

# Privacy Training



# Health Insurance Portability & Accountability Act



The Health Insurance Portability and Accountability Act of 1996 or HIPAA, establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, and those health care providers that conduct certain health care transactions electronically.

# Learning Objectives

This Privacy Training will explore the following topics:

- ✓ Protected Health Information
- ✓ Improperly Accessing PHI
- ✓ Minimum Necessary Rule





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Contact us

All privacy questions, concerns, and incidents should be reported  
using the email or telephone number listed

# Protected Health Information



Any information that can be used to identify a member.

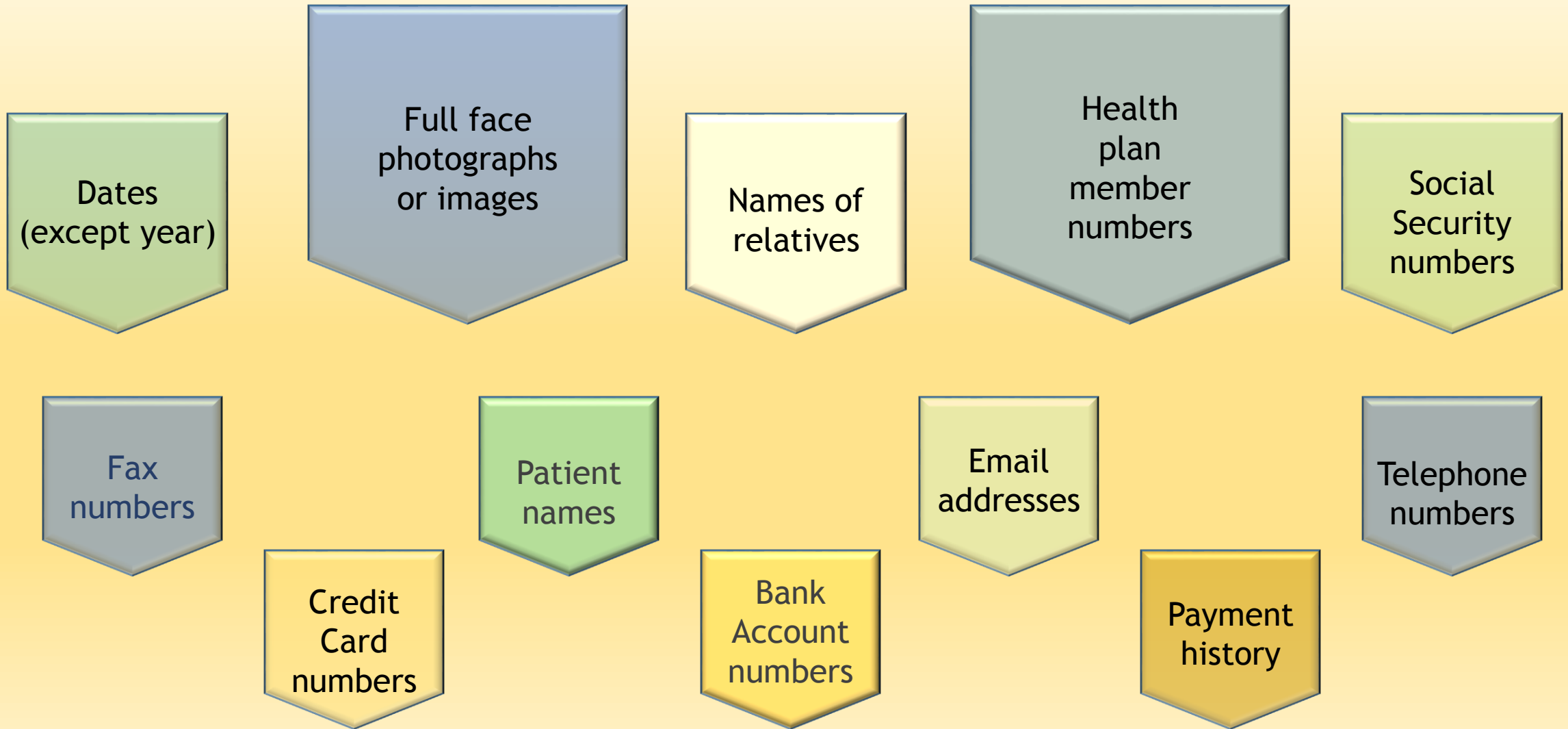


Information that is transmitted or maintained in any form (electronic, paper, or oral representation).



