

EAGLE SYSTEM:

HIPAA FIELDS



By the Office of Compliance & Audit Services

I. NOTICE OF PRIVACY

The Notice of Privacy MUST be given to EVERY patient seen after April 14, 2003 at his/her FIRST visit.

1. The "N-O-P" and "N-O-P DT" fields are located on the Patient Master Maintenance (PMM) screen. Data must be entered into the N-O-P field in order to continue to the next screen.

```
09/22/03 11:44AM      URB MERGED INPAT / OUTPAT  TRN      PATIENT MASTER MAINT
PATIENT#:                                MOVE CURSOR TO MODIFY
=====
PAT NAME:                                MED/REC#:
STREET:                                CHART#:
LINE 2:                                AVLD:
ZIPCD:                                COUNTY: QUEE QUEENS          CREDIT:
CITY:                                STATE: NY          COUNTRY: US UNITED S BRTHPLAC: US UNITED
H-PHONE#:                                SEX: F          RACE: B          D-O-B:
W-PHONE#:                                RELG: OT          OTHER          MOTHER:
SOC SEC#:                                EMPLOY: E          EMPLOYED          NTVLNG:
MEDICARE#:                                MCARE ELG: D          MARITAL: M MARRIED          EXP: N
MEDICAID#:                                MCD AGENCY:          MADN NAME:
                                           MCD SEQ          NOTES N-O-P DT: MM/DD/YYYY
VAC HIST:                                URB FRND:          N-O-P:
ORGAN DN: N          NO          VET STAT: N          NO          CBMS IND: N          NO CBMS
ADV DIR: AH          YES, NOT          US CITZN: Y          YES
BLK LUNG: U          U - N/A          BEG DATE:
E-D DATE:
I/P STAY:                                STAY# 03          STATUS: DISCHARGE IP F/C:
O/P REGS:                                REG ID:          OP F/C:
=====
** ERROR: NBR REFUSAL CODE WAS NOT ENTERED
```

2. The N-O-P DT field must be entered in MM/DD/YYYY format.

3. The N-O-P field options are as follows:

```
LIST OF VALUES FOR: NPP REFUSAL CODE      RANGE: INITIAL LETTERS: ALL

SEQ#  SEL  CODE  DESCRIPTION  TRANSLATIONS
----  ---  ----  -
  1    A    RCVD ACKNOWLEDGEMENT FROM PATIENT
  2    C    CHILD - NOP GIVEN TO PARENT
  3    E    EMERGENCY-TO BE GIVEN AFTER EMERGEN
  4    L    LOOKUP ONLY-PATIENT NOT BEING SEEN
  5    P    PRE-REGISTRATION ONLY
  6    R    PATIENT REFUSED ACKNOWLEDGEMENT
```

- “A” should be selected when the notice was given to the patient and the patient acknowledged receipt on the HIPAA Privacy Form;
- “C” should be selected when the patient is a minor/ child and the notice was given to the parent or guardian;
- “E” should be selected when the patient is in an emergency situation and cannot receive the notice of privacy;

NOTE: As soon as the emergency situation is over, the patient must receive the notice. The registrar/ clerk MUST then go back to Eagle and update the record to an “A” for receiving the notice and acknowledging receipt or a “R” for receiving the notice and refusing to acknowledge receipt.

- “L” should be selected when the record is being accessed for a lookup of information only and the patient is not currently being seen;
- “P” should be selected when the patient is only being pre-registered for a visit or admission;
- “R” should be selected when the notice was given to the patient and the patient refused to acknowledge receipt.

If you are registering or admitting a patient, you MUST give the patient a notice of privacy if the N-O-P field reflects any of the following options:

- ✓ **E-** Since the previous visit was an emergency situation, the patient may not have received the notice;
- ✓ **L-** The patient's record was only accessed to lookup information. The patient was therefore not seen after April 14, 2003 and needs to receive a notice;
- ✓ **P-** The patient was only pre-registered for this visit/admission. The patient therefore could not have received a notice.

