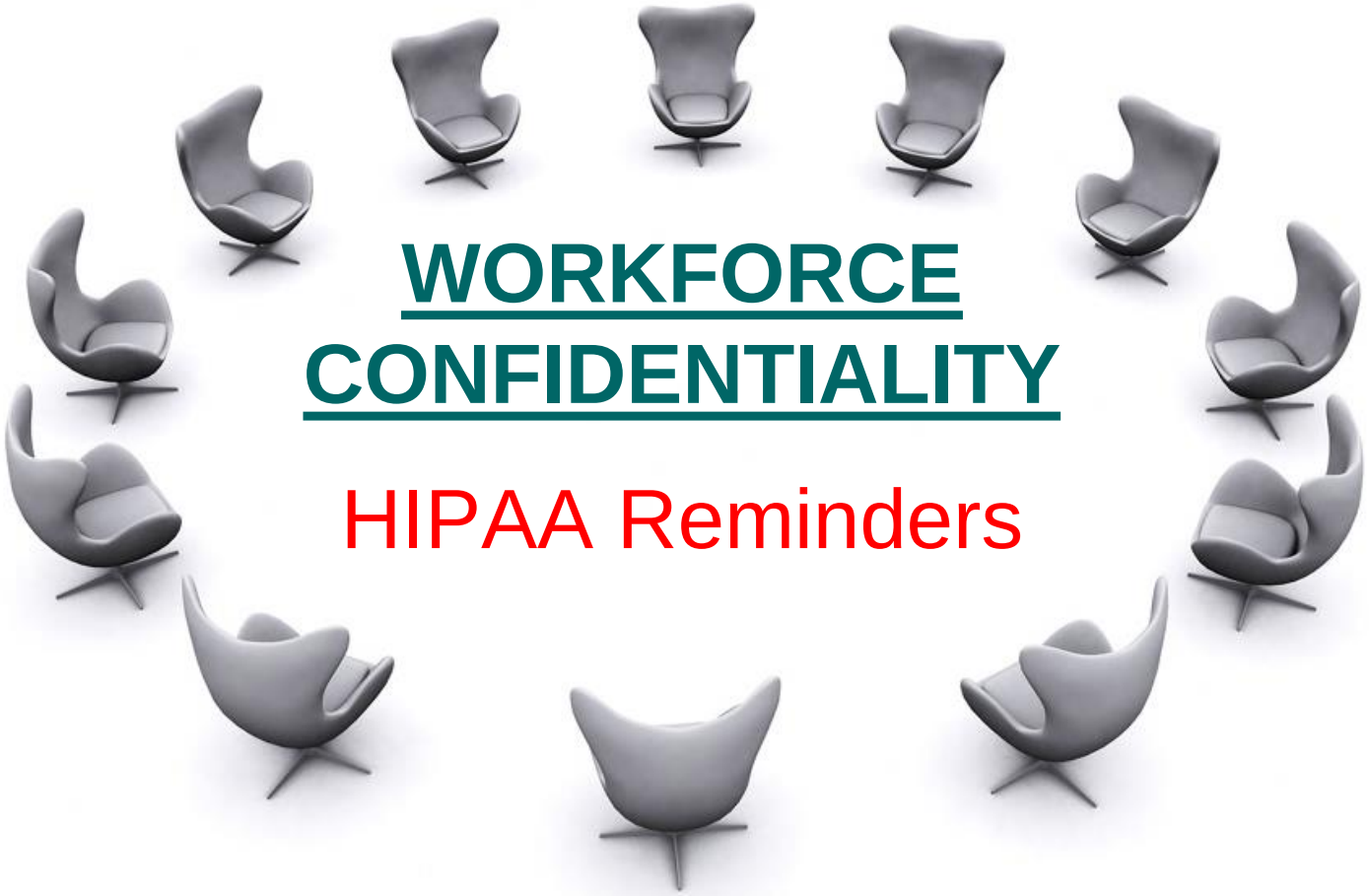


WORKFORCE CONFIDENTIALITY

HIPAA Reminders

HIPAA 101

The Health Insurance Portability and Accountability Act (HIPAA) protects patient privacy.

- HIPAA is a Federal law that includes:
  - criminal (i.e. prison terms); and
  - civil (i.e. monetary fines) penalties.

As a member of DMC's workforce, *YOU* are responsible for utilizing safeguards and complying with DMC's policies to uphold the confidentiality of all Protected Health Information (PHI).

DMC policies also describe NYS laws that protect patient privacy.

What is Protected?