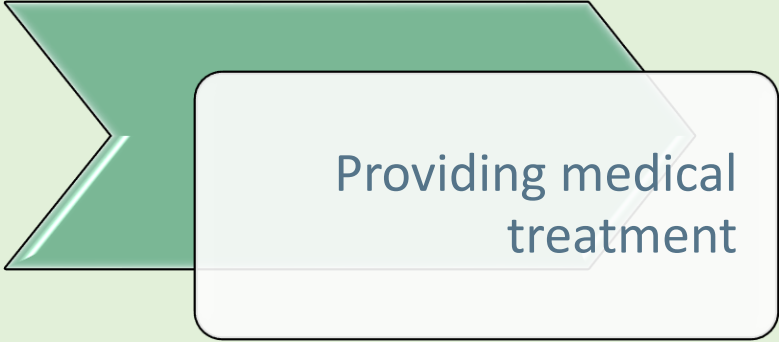
Information that relates to the members past or present physical or mental health or condition, including health care services provided and payment for those services.

# Examples of Protected Health Information

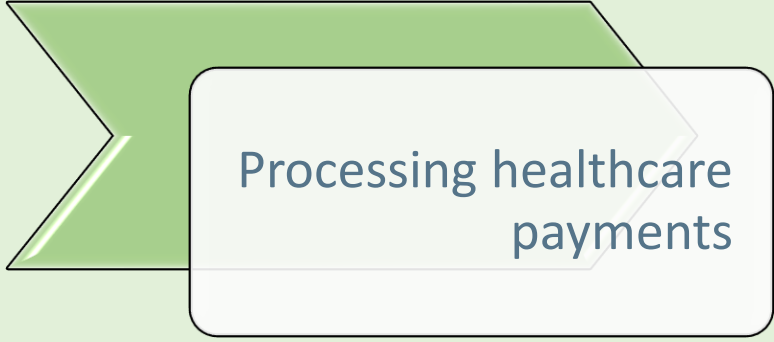


## Protected Financial Information

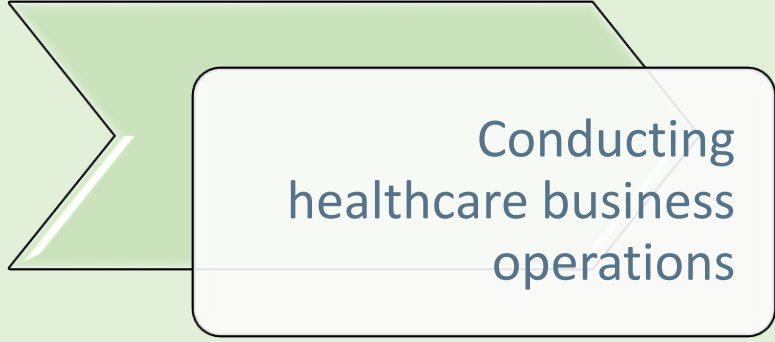
# Permitted Uses and Disclosures of PHI



Providing medical treatment



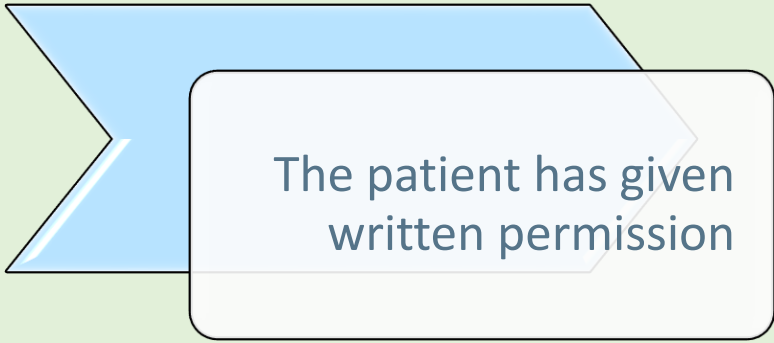
Processing healthcare payments



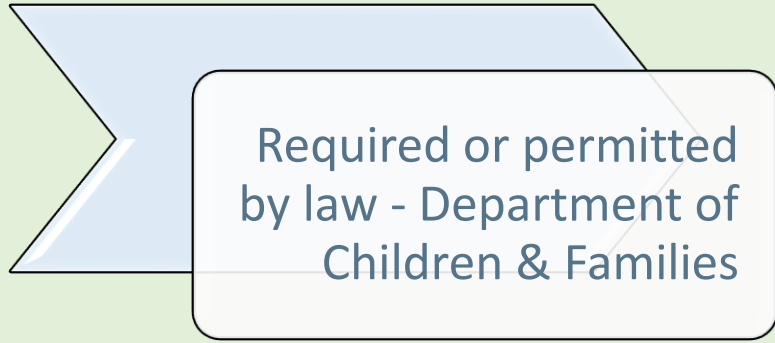
Conducting healthcare business operations



Public health purposes as required by state law



The patient has given written permission



Required or permitted by law - Department of Children & Families





Improperly Accessing PHI



# Minimum Necessary

Providing the minimum  
amount of personal and  
health information  
required to complete an  
action

The diagram consists of two large, green, stylized arrows pointing in opposite directions. The left arrow points left and contains the text 'Providing the minimum amount of personal and health information required to complete an action'. The right arrow points right and contains the text 'Request the minimum necessary information'. The two arrows are connected by a small, curved, white line that suggests a continuous process or a reciprocal relationship between the two actions.

Request the minimum  
necessary information

# HIPAA Breach

A HIPAA Breach occurs when information that by law, must be protected is:



*Lost, stolen or improperly viewed by others who have no official need to receive it.*



