COASTAL HEALTHCARE RESOURCES

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HIPAA

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Health Insurance Portability & Accountability Act

This information serves as a review of important Health Insurance Portability and Accountability Act (HIPAA) requirements. Many of these requirements are included in our Code of Conduct and our Ethics and Compliance policies and procedures.
The objectives of the HIPAA training are to:

- heighten your awareness of and commitment to HIPAA regulations.
- reinforce the role you play in creating and maintaining organizational integrity, ethics, and compliance.
- renew your working understanding of HIPAA requirements.

Privacy

HIPAA and its implementing regulations set forth a number of requirements regarding ensuring the privacy of protected health information (PHI). HIPAA requires healthcare entities to appoint a facility privacy official (FPO). The FPO in our facility oversees and implements the Privacy Program and works to ensure the facility's compliance with the requirements of the HIPAA Standards for Privacy of Individually Identifiable Health Information. The FPO is also responsible for receiving complaints about matters of patient privacy.

HIPAA regulations do not prevent medical records from being maintained at the patient's bedside or outside the patient's room; however, they do encourage reasonable safeguards be put in place to protect the patient's information from inappropriate uses or disclosures.

The HIPAA regulations contain a number of restrictions on the transmission of PHI; however, they do not prevent faxing or mailing health information as long as certain precautions are taken. The regulations mandate that health information may not be sold by a facility.

The Notice of Privacy Practices must be made available to all patients and posted on the facility's Internet site. Patients need to sign an acknowledgement form confirming receipt of the Notice.

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Patients have the right to access any health information that has been used to make decisions about their healthcare at our facility. Patients may also access billing information. They may review the paper chart (supervised) or be provided a hard copy.

A patient may have access to all of the records in the designated record set. This record set includes any information that is maintained, collected, used or disseminated by a facility to make decisions about individuals. The paper record is the legal medical record and a copy should be provided upon request (electronic access is not appropriate with our current systems.) A patient may be denied access under certain circumstances (e.g., when a person may cause harm to him or herself or others, or when protected by peer review). For additional information on a patient's right to access, please contact the contracted facilities FPO.

A patient may add an amendment to any accessible record for as long as the record is maintained by the facility. While patients have a right to amend their record, the right to amend does not mean that health information can be deleted from the record. The patient may submit an addendum correcting or offering commentary on the record, but no information may be deleted from the record. The request for amendment should be made in writing to the facility. The facilities FPO and the Health Information Management (HIM) department have more information on the right to amend.

In order for the HIM department to track releases of patient information, patients (including employees) should be directed to the appropriate personnel at their facility for access to any health information.

Everyone is responsible for protecting patients' individually identifiable health information. Any piece of paper that has individually identifiable health information on it must be disposed of in appropriate receptacles. The paper must be handled and destroyed securely. The elements that make information individually identifiable include: name, zip or other geographic codes, birth date, admission date, discharge date, date of death, e-mail address, Social Security Number, medical record/account number, health plan id, license number, vehicle identification number and any other unique number or image.

Any member of the workforce with a legitimate need to know to perform their job responsibilities may access a patient's health information. However the amount of information accessed should be limited to the minimum amount necessary to perform their job responsibilities.

There are policies at most facilities that prohibit employees from accessing their own record. Employees may however, fill out the appropriate consent in the facilities HIM and obtain a copy of their records.

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Patient lists may be provided to clergy. The lists should consist of the patient name, room/location, and may include the condition in general terms. This list should be restricted by religion - confidential patients and confidential information such as a patient's social security number should not be included.

Asking Questions and/or Reporting Concerns

There will be no retribution for asking questions, raising concerns about the Code of Conduct, or for reporting possible improper conduct when done in good faith. However, any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague will be subject to punishment.

HIPAA Privacy/Security monitoring is performed on a routine basis in all patient care areas to insure compliance. All HIPAA related concerns should be addressed to the Facility Privacy Official (FPO) and/or the facility supervisor.

The resolution of issues at the local level whenever possible is encouraged. To obtain guidance on an ethics or compliance issue or to report a potential violation, you may choose from several options:

(l) Consult the facility supervisor.

(l) Consult with our office at 1-866-877-2762

Most facilities have an Ethics or grievance line. The Lines are easy and anonymous way to report possible violations or obtain guidance on an ethics or compliance issue. You are encouraged to use the Line anytime, especially when it is inappropriate or uncomfortable to use one of the other methods. In order to properly investigate reports, it is important that you provide enough information about your concern.

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HIPAA ACKNOWLEDGEMENT &

Patient/Employee Confidentiality

I, _____, an employee of Coastal Healthcare Resources acknowledge the confidentiality of employee and patient health and medical information that I may receive or have access to in the course of providing care and services at participating facilities where I may be assigned. Patient and personal information from any source, including oral communication, recordings, computers, etc. is confidential and access is only on a need-to-know basis. Every employee of Coastal Healthcare Resources has the responsibility to protect patient and employee confidentiality.

The Confidentiality Policy of Coastal prohibits any unauthorized or indiscriminate access to, disclosure or transmission of patient or employee information, except when used in the normal course of business. Violations of the policy include but are not limited to:

- Accessing medical and financial information that is not within the scope of your job.
- Discussing information regarding a patient/employee with those not involved in their care.
- Misusing without proper authorization, or altering patient or personal information.
- Discussing patient-specific information in public areas.
- Disclosing patient-specific information and medical records, including information displayed on computer screens when leaving a secured application unattended while logged on.
- Disclosing your sign-on code and password or using another person's sign-on code and password for accessing electronic or computerized records.
- Attempting to access a secured application with proper authorization.
- Accessing an employee's medical record or information for purposes of ascertaining physical or mental ability to perform a job.

Violation of this Confidentiality policy, or the policies of the client facilities of Coastal Healthcare Resources, Inc., including unauthorized use, disclosure, alteration or destruction of patient or employee information of financial data, will result in disciplinary action up to and including termination of employment or loss of hospital privileges in accordance with the Hospital procedures and/or federal and state laws. The Employee shall maintain the Confidential Patient Information, and in so doing shall comply with all applicable state and federal laws and regulations, including without limitation the privacy provisions under Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Employee shall also maintain the confidentiality policies and procedures of each healthcare facility where he/she is assigned. The Employee's agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of his/her employment with Coastal and the conclusion of any assignment at any participating facility.

I have read and agree to abide by the above policy.

Professional's Signature: _____

Printed Name: _____ Date: _____

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