Astrana Health

HIPAA Training

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HIPAA & PRIVACY SECURITY PROGRAM

Purpose

- To support Astrana Health's commitment to comply with the Health Insurance Portability & Accountability Act of 1996 (HIPAA) & all other applicable State & Federal standards.
- To establish a HIPAA Privacy Program to ensure Member's health information is properly protected while allowing the flow of health information needed to provide & promote high quality health care.
- To protect Member's PHI & PII (personal identifiable information) from exposure to any person without authorization or business to know.

Scope

- The HIPAA Privacy Program falls under the auspices of the Compliance Department.
- Federal & State statues & regulations require Astrana Health to investigate potential privacy incidents & report privacy breaches to health plans & appropriate regulatory agencies.

WHAT IS HIPAA?

As someone employed in the healthcare industry, you need to be aware of the HIPAA Privacy and Security regulations and how they apply to you and your work.

Members/Patients routinely share personal information with health care providers. If the confidentiality of this information is not protected, trust in the physician-patient and healthcare relationship would be affected.

The HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule established standards to protect an individual's private, personal, and health-related information.

PRIVACY RULE

- Applies to covered entities such as health plans, health care clearing houses, health care providers, and businesses who do business with healthcare practitioners
- Requires covered entities train all staff members in regards to their responsibilities to ensure that all related policies and procedures are upheld
- Requires appropriate safeguards to protect the privacy and confidential nature of personal health information (PHI)
- Requires set policies and procedures to ensure a patient's privacy and security
- Gives patients' rights in regards to their health information
- Requires a "Notice of Privacy Practices" that explains an organization's policies and procedures relating to privacy and the use and/or distribution of health information

HITECH & OMNIBUS

The Health Information Technology for Economic and Clinical Health (HITECH) Act and the HIPAA Final Omnibus Rule updated the federal HIPAA privacy and security standards.

Collectively, major updates include:

- Breach notification requirements
- Fine and penalty increases for privacy violations
- Patient right to request electronic copies of the electronic health care record
- Patient right to restrict disclosure to health plans for services self paid in full ("self-pay restriction")
- Mandates that Business Associates are directly liable for compliance with HIPAA provisions

NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices explains that health information is used for:

- ✓Providing treatment
- ✓Ensuring payment for services
- ✓Operating the facility
- ✓Improving the quality of care
- ✓Maintaining a facility directory

The Notice explains that patients may:

- ✓View and receive copies of their medical records
- ✓Restrict who has access to their medical records
- ✓Amend their health information when the information is incomplete or inaccurate
- ✓Request an alternative means or location for receiving protected health information
- ✓Lodge a complaint with covered entities and file complaints with the Department of Health and Human Services

Astrana Health Notice of Privacy Practices

IDENTIFIERS: PII

Personally Identifiable Information (PII)

PII is information that can be used to identify or contact a person uniquely and reliably or can be traced back to a specific individual. PII is information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. PII is protected to help prevent identity theft. PII is a person's name, in combination with any of the following information:

- Mother's maiden name
- Driver's license number
- Bank account information
- Credit card information
- Relatives' names
- Postal address
- Email address
- Home or cellular telephone number
- Personal characteristics
- Social Security Number (SSN)
- Date or place of birth
- Other information that would make the individual's personal identity easily traceable

IDENTIFIERS: PHI

Protected health information (PHI)

PHI is a subset of PII that relates to health data. PHI is any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed while providing a healthcare service such as diagnosis or treatment. HIPAA regulations allow researchers to access and use PHI when necessary to conduct research. However, HIPAA applies only to research that uses, creates, or discloses PHI that enters the medical record or is used for healthcare services, such as treatment, payment, or operations.

The Department of health care services (DHCS) lists the 18 HIPAA identifiers that are considered Personally identifiable:

- Names
- Address / Geographic area
- All elements of dates such as Date of Birth, Admit / discharge date, Date of Death
- Telephone numbers
- Fax numbers
- Email addresses
- Social Security numbers
- Medical Records numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- VIN and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web URLS
- IP address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code, except as permitted

WHAT ARE PATIENT RIGHTS?

Mandated by HIPAA, Patients have the right to:

- Receive the Notice of Privacy Practice
- Access their medical records
- Request amendments to their medical records
- An accounting of disclosures of their medical records
- Request restrictions on release of PHI
- File a complaint

WHAT ARE PATIENT RIGHTS?

Any individual who has entrusted his or her PHI to us has the right to: access, review, and copy that PHI; request amendment of the information; and request an accounting of any disclosures we have made.

