All Stat Home Health, Inc.

HIPAA TRAINING

Health Insurance Portability and Accountability Act of 1996

SELF-LEARNING PACKET

WELCOME

OBJECTIVES:

Upon completion of this program, you will be able to:

1. Discuss patient rights and responsibilities.
2. Explain what HIPAA stands for.
3. Explain the purposes of HIPAA.
4. Explain the purpose of the Privacy Rule
5. Define health information
6. Define individually identifiable health information (IIHI)
7. Define protected health information (PHI)
8. Give examples of protected health information
9. Define the Minimum Necessary standard.
10. Define the Right of Notice.
11. Identify how patients are informed of their rights under HIPAA.
12. Identify how patients give consent for PHI use and disclosure.
13. Identify how patients give consent for health information to be released to family members
14. Identify and contact the Privacy Officer.
15. Explain what you must do to comply with HIPAA.
16. Explain the civil and criminal penalties you face for violating HIPAA.
17. Explain your responsibilities for incident reporting.
18. Complete the self-learning packet post-test with a minimum score of 80%.

Management of Information

Patient's Rights and Responsibilities:

Patients have a fundamental right to considerate care that:

- Safeguards their personal dignity,
- Respects their cultural, psychosocial and spiritual values, and
- Respects their privacy.

Upon admission, all patients are given a copy of All Stat Home Health's Statement of Patient Rights and Responsibilities.

Employees are given a copy of All Stat Home Health's Statement of Patient Rights and Responsibilities upon employment and sign a statement acknowledging receipt and understanding which becomes part of their personnel file.

Confidentiality:

Employees are responsible for protecting and preserving the confidentiality of all clients, all employees and all company business. All information about all patients, all employees and all company business is to be considered private and must not be discussed with anyone who does not have a need to know such information. Every employee has the responsibility of protecting the privacy of patients' information including the identity of patients, patients' physical, emotional and medical diagnosis, status, treatments, financial status, location, physicians and all materials for patients' medical records.

A breech of confidentiality may cause severe problems for patients (such as job, insurance and/or lawsuit loss and suffering of rejection false rumors and media harassment). A breech of confidentiality may also cause severe consequences for employees who violate confidentiality (such as termination of employment, personal lawsuits, imprisonment, and loss of professional licensure. It is a violation of State and Federal laws and of company policy and procedure to gain unauthorized access to any health data information by any means.

Employees are informed of their responsibilities for maintaining confidentiality and the consequences they can face for failing to maintain confidentiality in All Stat Home Health's Employment Policies. Employees are given a copy of All Stat Home Health's Employment Policies upon employment and sign a statement acknowledging understanding and receipt and understanding which becomes part of their personnel file.

Additional specific training about confidentiality and the federal and state laws involved is provided for all staff through this training program. All employees are required to complete this training program. Additional job specific confidentiality training is provided for office staff and others as indicated.

Employees must be aware of their surroundings when discussing a patient's situation as others may be within hearing range of any comments made.

Right To Accept or Refuse Care:

Patients have the right to accept or refuse care.

Patients are informed in writing of their rights to accept or refuse care upon admission.

Patients who want to accept care sign the "Consent for Admission, Care and Patient Responsibilities" form.

Right to Designate a Health Care Surrogate:

A competent adult has the right to designate a surrogate to act on his/her behalf and to make all health care decisions for him/her during his/her incapacity (incompetence to make medical decisions) in accord with his/her prior instructions.

Right to Designate a Durable Power Of Attorney:

A "Durable Power Of Attorney for Health Care" is a signed, dated and witnessed paper naming another person, such as a husband, wife, daughter, son or close friend as "Agent" or "Proxy" to make medical and anatomical gift decisions should a person be unable to make them for his or her self.

A Durable Power Of Attorney cannot make decisions that he or she knows to go against the individual's religious beliefs, basic values and stated preferences.

A Durable Power Of Attorney is implemented upon terminal illness, accident and any condition that renders the individual unconscious or mentally incompetent to make health care decisions.

Right to Make Advance Directives:

Patients have the right to make Advance Directives.

An advance directive is generally a written statement completed in advance of a serious illness about how a person wants medical decisions made for him or her.

Medical care is not conditioned nor will discrimination in care occur based on whether advance directives have been executed.

All patients over the age of 18 are asked upon admission if they have an advance directive or if they wish to make those decisions.

A lawyer is not necessary to make a written or oral Advance Directive.

An advance Directive can only be revoked by the individual who made it.

Individuals who make Advance Directives are advised to give a copy of their Advance Directives to their doctor(s) and to their relatives.

