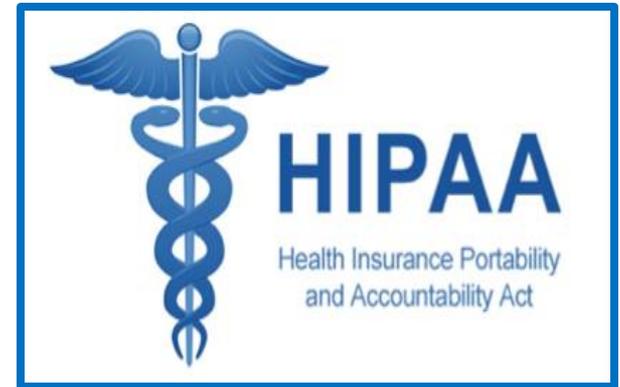


Basic Introduction to



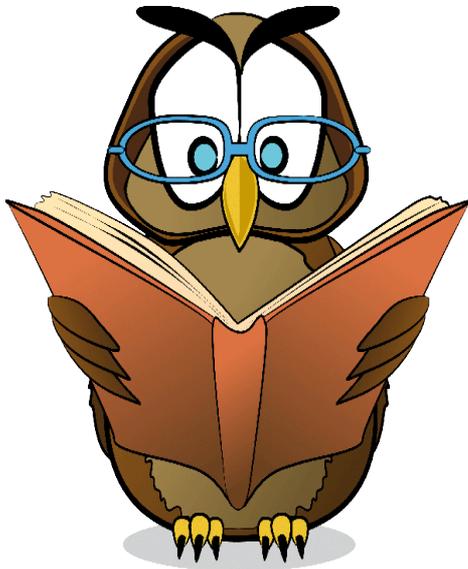
Welcome to the world of
HIPAA

**KNOW THE
RULES!**



Information taken from multiple websites such as, but not limited to the following: Dshs.texas.org, HIPAATraining.com, HIPAABasics.com and Webmd.com. Pictures acquired through BING Images search.

The History of HIPAA



As direct care staff, we have always been called upon to maintain the privacy and confidentiality of patients' health information.

This is a LEGAL and ETHICAL obligation that we have to our clients.

Until recently, clients healthcare information was kept as tangible, written records. These records were kept in locked cabinets, desks and/or rooms.

With the advancement of technology, records are now often kept as electronic documents. Although this trend has become "more convenient," there are concerns that the increase in electronic submission and sharing of these records increase the chances of a client's loss of privacy and confidentiality.

The History of HIPAA cont.

- ▶ In 1996, the Federal Government passed a law that created national standards to protect patient's medical records as well as other personal health information (PHI).
- ▶ This Federal legislation is called the Health Insurance Portability and Accountability Act (HIPAA).



The History of HIPAA cont.

- ▶ HIPAA became effective on April 14, 2003. It set minimum standards that facilities were mandated to follow in order to ensure the protection of clients' health information. Protected Health Information (PHI) includes:
 - ▶ Information used within the facility
 - ▶ Verbal or written information
 - ▶ Information stored in computer files
 - ▶ Information stored in client files
 - ▶ Information shared with other health care providers, payers or third parties.



What happens if we fail to comply?



~That is not an option at Golden Rule Services, Inc.
For our clients, we MUST comply!!

Policies and procedures are developed within our facility to ensure that every one of us who provide care or assistance to clients, understand the expectation to comply with HIPAA standards.

Each team member's work is important for quality client care. At the same time, it is essential that all client's health information be kept confidential.

Organizations or individuals that violate the Privacy rules are subject to monetary fines (up to \$250,000) and/or civil or criminal charges (up to 10 years in jail).

Failure to comply may also result in hurting the reputation of Golden Rule Services, Inc., put accreditation at risk and result in costly lawsuits.

HIPAA Goals

The goal of the privacy program is to protect confidential information from improper use or disclosure.



What does this mean for you as a Golden Rule employee?



Administrative Requirements



Every agency must:

- ▶ Appoint a Privacy Officer. GRSI's Privacy Officer is Danny Armond.
- ▶ Develop policies and procedure that guide HIPAA implementation, evaluation and revision. These should include actions taken for people who do not follow the directives.
- ▶ Provide education on HIPAA and organizational policies and procedures.
- ▶ Develop a process for handling privacy related complaints.
- ▶ Ensure no retaliation occurs against someone who reports potential violations in good faith.
- ▶ Take appropriate action to minimize any harm that may result from a breach of privacy.
- ▶ Ensure processes are in place to demonstrate compliance with documentation and record keeping.

