Privacy & Security (HIPAA) Training 2015

Compliance Department
Healthcare Insurance Portability and Accountability Act (HIPAA)

• HIPAA Privacy & Security Law was created in 1996 by the Federal Government...

• *Welcome to your work life expectations in Healthcare.*
HIPAA Consists of three separate parts:

1) Privacy (Protected Health Information)

2) Security (Passwords, Encryption)

3) Electronic Data Exchange (Hacker)
just checking?

Checking a patient's medical record as part of your job is okay. If you're checking out of curiosity or concern, or for a favor for a friend, it's not.

Just a reminder: Checking a patient's medical record should only be done for professional reasons.
Security of Protected Health Information (PHI)

• Technical Safeguards
  
  – Many technical devices are used to maintain security.
  
  – Examples include:
    
    • Different levels of computer passwords, screen savers
    
    • Devices to scan ID badges, data backups
    
    • Disposal of media, encryption, audit trails.
    
    • Computer and system processes are set up to protect, control and monitor information access.
The #1 Type (70%) of Breach at CVMC in 2014

- Written Documents containing Protected Health Information (PHI) …..
- Handed or mailed to the wrong patient upon departing from office/ED visits or testing appointments to include: Medication Lists, X-Ray or Lab Results, Discharge Instructions, Care Plans, Event Diaries.

- Slow Down and Review the Documents before giving them to patients..
The #2 Type (15%) of Breach at CVMC in 2014

Unauthorized Electronic Medical Record (EMR) Access

- Proven by Electronic Audit with NO NEED TO KNOW: the information was looked at due to personal curiosity……

- 3 staff were terminated for this.

- Patients are asking the Compliance Department for Audits to be done on a routine basis

- Patients know their rights…
your integrity is a matter of record

There's an electronic record made anytime a patient's medical information is accessed. Please make sure all inquiries are for professional reasons.

Just a reminder: Protect your access code—no sharing, please.
Total # of Reported Cases in FY 2014 was 26

Year to Date in Fiscal Yr. 2015 is 29 as of 3/16/15

Reasons for the breaches in privacy:
- Staff are hurrying in their work processes
- Regulations for reporting are tighter by the Federal Government
- Patients are very aware of their Privacy and Security Rights and we live in a small community…
Disposal of Paper Documents containing PHI...

The only correct way:

Place the paper in a Shredding Paper Bin
At CVMC, the shredding bins are a Grey Color.

Do not dispose of papers, ID Bands, specimen labels, summary notes, reports, mailing labels...
“Normally, I’d discuss your condition with these first-year residents, but because of confidentiality restrictions, all I can really tell them is that you’re a shoo-in for an invasive procedure.”
Breach of PHI is also just talking with others.

“But I was just making conversation...”

Talking with spouses, partners, friends, family, or acquaintances about a patient at the hospital is NOT okay.

Just a reminder: Even if you don’t use a patient’s name, it is still NOT okay.
Reporting a HIPAA Violation

- Fill out a SAFE report and contact the Compliance Officer via email, at Ext. 4311 or anonymously at Extension 5959.
- If applicable, request the return of the PHI received in error.
- When Protected Health Information is breached, a letter of apology must be sent to the patient.
- Under certain circumstances, the Compliance Officer must report the breach/violation to Health and Human Services at the Federal level.
Finally…. 

• As CVMC employees, you are obligated by law and hospital *Code of Conduct* to protect the privacy and security of our patients, colleagues, and families.

• THINK HARD about the consequences of speaking, peeking, texting, and sharing private information with others.

• **IT IS NOT WORTH LOSING YOUR JOB**…