Upon receiving a request, we must act on it no later than 30 days after receipt for PHI that is maintained. This time requirement applies regardless of whether the information is maintained on-site or off-site. A single 30-day extension is allowed. If the 30-day extension is needed then the requestor must be informed of the reason.

Covered entities must provide an individual with access to PHI in the electronic form and format requested by the individual if the PHI is maintained electronically in one or more designated record sets. Covered entities may charge for the labor for copying PHI requested by the individual.

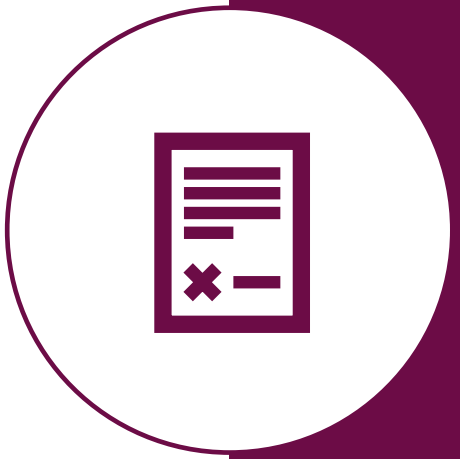
PATIENT AUTHORIZATION

A covered entity cannot release PHI without patient authorization:

An authorization form is detailed and specific to:

- Permitted uses and disclosure
- Permitted recipient
- Operating the facility
- Personal health information that may be shared

EXCLUSION: Required by law such as subpoenas



HOW CAN WE PROTECT PHI?

- ✓ Never leave files/documents open and/or unattended
- ✓ Cover, turn, or lock up documents – never dispose in trash cans
- ✓ Avoid discussing patients' care in common areas
- ✓ Access, use or provide only the minimum amount of PHI necessary
- ✓ Lower your voice or move to more private area
- ✓ Do not discuss outside of work
- ✓ Verify identities/authorization before giving access to data
- ✓ Take measures to protect – computers, cell phones, electronic devices
- ✓ Questions & violations – report to Supervisor or Compliance Officer

GOOD HIPAA PRACTICES

- Triple check!! When mailing or handing documents to members, slow down and verify that each document belongs to the person
- Check printers, faxes, and copier machines when you are done using them
- Do not leave paper PHI laying on your desk; lock it up at the end of the day
- PHI files are only stored behind locked cabinet or rooms for minimum of 6 years unless is business and compliance related for 10 years
- Shred or destroy PHI media (paper or electronic) to unreadable and irreversible fashion
- Security Encryption when emailing
- Only access information your job REQUIRES for Treatment, Payment, Healthcare, Operations (TPO)
- Do not share member information in open areas where you can be overheard by others
- Lock your computer every time you walk away, and/or log off at the end of the day
- Do not share or disclose member information with family, friends or co-workers
- Do not email, post or text (including photos) anything that can identify a member
- Know the permission level granted by the member in order to leave a HIPAA-compliant voice message
- Know how and where to dispose of all PHI – shred, locked bins, etc.
- PROMPTLY REPORT MEMBER PRIVACY INCIDENTS to your supervisor, privacy officer per your company policy
- Prior to release of PHI, ensure Authorization Form is obtained (as needed for compliance with the Privacy Rule)

DISCLOSURES PERMITTED BY LAW

- Treatment, payment, and health care operations activities
- Certain communicable diseases to state health agencies
- Cases involving child abuse, elder abuse, suspected neglect and/or domestic violence
- Law enforcement requests certain information to determine if the patient is a suspect in a criminal investigation
- Judicial and administrative proceedings, such as a court order or subpoena
- Reporting of suspicious deaths or certain suspected crime victims, such as cases involving gunshot wounds
- Coroners or medical examiners in the determination and reporting of cause of death
- Funeral directors responsible for the arrangement of funeral services
- Food and Drug Administration (FDA) requires providers to report certain information about medical devices that break or malfunction

Understand when it is appropriate to access Member/Patient information

“Minimum Necessary” Rule

- Clinical staff, physicians and employees are required to access only the information *they need to do their job* for treatment, payment or healthcare operations (TPO)
- Release of PHI without a signed Authorization Form is not permitted
- Access to your family/friends' records is not permitted without a signed Authorization Form from the member

SECURITY RULE & SAFEGUARDING PHI

Security Rule requires covered entities to maintain reasonable & appropriate administrative, technical & physical safeguards to protect PHI- Electronic, Printed, Oral, Written or Recorded.