II. DOWNSTATE DIRECTORY INFORMATION

The patient's location (phone # and room #), as well as the patient's general condition (poor, good, critical) may be disclosed to any individual who requests about a patient by name. Religious affiliation may be disclosed to clergy. However, the patient may "opt out" of being included in the directory, which would prohibit staff from disclosing any information to any requestor.

A patient who opts out of being included in the directory must complete the "Facility Directory" form. In addition, the following procedure should be followed to enter the patient's opt out request in Eagle:

1. For patient admissions, access the "Admission Maintenance" screen.
2. In the "Release" field, enter "N".

```
04/01/03 04:16PM  DRG TESTING ENVIRONMENT (TEST)  ADMISSION MAINTENANCE
ADM#:      NAME:      SEX/DOB:
SS#:      ADDR:      LOCN:
===== PRM-SEC F/C:
ADMIT DATE: 07/02/99 FRI JUL  2,1999  DISCHARGE DATE: 07/07/99 WED JUL  7,1999
TIME: 08:47AM  SERIAL#:      TIME: 08:20PM  L-O-S:  5
TYPE: ELE ELECTIVE ADMISSION  TYPE: HOM  DISCHARGED TO HOME
SOURCE: PVT PHYSICIAN REFERRAL  LOCATION:
ADMIT SRVC:      ACCOM:      .      PRD:
ADMIT PHYS:      NAME:
DIAGNOSIS:      TEXT:      PCR#:
REFER PHYS:      NAME:
ATTND PHYS:      NAME:      EFFECT DT: 07/02/99
PRIOR HOSP:      ADM:      DSC:      SMOKER:
CURR SRVC:      ACCOM: SP  PEDIAT. MEDICINE-SP-RM & BRD.      PRD:
MOTH/NWBRN:      N-ADM#:      PVT/SVC: P
GUAR LINK:      RELATION: MTR      DNR ORDER: N
ACCID LINK:      ACD/NF/WC:
INF.DIS:      RELEASE: N  MSPDATE:      MCD EXMT      COND:
NOS.INF:      VA AUTH:      MSPREQ :      GOV/RSCH      USDEF10:
```

- For outpatient visits, access the "Clinic Visit Maintenance (1-REG)" screen.
- In the "Release" field, enter "N".

```

04/01/03 04:23PM      QAB TESTING ENVIRONMENT (TEST)      CLNC VST MAINT/1-REG
PAT#:                NAME:                SEX/DOB:
SS#:                 ADDR:                PREVREG:                F/C:
=====
REG DATE: 06/04/01  LVST: 06/04/01  SERIAL NUMBER:                SERIAL# SFX:
REG AREA: DLJUNC OFFSITE MIDWOOD (JU ATD PHYS: 7459  JONES, OTIS
REFERL CLS: 115  WALK-IN (SELF)      RFR PHYS:
GLID SCALE:                OTH PHYS:
GUAR LINK: .....
ACCID LINK: 0005 HIT BY A BIG TRUCK ON THE JOB  ACD CLS: W  DIAGCAT:
FINCLS TYP DESCRIPTION          INS-LINK          TERMDATE: 06/04/02  TERMCODE:
1: WCL  C  W/C STATE EMPLOYEE    0006 STATE INSURANCE FUND  PVT/SVC: P
2: SLF  P  SELF PAY
3:
BILL HOLD CDS -      1:                2:                3:
4:                5:                6:                LUPDT: SXL 04/01/03
MMDDYY:                MMDDYY:
RELEASE : N  CONFIDENTIAL  UCODE 4:
UCODE 5:                DUE DATE:

```

- Upon receiving a request for Downstate directory information, including admit and discharge dates, access the "Front Desk Inquiry" (FDI) screen.
- If either the "Latest Inpatient Admission Information" or the "Latest Outpatient Admission Information" is blanked out and the screen states "**CONFIDENTIAL**", no information may be disclosed.