Patients are informed in writing of their rights to make advance directives upon admission.

Health Insurance Portability and Accountability Act (HIPAA) of 1996

Congress passed HIPAA to improve health insurance coverage in the United States primarily by setting federal standards for medical record distribution and storage. Also in enacting HIPAA, Congress mandated the establishment of standards for the privacy of individually identifiable health information (IIHI) – the **Privacy Rule.**

In addition to creating national standards to protect individual medical records and personal health information, the Privacy Rule was enacted to give patients more personal control over their health information.

Patient privacy rights under HIPAA establish:

- Boundaries on the use and release of medical records.
    - Safeguards that health care providers must achieve to protect the privacy of health information.
    - Standards for patients request to find out how their medical information is being used and what disclosures of that information have been made.
    - Limitations on the release of health information to the minimum reasonably needed for the purpose of disclosure – the Minimum Necessary Standard.
- Rights of patients to examine and obtain a copy of their health records and request changes.

The HIPAA Privacy Rule defines personal health information in three stages:

1. Health information is defined as *"any information, whether oral or recorded, in any form or medium that is received by a health care provider, plan, public health authority, employer life insurer, school or university, or healthcare clearinghouse. In addition, this information relates to the past, present or future physical or mental health or condition of an individual; as well as the provision of health care to that individual; or the past, present or future payment for the provision of health care for the individual."*

2. Individually identifiable health information **(IIHI)** is defined as *"information that is a subset of the health information, including demographic information collected from an individual. Also, this information is created or received by a health care provider, health plan, employer, or health care clearinghouse and it relates to the past, present, or future physical or mental health of the individual. This information also applies to all past, present, or future information for payment for the provision of healthcare to an individual."*

3. Protected health information **(PHI)** is defined as *"any individually identifiable health information maintained or transmitted via electronic media or any other form or medium."*

Here are some examples of PHI:

- Patient intake forms
- Any information maintained in patient home folders
- Private Duty Time sheets
- Private Duty Aide Records
- Private Duty Skilled Nursing Records
- Home Health Daily Activity Sheets
- Home Health Skilled Nursing Records and Therapy Clinical Notes
- Physician orders
- Delivery tickets for home medical equipment

Any form or electronic transmission which contains patient specific information of any kind must be considered PHI.

The Right of Notice is a HIPAA requirement that patients be informed about the potential uses of their PHI and their rights to limit those uses. All Stat Home Health provides all patients with this information in a written "Notice of Health Information Practices" upon admission.

As per Virginia State law, no healthcare provider may disclose any PHI without patient consent except when permitted by state or federal law. All patients are required to sign the "Consent to the Use and Disclosure of Health Information for Treatment, Payment and/or Healthcare Operations." Patients may authorize release of health information to family members on this form

The Privacy Rule requires homecare providers to designate a Privacy Officer. The Privacy Officer for All Stat Home Health is the Regional Administrator, Carol Roy, RN. Ms. Roy may be reached through the Richmond office: 804 378-1968 or 800 711-8028.

In summary, to comply with HIPAA, you must:

- ✓ Keep all PHI confidential.
- ✓ Protect the confidentiality of any spoken, written, printed or electronic information.
- ✓ Not discuss anything about any patient with anyone except another employee.
- ✓ Share PHI only when it is necessary for the treatment, payment or operations.
- ✓ Share only the minimum PHI required.
- ✓ Shred any written material when no longer needed for reference.

If you do not comply with HIPAA, if you violate confidentiality you can face:

- ➢ Civil suit
- ➢ Criminal penalties
- ➢ Fines up to $250,000
- ➢ Imprisonment up to 10 years
- ➢ Termination of employment
- ➢ Loss of license

Incident Reporting:

An incident is any unfavorable outcome or risk pertaining to any patient or employee.

Any individual who becomes aware of any incident is responsible for immediately reporting the incident to his/her supervisor so that appropriate action(s) can be taken.

The following are examples of incidents that must be reported immediately:

- Violation of any law, rule or regulation
- Violation of patient confidentiality
- Loss or damage to a patent's belongings
- Equipment or medical device malfunction or failure
- Contamination of solutions or supplies
- Endangerment of clients or staff
    - Procedure error
    - Medication error
    - Refusal of treatment
    - Unexpected outcome
    - Fall
    - Witnessed Cardiac Arrest (unless client has a Do Not Resuscitate Order)

Completed incident report forms are considered privileged information among All Stat Home Health administrative and quality committee staff and legal counsel.

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