# Examples of a HIPAA Breach

- Release of forms to the wrong individual
- Faxes sent to the wrong individual
  - *An individual calls and informs you that they received a fax in error on their personal home fax number but it was intended to go to another individual*
- Authorizations/referrals emailed or faxed to incorrect provider/ patient

# Report HIPAA Incidents



**REPORT**



**LIMIT THE DAMAGE**



**COMPLETE PHI BREACH NOTIFICATION FORM**

# PHI Breach Notification Form

Name of employee submitting report

Date of event

Member, Entity or Individual

Describe the information

Number of individual(s) impacted

Describe how the information was disclosed

Describe what happened

What is the status of compromised PHI

The internal CCP form is used to inform the CCP Compliance Officer of all HIPAA incidents - the form must be submitted to the Privacy Officer within one (1) day of the incident.



# Penalties for Breaches

## Criminal Penalties

\$50,000 to \$250,000 in fines and up to 10 years in prison.

## Civil Penalties

\$50,000 per incident up to \$1.5 million per incident for violations that are not corrected, per calendar year.

# Retaliation



CCP will not intimidate, threaten, coerce, or discriminate against any employee who reports a privacy complaint, privacy notification, or participates in any investigation or review.

Remember... it is the responsibility of *EVERY EMPLOYEE* to report privacy concerns.

# HIPAA Breach Resolution

Compliance Officer  
will perform a HIPAA  
incident analysis to  
determine if a Breach  
has occurred.