Your Responsibility

You **MUST** respect confidential information about clients and use information only to perform your role as a Golden Rule Services employee.

It is your responsibility to be sure client information is only given or disclosed to others **who have a legal right** to it.

What information needs to be kept private?

- ALL information that identifies an individual.
- This includes, but is not limited to: name, address, date of birth, phone/fax numbers, social security numbers, Medicaid identification number, Local case numbers, CARE ID's, photographs, etc.
- It also includes "notes," as well as billing and other treatment records.



HIPAA Client Rights

HIPAA guarantees several rights to clients:

- Right to privacy
- Right to confidential use of their health information for their treatment, billing process and other health care operations
- Right to access and amend their health information upon request
- Right to provide specific authorization for use of their health information other than for treatment, billing and other health care operations
- Right to have their name withheld from our client directories
- Right to request that information is not given out concerning their care to specific individuals including the right to “opt out” of our client directory (name not listed as being present in our facility other than for treatment, billing and other health care operations)
- Right to request that individuals are not told of their presence in our facilities

HIPAA Client Rights cont.

Every client should receive a document called a Notice of Privacy Practices and be asked to sign an Authorization.

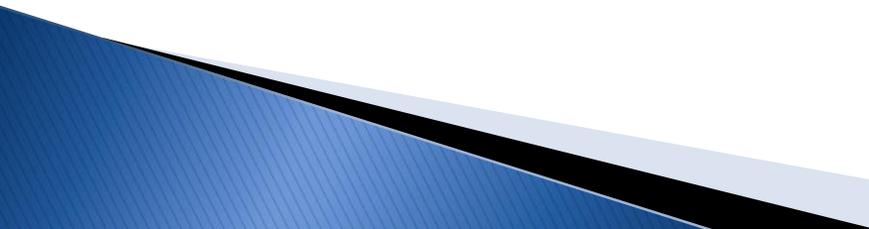


This Notice gives clients:

- Information about their rights.
- A description of how their PHI may be used by the facility.
- A comprehensive list of others to whom their health information may be disclosed.

The Notification must be given to the client on the first treatment date or as soon as is practical in an emergent situation. (GRSI gives Notice of Privacy Practices each year, usually at annual meeting.)

HIPAA Client Rights cont.

- ▶ An Authorization is a form signed by the client for the use and disclosure of specific PHI that is not related to treatment, payment or health care options.
 - ▶ There are some uses and disclosures where an authorization is not required.
 - ▶ When in doubt about what information is required to have a signed authorization for release, ask!!
- 

HIPAA Client Rights cont.

- ▶ Clients have the right to register complaints with Federal agencies and with the facility if they feel their rights have been violated.
- ▶ Every facility has a Privacy Officer who is responsible for overseeing HIPAA implementation. GRSI's is Danny Armond.
- ▶ If you are uncertain about what information may be given out, talk to your program administrator, quality assurance personnel or contact your Privacy Officer.

Review question

- ▶ HIPAA's goal is to catch staff sharing clients' health information with those who do not need the information.



True or
False?

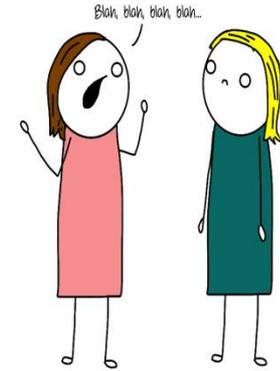
Answer

ANSWER: **FALSE**

The goal of HIPAA is to protect confidential client information from improper use or disclosure.

If you see an apparent violation, you should report it to GRSI's Privacy Officer, Danny Armond.

Unauthorized Disclosures



Some of the biggest threats to client privacy is unintentional disclosure of information:

- Discussing a case where other clients or visitors may overhear, such as elevators, hallways, the lobby, parking lots, etc.
- Leaving sensitive information out where other clients or visitors can see it.



"Think this is bad? You should see the inside of my head."

Unauthorized disclosures



- ▶ Another threat to patient privacy is when a workforce member *intentionally* uses or discloses information in an unauthorized way:
 - Removing client's records from the facility and giving them to others who have no legal right to them.
 - Deliberately sharing information with unauthorized persons (family members, friends, news reporters, etc.).
 - Using confidential information in gossiping about clients.
 - Leaving a computer unattended after logging into client records.
 - Sharing passwords, without permission, to a computer or account with others.

Unauthorized disclosures

It is essential that everyone who provides care and services to clients be aware of what is going on in their surroundings to ensure that confidential information is only shared with those who need to know and at the minimum level necessary to enable them to carry out duties and responsibilities safely, effectively and efficiently.

