

# WORKFORCE CONFIDENTIALITY

HIPAA Safeguard Reminders





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



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

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

Downstate 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 Downstate's premises unless absolutely necessary.



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

<u>Onsite</u>

Or Offsite







### 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
- o NEVER Leave PHI Unattended
- Check with patient or review his/her chart for consent before discussing care with visitors, including stating medications out loud
- Verify a patient's name before handing over documents (i.e. Rx / Discharge Info. / Bill or Receipt)





### Keep Databases / Workstations on lock!



- o 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





### IT Security - Downloading, Copying, Removing

- Never send PHI via personal email Outlook must be used
- Encrypt PHI whenever possible but always encrypt when transmitting via internet
  - Manually encrypt confidential emails by typing 'Confidential' in the subject heading
- 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 Downstate encryption standards
  - Portable devices include laptops, notebooks, hand-held computers, tablets (iPads), Personal Digital Assistants, smart phones and USB drives







# **Special Categories**



### <u>HIV</u> <u>Mental Health</u> <u>Alcohol/Substance Abuse</u>

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!

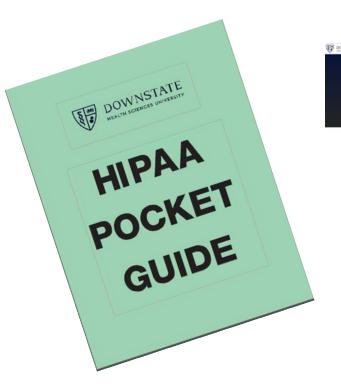
ALWAYS BE SURE THAT APPROPRIATE SAFEGUARDS ARE IN PLACE

## When In Doubt...



Downstate's HIPAA Privacy Policies are available on our website.

Downstate.edu -> Our Administration -> HIPAA



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# Lost or Stolen PHI



### **IMMEDIATELY REPORT!**

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

- o <u>Immediate Supervisor</u>
- o 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

