one of our business associates is not respecting our members' privacy, you must report your concern to our via our by calling our **Compliance Hotline at (888) 475-8376** or submitting an online report via **[hcphonenumber.ethicspoint.com](https://hcphonenumber.ethicspoint.com)**.

# Patient Rights Under HIPAA

HIPAA privacy standards also outline patient rights regarding their PHI. These rights give our members control over how HCP and our business associates use and disclose their PHI.

## HCP members have the right to:

**(1) Receive a Notice of Privacy Practices (NOPP)** – The NOPP must be provided by the member’s provider or health plan. The NOPP must be in plain language and presented to members at the time of their first visit or assessment for eligibility.

The NOPP must inform members of the following:

- how their information will be used or shared
- their rights to access their own information
- their right to receive confidential communications
- how to file a complaint
- the Privacy Officer’s contact information

# Patient Rights Under HIPAA (Cont'd.)

- (2) Request amendments to their medical record** – Members may request amendments or corrections to their medical record if he/she believes it is incomplete or incorrect.
- (3) Access, inspect and obtain copies of their medical record** – Members can request to view and obtain copies (paper or electronic) of their medical records at any time.
- (4) Request restrictions on certain disclosures** if other than for treatment, payment or health care operations (TPO). Members can also request restrictions on disclosures to health plans concerning treatment for which the member paid out of pocket. We are not required to agree with the restrictions.
- (5) Receive an accounting of non-routine disclosures** when their PHI is shared with an outside party for reasons other than for TPO. The report should include the dates, recipient names, specific information disclosed, and the reason for the disclosure.

# Patient Rights Under HIPAA (Cont'd.)

**(6) Confidential Communications** – Members may request to receive communications about their PHI through alternative means (e.g., via secure text message) or to an alternate address.



**(7) File a complaint of a privacy violation** – Members have the right to file a complaint directly with HCP or to the Office for Civil Rights (OCR) if he/she believes their HIPAA privacy rights have been violated. HCP and its' providers are required to provide contact information for filing a complaint.

# Permitted Uses & Disclosures of PHI

## General Rule

An entity may not use or disclose PHI, except as permitted or required by the Privacy Rule, such as to an individual when requested and to HHS to investigate or determine compliance with the Privacy Rule, or when otherwise required by law.

Disclosure of PHI is required by law for the following circumstances:

Public health	Cadaveric organ, eye, or tissue donations
Victims of abuse, neglect or domestic violence	Research purposes
Health oversight activities	Aversion of serious threat to health or safety
Judicial or administrative proceedings	Specialized government functions
Law enforcement purposes	Workers' compensation
Coroners, medical examiners, and funeral directors about descendants	

# Authorization for Disclosures

Members protected health information should not be used for reasons other than treatment, payment, or health care operations, unless we get a written **authorization**.

An authorization must be specific to the particular situation for which it is being requested, and it has a limited duration.

Exception: a provider can release a child's immunization record without a HIPAA authorization if required by state law for admission.

## Minimum Necessary Rule

PHI that is accessed, used or shared for purposes other than for TPO should be limited to the *minimum necessary* information needed to accomplish your job.



# Enforcement & Penalties

The Office for Civil Rights (OCR) enforces both civil and criminal mandatory penalties for HIPAA/HITECH violations. Penalties enforced based on knowledge and intent.

- **Civil Penalties** = \$100 to \$50,000 per violation; Max of \$1.5mil per year for the same violation
- **Criminal Penalties** = \$50,000 to \$250,000 per violation + up to 10 years in prison)

Type of Violation (Degree of Fault)	HIPAA Penalty (Nature, Extent of Violation, Potential Harm)
No knowledge =	\$100 per violation up to \$25,000 per year
Reasonable cause =	\$1,000 per violation up to \$100,00 per year
Willful neglect, but corrected the issue within 30 days =	\$10,000 per violation up to \$250,000 per year
Willful neglect + failed to correct =	\$50,000 per violation up to \$1.5 million per year

# Breach Notification Rule

A breach is an impermissible use or disclosure that compromises the privacy or security of PHI.

The HIPAA Breach Notification Rule requires covered entities to notify affected individuals, HHS, and in some cases the media of a breach of unsecured PHI.

If it is determined that a breach has occurred, appropriate notifications must be made within 60 days following discovery of the breach as required by under HIPAA Breach Notification Rule.

Failure to report a breach of PHI could result in sanctions against HCP and/or the individual responsible for the breach.

# Privacy & Security Best Practices

## ALWAYS

- ✓ Log off before you walk away from your computer
- ✓ Verify fax numbers & email addresses before sending PHI
- ✓ Verify the identity of the caller before releasing confidential information
- ✓ Discuss patient information in private locations
- ✓ Access information on a need-to-know basis, only to do your job
- ✓ Share only the minimum information necessary for the intended purpose of the disclosure
- ✓ Dispose of confidential information properly (e.g., locked shredder bins)
- ✓ Use only secure and approved email methods or Internet connections when sending or accessing PHI

## NEVER

- ✗ Never share your password with anyone
- ✗ Leave PHI unattended or visible on your desktop or computer screen

# Your Role

Remember that health information ultimately belongs to our members, not to the provider or the health plans. Just as you expect your health care information to be kept private, so do our members.

**Our commitment to patient care includes a commitment to respecting our members privacy.**

All Workforce members, providers, contractors and vendors are responsible for protecting the integrity of their data in all formats!



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