Always be aware of where you are, who is around you and what information can be seen or heard. It may not be possible to ensure absolute privacy, but reasonable measures need to be taken to “minimize the chance of incidental disclosure to others.”

Don't browse through a client's chart or other files out of curiosity. Access only the portions of information that you need in order to perform your specific role.

Case and question

A family member or friend of an adult client (without a guardian) is in the room with the client. When direct care staff enters the room, the client asks the direct care staff if he/she would review and explain medical notes from their last PCP visit. The direct care staff reviews the report and begins to explain it to the client. Question: Did the direct care staff violate the client's privacy by talking about the medical report with the friend or family member in the room?

Yes or
No?

Case answer

Answer: **NO**

Since the client asked about the report with his/her friend or family member present, the direct care staff can assume that it is appropriate to share the explanation at that time.

*Best practice is to **ALWAYS** confirm with the client that it is okay to discuss information with someone else around.

Case question

In a day hab or group home setting, a direct care staff calls a client by name, saying, “Bob Smith, it’s time for you to come with me and have your colostomy bag changed.”

Question: Did the direct care staff violate the client’s privacy by calling out his name and procedure to be performed?

Yes or
No?

Case answer



Answer: **Yes**

Direct care staff are allowed to publically call a client's name; however, care should be taken to limit any other information communicated.

The direct care staff should not have mentioned the procedure to be completed. "Bob Smith, I am ready for you now," is acceptable.

Non-retaliation policy



There should be a policy in place to safeguard the rights of a person who, in good faith, reports a privacy violation.

Action should not be taken against anyone who, in good faith:

- Exercises his/her rights, including filing a complaint.
- Contacts or sends a complaint to the Department of Health and Human Services (HHSC).
- Testifies, assists or participates in an investigation, compliance review, proceeding or hearing.
- Believes that an act or practice is against the law.
- The person reporting the violation must have a reason to believe that there is a problem and may not use or disclose PHI to address his/her concern.

Complaints



If you feel there has been a privacy violation, inform GRSI's Privacy Officer, Danny Armond, at 409-995-0937 or darmond@grsi.org.

Refer clients who have a privacy concern or complaint to the following:

- The Administrator of Golden Rule Services, Inc.
- Staff member of their choice.
- Any outside representative of their choice.
- Consumer Services and Rights Protection
 - 1-800-458-9858 Monday - Friday

Your Right to Make A Complaint

If you want to file a complaint, or address any issues or concerns regarding your services, you may address your complaint in writing to the Administrator of Golden Rule Services, Inc. at 3801 Liberty Drive, Pearland, TX 77581. You may also address your complaint to a staff of your choice, outside representatives of your choice, or both. You can also call:

CONSUMER SERVICES AND RIGHTS PROTECTION
(DEPARTMENT OF AGING AND DISABILITY SERVICES)
1-800-458-9858
(MONDAY – FRIDAY)

To report Abuse/Neglect/Exploitation by an employee or, if you feel that a client has been abused/neglected/exploited by an employee, call:

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
1-800-647-7418

If a service provider associated with Golden Rule Services, Inc. is engaged in illegal, unprofessional, or unethical conduct, report this to the Health Professions Council at:

1-800-821-3205

Your call will be routed to the appropriate licensing board for the following professions:

Speech Therapy	Psychology	Audiology	Social Work
Nursing	Dental	Pharmacy	Occupational/Physical Therapy

PROHIBITION AGAINST RETALIATION

As outlined in the Texas Health and Safety Code, 161.134, a hospital, mental health facility, or treatment facility may not suspend, terminate the employment of, or discipline or otherwise discriminate against an employee for reporting to the employee's supervisor, an administrator of the facility, a state regulatory agency, or law enforcement agency, a violation of a law or any rule adopted by the Texas Department of Health and the Texas Department of Aging and Disability Services.

As outlined in the Texas Health and Safety Code, 571.135, a hospital, mental health facility, or treatment facility may not retaliate against a person, who is not an employee, for reporting a violation of any law or rule adopted by the Texas Board of Health or the Department of Aging and Disability Services.



Summary

- ▶ All health information that specifically identifies an individual is considered confidential.
- ▶ Protecting the privacy of client information is everyone's responsibility.
- ▶ Only use client information to perform your responsibilities as assigned.
- ▶ Be aware! Don't intentionally or unintentionally disclose patient information. Help others to do the same.
- ▶ If you suspect any privacy violations or concerns, notify Danny Armond.

AND THAT'S ALL I HAVE



TO SAY ABOUT THAT.