Protected Health Information *is any information that can be linked to a specific individual about:*

- *health status;*
- *provision of care; or*
- *payment*

1. Names
2. Geographical identifiers
3. Dates directly related to an individual
4. Phone numbers
5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health insurance beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers license plate numbers;
13. Device identifiers/ serial numbers;
14. Web (URLs)
15. Internet Protocol (IP) address #
16. Biometric identifiers including fingerprints
17. Full face photographic images
18. Any other unique identifying number, characteristic, or code.

Privacy is Priceless…

Once a breach of PHI occurs, privacy can never be restored!

Always avoid removing PHI from DMC's premises unless absolutely necessary.

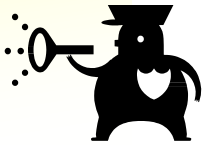
Appropriate **safeguards** must be in place for all PHI in your possession or control.

Onsite

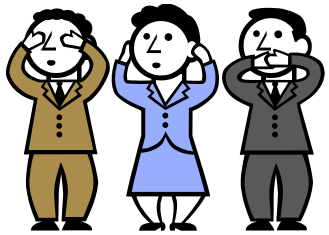
Or

Offsite

…Safeguards

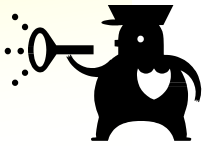


Keep PHI out of sight and out of earshot!

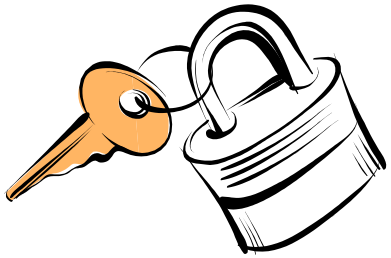


- Professional conversations should never take place in public areas
- Semi-private rooms: use reasonable precautions (lower your voice)
- Voice messages/Intercom announcements: No info specific to patient's service/conditions
- Monitors should be facing away from public view
- Sign-In Logs should have Name, Date & Time only
- Secure Patient Charts/ Interoffice mail
- NEVER Leave PHI Unattended
- Check with patient or review his/her chart for consent before discussing care with visitors, including stating medications out loud

…Safeguards

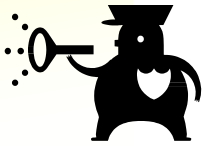


Keep Databases / Workstations on lock!



- NEVER share passwords
- Exit / log-out before leaving a workstation
- Use privacy screens on monitors when necessary
- Restrict access to minimum necessary

…Safeguards



Properly dispose of PHI!

- NEVER dispose PHI in trash cans – Use secure bins or shredders. All printed materials and copies including faxes, emails, or reports containing PHI must be shredded or placed in secure bins designated for shredding.

- Diskettes and CDs must also be disposed of properly; destroyed or placed in designated bins for shredding.
- Properly and permanently delete PHI from electronic storage before disposal
- Follow role change / termination procedures to ensure PHI is returned when appropriate

…Safeguards

IT Security - Downloading, Copying, Removing

- Never send PHI via personal email – Office Outlook must be used
- Encrypt PHI whenever possible – but always encrypt when transmitting via internet
- Patient images taken with mobile device must be uploaded and immediately deleted before going offsite
- USB drives/ portable devices containing PHI may never be taken off- site or used for long term/ permanent storage unless they meet DMC encryption standards
  - Portable devices include laptops, notebooks, hand-held computers, tablets (iPads), Personal Digital Assistants, smart phones and USB drives

Special Categories

- HIV
- Mental Health
- Alcohol/Substance Abuse

Treatment related to these categories is especially sensitive.

The regulations provide special privacy requirements when dealing with this type of information.

Top Violations

The #1 reported violation:
Impermissible uses and disclosures

- Discussing or leaving PHI in public places
- Disposing of PHI in regular trash bins
- Lost or stolen portable devices (laptops, thumb drives) containing PHI
- Failure to obtain necessary patient authorization, including discussing care in the presence of visitors without asking permission from the patient first
- Snooping into patient files

AVOID A VIOLATION!