PAT#: NAME: RELIG: SEX/DOB:

LATEST INPATIENT ADMISSION INFORMATION **CONFIDENTIAL**

STAY #: 01 LOCATION: ** NURSING STN: ***** ROOM#: **** BED: **
HSP SVC: *** ADM DATE: 07/02/99 DISCHARGED PHONE#: *****
ATDPHYS: ***** CONDITION: *****
DSC DATE: 07/07/99 TIME: 08:20P CODE: HOM

LATEST OUTPATIENT VISIT INFORMATION

REGDATE: RGID: REGAREA:
VSTDATE: TIME: 01:23P CLNC ID:
ATDPHYS: TREAT AREA: I ROOM#: BED:
DSC DATE: 07/13/99 TIME: 01:23P CODE: N

PAT#: NAME: RELIG: SEX/DOB:

LATEST INPATIENT ADMISSION INFORMATION

STAY #: LOCATION: NURSING STN: ROOM#: BED:
HSP SVC: ADM DATE: PHONE#:
ATDPHYS: CONDITION:
*** NO INPATIENT STAY FOUND *** DSC DATE: TIME: CODE:

LATEST OUTPATIENT VISIT INFORMATION **CONFIDENTIAL**

REGDATE: ***** RGID: 6727QS REGAREA: *****
VSTDATE: 06/04/01 TIME: 10:03A CLNC ID: *****
ATDPHYS: ***** TREAT AREA: *** ROOM#: **** BED: **
DSC DATE: 06/04/01 TIME: 10:04A CODE: HOM

III. FAMILY MEMBERS/ FRIENDS INVOLVED IN PATIENT'S CARE

In order to discuss the patient's care with family members or friends, the patient must specify the individuals with whom we may share such information. The HIPAA Privacy Form contains a section for the patient to specify these individuals.

The following procedure should be followed when entering the names of the individuals specified by the patient as being involved in his/her care:

1. Select "RPF"- Related Party Maintenance <enter>;
2. Select "1"- R/P, Related Parties <enter>;

```
04701703 04:15PM  DAB TESTING ENVIRONMENT (TEST)  RECORD TYPE SELECTU
PATH# :           NAME :           SEX/DOB :
SSH#  :           ADDR :           M/S: S CHART :
Entire-List =====
SEQ  SEL  TYPE  DESCRIPTION
---  ---  ---  -----
  1    R/P  RELATED PARTIES
  2    AKA  NAME ALIAS
  3    EMP  EMPLOYMENT
  4    TAD  TEMP ADDRESS
  5    INS  INSURANCE ID #
  6    INX  INS CONTACTS
  7    PHS  PREVIOUS STAY
  8    ACD  ACCIDENT DATA
  9    THR  THERAPY SPECS
 10    MCR  MEDICARE DATA
 11    MCD  MEDICAID DATA

&END
&PATSEL      &SELECT      &RTYPE      &ALLIST      ACTION ==> 1
```

3. Enter the individual's name, relation, address and phone number. In the "DIS CARE" field, enter "Y" <enter>. This identifies the individual as someone whom the patient allows us to discuss his/her care with.

```

04/01/03 04:14PM DRG TESTING ENVIRONMENT (TEST) RELATED PARTY
PAT#:          NAME:          SEX/DOB: |
SS#:           ADDR:          M/S: 5 CHART:  -----
===== UPHIE ===== REL/PARTY RH:R/P 0001
NAME:          D-O-B:          REL: MTR MOTHER
ADDR:          ADDR-L2:         SEX:
IPCD:          CITY: BROOKLYN   STATE: NY NEW YORK   MARTL: M
NTRY:          CNTY:           VALID:               EMPLY: U
I-TEL:         B-TEL:          SSEC#:              PROXY: N
MTHR:          GUAR? Y         INSURED? N          N-O-K? Y   NOTIFY? Y   ACCID? N
DIS CARE:     CODE 2 :          CODE 3 :
CODE 4 :      CODE 5 :          CODE 6 :
===== ID:          ===== NEW = LINK-TO: ===== EMPLOYMNT RH:EMP NEW
COMP:          BEGIN:          TERM:
ADDR:          CONTACT:
IPCD:          CITY:          STATE:
NTRY:          E-TYP:         VALID:               YEARS:
TEL#:          OCCUP:          TITLE:
CODE 1 :      CODE 2 :          CODE 3 :
CODE 4 :      CODE 5 :          CODE 6 :
No elig Employment found - New assumed
Commands: COPY / ALLMSG / ADVANCE / REVERSE
&CANCEL      &RESTORE      &DELETE      &LIST      &END      &NEW
PARTURE      &PROTSEL      &HELP      &COLLECT      &ACTION
  