- ✓Report security incidents
- ✓Ensure computer monitors cannot be viewed by general public
- ✓Each user must use his/her own unique ID & password
- ✓Never share your ID & password
- ✓Do not open suspicious e-mails
- ✓Do not send PHI through e-mail without proper encryption

POTENTIAL PENALTIES

The Office of Civil Rights (OCR) and the Department of Health & Human Services enforce HIPAA regulations and impose penalties. Penalties include the following:

- Violations without knowledge (where an individual did not know they violated HIPAA regulations) result in a $100 fine for each violation, not to exceed a total of $25,000 per year
- Violations due to reasonable cause, but not willful neglect, result in $1,000 fine for each violation, not to exceed $100,000
- Violations due to willful neglect that the organization corrected will result in a $10,000 fine for each violation, total fines not to exceed $250,000
- Violations due to willful neglect that the organization did not correct result in a $50,000 fine for each violation, fines not to exceed $1,500,000 for the calendar year
- Criminal penalties can not only include large fines but may also include jail time. The more serious the offense, the harsher the penalty

REPORTING OF POTENTIAL HIPAA & SECURITY BREACH WITHOUT FEAR OF RETALIATION

HIPAA BREACH

What should you do if you suspect potential HIPAA breach?

File a report anonymously and confidentially

Astrana Health Compliance Officer:
Khurrum Shah

Compliance Hotline: 844-975-2651
24 hours a day/7 days a week

Website: https://astranahealth.ethicspoint.com

Email: compliance@astranahealth.com

Scan:

SECURITY BREACH

What should you do if you suspect potential security breach?

You may do ANY of the following:

a. **Tell**- your supervisor or security officer

b. **Call**- IT Security Officer: 626.943.6256
Helpline: 626.943.6172

c. **Email**- Richard.Pagan@astranahealth.com
helpdesk@astranahealth.com

APPENDIX: Sample Scenario

Question

My supervisor has been out on disability and I'm very concerned about her — we have worked together for over 10 years. Since I am a nurse in medical management and have a job that requires access to and use of medical information, can I check on the status of my supervisor?

Answer

Although you have security clearance to this PHI and PII for purposes of your work, you may not access information and share it outside the scope of your responsibilities, as set forth in our company's HIPAA Privacy Policies and Procedures.

Question

I was visiting my father in the hospital when his doctor came into the room to discuss my father's diagnosis and treatment plan. My coworker told me that under HIPAA it was wrong for the doctor to speak in front of me and should have asked me to leave the room. Is this true?

Answer

The information about your father's medical condition is considered PHI. In this case, however, the doctor had reason to believe that your father accepted you hearing about his medical condition and as such authorization was in effect given. If your father objected in any way, the doctor should have stopped, asked you to leave the room, and then continued the conversation with your father. Adult family relationships do not confer any special rights to another person's PHI.

Post-Assessment Quiz

1. The primary Federal Law pertaining to the medical information privacy is:
   a. American Recovery and Reinvestment Act (ARRA)
   b. Health Information Technology for Economic and Clinical Health Act (HITECH)
   c. Health Insurance Portability and Accountability Act (HIPAA)
   d. All of the above
   e. None of the above
2. What is PHI?
   a. Privacy Health Information
   b. Protected Health Information
   c. Patient Health Insurance
3. Which of the following are examples of PHI?
   a. Patient's Name
   b. Patient's Date of Birth
   c. Patient's Address
   d. Medical Record Number
   e. Admission date, time, and reason
   f. All of the above
   g. None of the above
4. The "minimum necessary" requirement of HIPAA refers to using or disclosing/releasing only the minimum PHI necessary to accomplish the purpose for which it is being used, requested, or disclosed.
   a. True
   b. False
5. The HIPAA Privacy Rule protects all PHI, electronic, verbal and written.
   a. True
   b. False

Post-Assessment Quiz

6. If you need to report a HIPAA concern or violation, which of the following can you do?
    a. Contact my organization's HIPAA Compliance Officer
    b. Contact my supervisor or manager
    c. All of the above
    d. None of the above
7. HIPAA mandates that members have the right to:
    a. Request restrictions on release of PHI
    b. File complaints
    c. Receive the notice of privacy practices
    d. Access medical records
    e. All of the above
    f. None of the above
8. It is not mandatory to secure emails for HIPAA protected information on outgoing email
    a. True
    b. False
9. Only access the information your job requires for treatment, payment, Healthcare Operations
    a. True
    b. False
10. An authorization form is not needed prior to releasing PHI
    a. True
    b. False

You have now learned about HIPAA program.

You've completed the lesson!