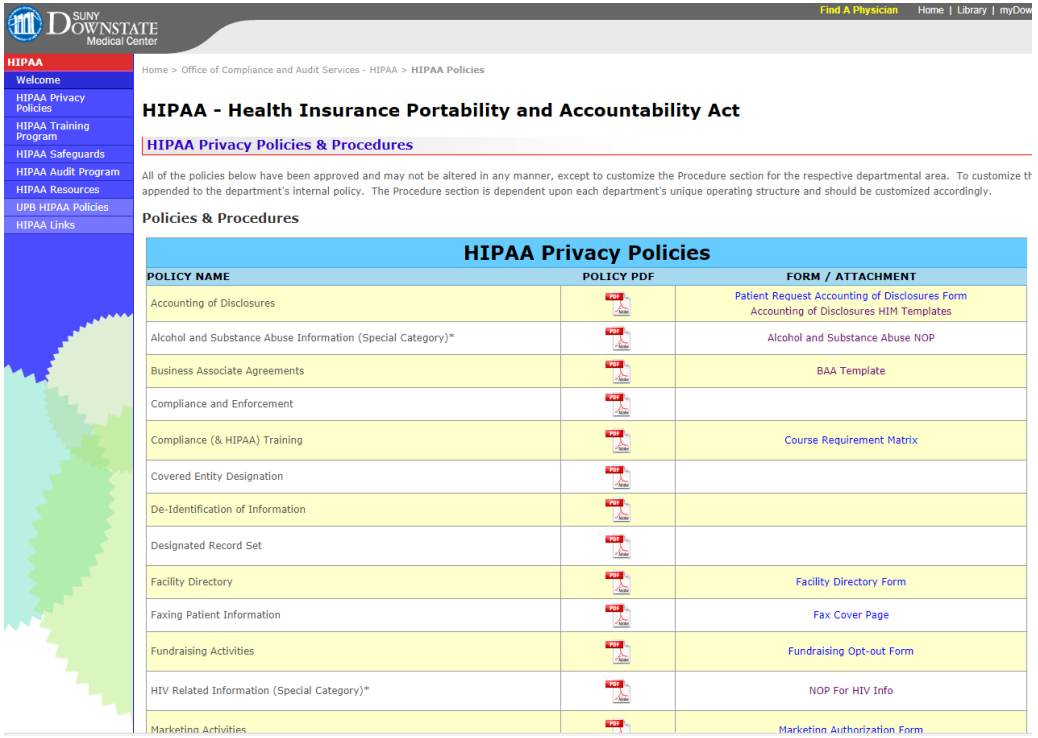
ALWAYS BE SURE THAT APPROPRIATE SAFEGUARDS ARE IN PLACE

When In Doubt…

Review policies & procedures www.downstate.edu/hipaa

Policies accessible via sidebar:

"HIPAA Privacy Policies"



SUNY Downstate Medical Center

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HIPAA

- Welcome
- HIPAA Privacy Policies
- HIPAA Training Program
- HIPAA Safeguards
- HIPAA Audit Program
- HIPAA Resources
- UPB HIPAA Policies
- HIPAA Links

Home > Office of Compliance and Audit Services - HIPAA > HIPAA Policies

HIPAA - Health Insurance Portability and Accountability Act

HIPAA Privacy Policies & Procedures

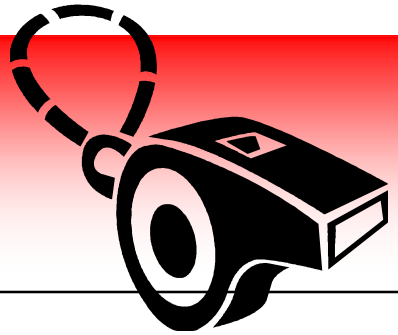
All of the policies below have been approved and may not be altered in any manner, except to customize the Procedure section for the respective departmental area. To customize th appended to the department's internal policy. The Procedure section is dependent upon each department's unique operating structure and should be customized accordingly.

Policies & Procedures

HIPAA Privacy Policies

POLICY NAME	POLICY PDF	FORM / ATTACHMENT
Accounting of Disclosures		Patient Request Accounting of Disclosures Form Accounting of Disclosures HIM Templates
Alcohol and Substance Abuse Information (Special Category)*		Alcohol and Substance Abuse NOP
Business Associate Agreements		BAA Template
Compliance and Enforcement		
Compliance (& HIPAA) Training		Course Requirement Matrix
Covered Entity Designation		
De-Identification of Information		
Designated Record Set		
Facility Directory		Facility Directory Form
Faxing Patient Information		Fax Cover Page
Fundraising Activities		Fundraising Opt-out Form
HIV Related Information (Special Category)*		NOP For HIV Info
Marketing Activities		Marketing Authorization Form

Lost or Stolen PHI



IMMEDIATELY REPORT!

If you suspect that PHI in any form has been lost or stolen, report to:

- Immediate Supervisor
- Office of Compliance & Audit Services
- Confidential Compliance Hotline: **877-349-SUNY**
  OR Web- based Reporting: **"Compliance Line"** link located at bottom of **www.downstate.edu**

Contact Us

If you have questions about the safeguarding of PHI, or how to properly dispose of PHI, ASK!

Information Security Officer x4454

The Office of Compliance & Audit Services x4033

Information Technology (IT) HELP Desk x4357

HIPAA Privacy Officer X2095/x7470

Compliance Line **877-349-SUNY**

www.downstate.edu/hipaa