```

4. If a family member or friend requests specific information about a patient, check Eagle first to determine whether the "DIS CARE" field for the related party record of this individual is set to a "Y". If the field does not have a "Y", only information contained in the Downstate Directory (location & general condition) may be disclosed.

IV. ALTERNATE COMMUNICATION FIELDS

According to the HIPAA regulations, a patient has the right to specify for us an alternate address or phone number for us to communicate with her/him. This would apply for any mailings we send to the patient, appointment reminder telephone calls and any other communication that we have with the patient.

The following procedure should be followed to enter an alternate address or phone number requested by the patient.

1. Select "RPF"- Related Party Maintenance <enter>;
2. Select "4"- TAD"- Temp Address <enter>;

SEQ	SEL	TYPE	DESCRIPTION
---	---	---	-----
1		R/P	RELATED PARTIES
2		AKA	NAME ALIAS
3		FMP	EMPLOYMENT
4		TAD	TEMP ADDRESS
5		INS	INSURANCE ID #
6		INX	INS CONTACTS
7		PHS	PREVIOUS STAY
8		ACD	ACCIDENT DATA
9		THR	THERAPY SPECS
10		MCR	MEDICARE DATA
11		MCD	MEDICAID DATA

3. The following screen will appear:

```

09/22/03 01:20PM UHB MERGED INPAT / OUTPAT TRN          TEMPORARY ADDRESS
PAT#:          NAME:          SEX/DOB:
SS#:          ADDR:          M/S: W CHART:
===== UPDATE ===== TEMPORARY ADDRESS: TAU 0025
LINK: PMF          RELATION: SLF
ADDR-1:          ADDR TYPE:
ADDR-2:          COUNTRY: US   U.S.A.
ZIP CODE:          CITY: BROOKLYN  STATE: NY   NEW YORK
PHONE/HOME:          BUS:          CNTY: KING KINGS
REMARKS: CONTACT ME ONLY AT THIS ADDRESS & NUMBER
START DATE: 10/01/1999 UNTIL DATE:  ADDR VALID:
CODE 1 :          CODE 2 :          CODE 3 :
CODE 4 :          :          CODE 5 :
===== UPDATE ===== ALIAS: AKA 0006
LINK:          RELATION:
ALIAS NAME:          ALIAS TYPE:
REMARK-1:
REMARK-2:
REMARK-3:
CODE 1 :          CODE 2 :          CODE 3 :
CODE 4 :          CODE 5 :          CODE 6 :

```

4. In the "LINK" field, enter "PMF";

5. If the patient has specified an alternate address, enter the address in the "ADDR-1" field.

NOTE: If the patient has not specified any alternate address, you must enter "N/A" in the field.

6. For the "ADDR TYPE" field, there are two options. Select "1" or "P" for Privacy Request- Alternate Communication;

```

Entire-List  =====
LIST VALUES FOR: Address Type          RANGE: ALL
-----
SEQ#  SEL  CODE  DESCRIPTION
-----
   1    P    PRIVACY REQUEST - ALT.COMMUNICATION
   2    T    TEMPORARY ADDRESS

```

7. If the patient has specified an alternate phone number, enter the number in the "PHONE/HOME" field;

8. In the "REMARKS" field, you can enter any specific request the patient may have made;

9. If the patient has requested that this alternate communication should be used for only a certain period of time, enter in the specific dates in the "START DATE" and "UNTIL DATE" fields.

10. Hit <enter> to update the information.