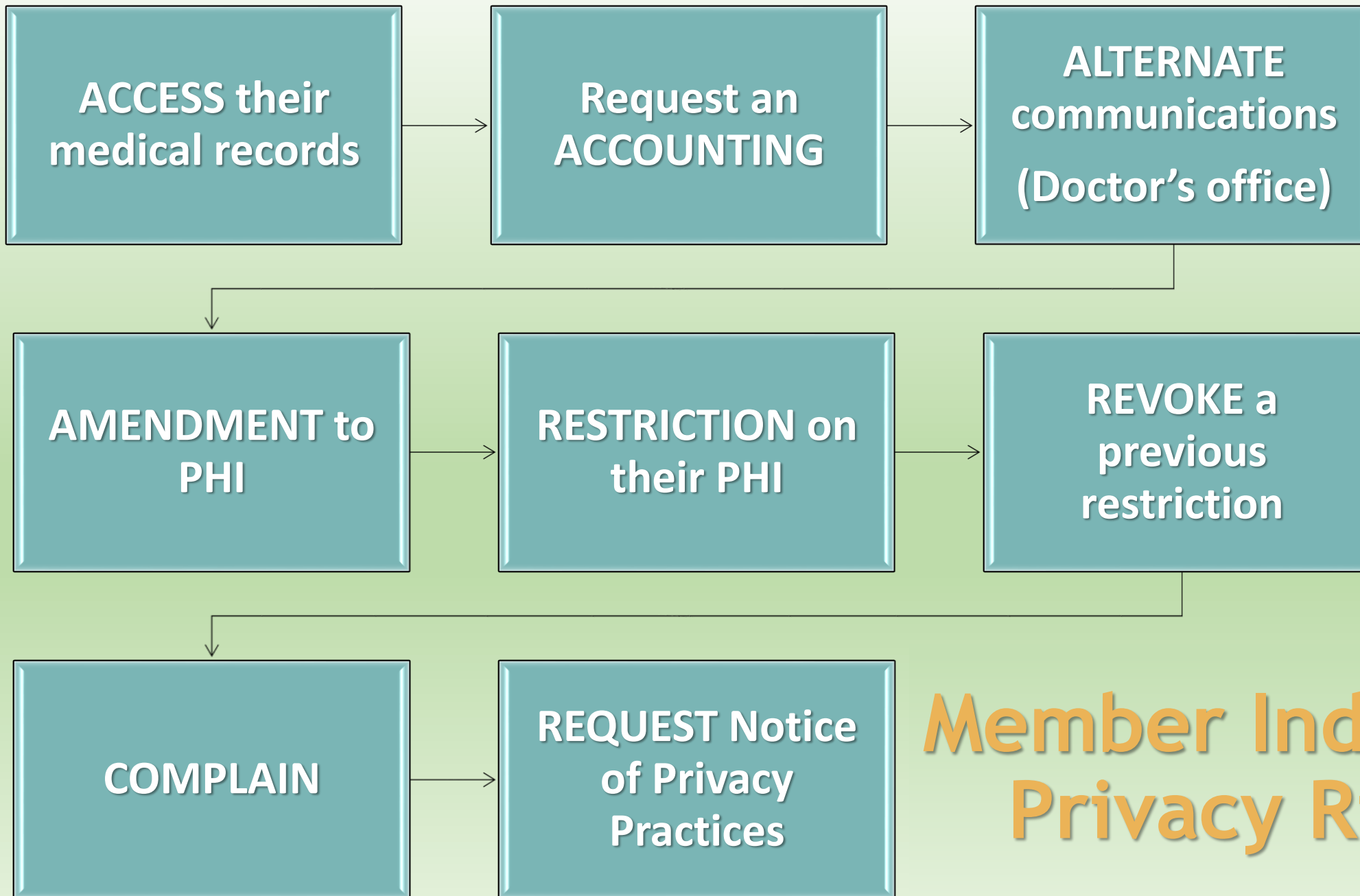
Notify all affected  
patients

Publicly post  
disclosure notice\*

Local Media Outlets\*

Report breach to  
HHS/OIG/OCR


*\*If breach includes more than 500 members.*



**Member Individual  
Privacy Rights**



# Business Associate Agreements



Provides or  
performs  
services

Written  
Agreement  
with any  
vendor

Safeguards  
the PHI of  
members



# Safeguards for Protecting Member PHI

Encrypt using  
(encrypt)

Put it away and  
keep it clean

Lock your screen



Secure documents

Passwords are  
confidential

Pick it up

Secure laptops

Electronic mail containing PHI should not be transmitted outside of the CCP computer network. When PHI must be transmitted it must be properly encrypted.

# Member, Provider and Organization Confidentiality: It's Everybody's Job, Not Everybody's Business

