



HIPAA PRIVACY AND SECURITY PRIMER FOR STUDENTS, FACULTY & AGENCY STAFF

INTRODUCTION

As a student, faculty member or agency staff within Wheaton Franciscan Healthcare, you must follow the Health Insurance Portability and Accountability Act's ("HIPAA") Privacy and Security Rules. Your facility may require you to complete additional HIPAA training specific to your experience. The aim of this primer is to familiarize you with HIPAA's basic requirements in preparation for your experience with Wheaton Franciscan Healthcare.

THE HIPAA PRIVACY RULE

The Privacy Rule defines how an organization's workforce (health care providers, staff, trainees and students in clinical training programs) can use, disclose, and maintain identifiable patient information, called Protected Health Information ("PHI"). PHI includes written, spoken and electronic patient information and images.

PHI is related to treatment or payment and identifies or can be used to identify an individual patient. The Privacy Rule very broadly defines identifiers to include not only patient name, address, and social security number, but also, for example, fax numbers and email addresses. When in doubt, you should assume that any patient information is protected under the Privacy Rule.

All patients you come into contact with will have received a Notice of Privacy Practices, which describes permitted uses and disclosures of PHI and patient rights under the Privacy Rule. A copy of our Notice of Privacy Practices and a list of frequently asked questions is available on the web site at www.mywheaton.org

USE AND DISCLOSURE OF PHI

Use is the sharing, review, or analysis of PHI by workforce members within Wheaton Franciscan Healthcare for the purpose of treating a patient. You may use PHI, without patient authorization, for purposes of treatment and training.

A **disclosure** includes discussing PHI with individuals who are not members of our workforce. You may not disclose PHI (written or verbal) to anyone outside of the facility without first obtaining written patient authorization or de-identifying the PHI.

You may not discuss patients or present PHI to anyone, including classmates, faculty or friends, who were not directly involved with your work at the facility, unless you first obtain written authorization from the patient. Therefore for training purposes, it is strongly recommended that you de-identify the patient information (as described below) before presenting anything outside of the facility. If you are unable to de-identify the information, you must discuss your need for identifiable information with your instructor and the Wheaton Franciscan Healthcare Privacy Officer to determine how to proceed.

In order for patient information to be considered de-identified under the Privacy Rule, all of the following identifiers of the patient or of relatives, employers, or household members of the patient, must be removed:

- Name
- Address elements
- Phone and fax numbers
- E-mail address
- Social Security Number
- Medical Record Number
- All elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, date of death)
- Account Number
- Biometric identifiers (e.g., fingerprints)
- Full face photographic and any comparable images
- Any other unique identifying number, characteristic or code
- Any other information that could be used alone or in combination with other information to identify the individual.

SAFEGUARDING PHI

The Privacy and Security Rules require you to safeguard PHI. Use the following practices to ensure HIPAA compliance:

- Cover files, turn them over or find another way to protect PHI that may be in public view where patients or others could see it.
- When medical records are not in use, store them in designated areas in the patient care unit.
- When you talk about patient care, try to prevent others from overhearing the conversation. Whenever possible, hold conversations about patients in private areas. Do not discuss patients while you are in elevators or other public areas, such as the cafeteria.
- You may talk to a patient even if the patient shares a room with another patient, but speak quietly, pull the privacy curtains and even consider putting on the TV as background noise.
- Remove patient documents from faxes and copiers as soon as you can.
- When you need to throw away documents containing PHI, follow the facility procedures for disposal of documents with PHI. Such documents should be disposed of in a container specifically designated for confidential waste. This confidential waste is shredded or otherwise destroyed.
- Do not remove the patient's official medical record from the facility.
- Do not make copies of the patient's medical record. To complete homework, take appropriate steps to safeguard the PHI outside of the training site. You should not leave papers out where your family members or others may see or access this information. All materials with PHI should be shredded when they are no longer needed for your training purposes.
- If your experience includes computer access to PHI, you will be issued your own user ID and password. You will be responsible for all activity that is connected to the use of the user ID and password. Do not tell another person this information or use another person's information for any reason. If you believe someone else knows or is using your user ID and password, contact your supervisor and call the Help Desk to request a new password.
- Using a Personal Assistant Device (PDA) for maintaining or tracking any PHI is not allowed.

MINIMUM NECESSARY

When you use PHI, you must follow the Privacy Rule's minimum necessary requirement by only accessing the minimum amount of information needed to take care of a patient.

DISCUSSING PATIENT PHI WITH OTHERS

Before you may discuss a patient's condition, treatment or other PHI with a family member, you must confirm that the patient has agreed to allow or has expressed no objection to such disclosures. It is always best to ask the patient who will be involved in their care and who they wish us to share information with.

FACILITY DIRECTORY

Wheaton Franciscan Healthcare facilities maintain facility directories as a convenience to patients and their families and friends. Patients have the right to ask that their name not be listed in the facility directory. If a patient chooses to not be listed in the directory:

- Visitors and clergy will not be directed to the patient's room
- Incoming calls cannot be forwarded to the patient's room
- The term "Confidential" will be noted on the face sheet in the upper right-hand corner.

Patients will continue to be listed on the unit census to facilitate care services. However, you will need to know your patient's status and how this is communicated beyond the face sheet in your work area.

CONFIDENTIALITY STATEMENT

All Wheaton Franciscan Healthcare workforce members, are required to sign a Confidentiality Statement. The statement reaffirms some of the basic expectations we have in order to protect our patients' information.

Please review the Confidentiality Statement before signing it.

QUESTIONS AND CONCERNS

Wheaton Franciscan Healthcare has a Privacy Officer who is available to answer any HIPAA related questions. If you have questions about the implementation of the Privacy Rule at a training site, please contact the leader of the department in which you are assigned.