

PROTECTING PATIENT PRIVACY— Physician/Office Manager Responsibilities

This presentation is comprised of 27 slides. Please scroll down to review each slide, or depending on your web browser, you may click the screen to advance to the next slide.

WHAT IS PROTECTED HEALTHCARE INFORMATION?

- Patient Identifiable Information
 - Any information connected to the patient
- Physician Identifiable Information
- Private Facility Information
 - Strategic/Business Planning Information

WHERE IS THIS INFORMATION?

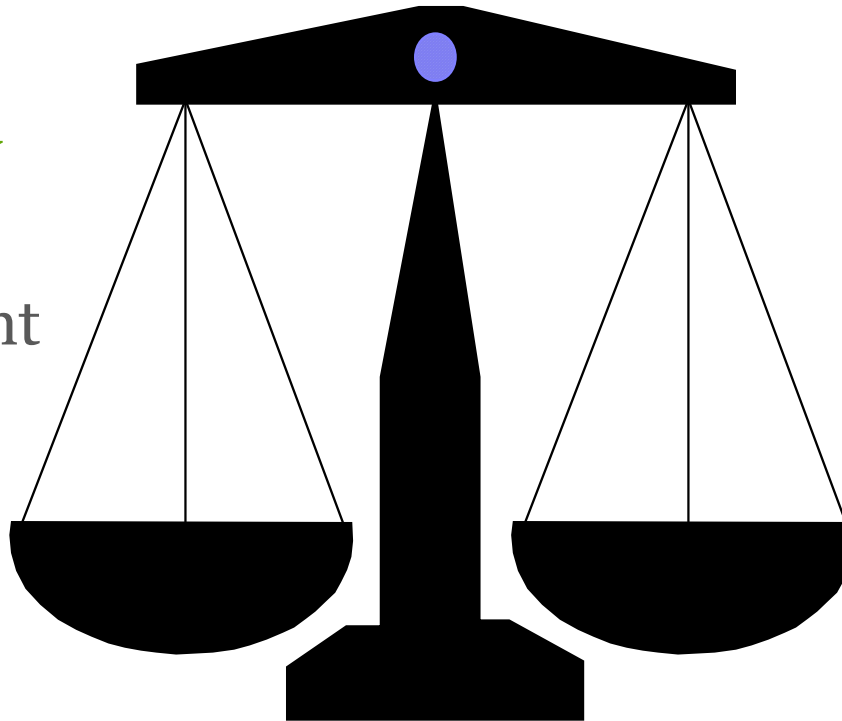
- Medical Records (Paper and Computer)
- Medical Staff Records
- Billing/Accounting Records
- Administrative Documents
- Information you gain in the course of your work within the healthcare system

CONFIDENTIALITY

Balancing Act

Confidentiality

Duty to
protect patient
and provider
privacy



Need to Know

Facilitate
flow of
information

Hospital:
trustee of
information

WHAT DOES THIS MEAN TO USERS?

- You only access what you need to do your job
 - You do not access records of your family, friends or others that fall outside of your job duties.
- What you learn at work - stays at work
 - Do not discuss information with anyone who is not involved in the patient's care and does not have a valid need to know.

WHAT DO PATIENTS DO WHEN THEY DON'T TRUST US?

- They do not obtain treatment
- Conditions may not be fully disclosed and thus go undetected or untreated
- Give incomplete or inaccurate information
- Move from one physician to another
- Ask the doctor not to document their actual condition

Quality care is compromised

PRIVACY VS. SECURITY

- **Privacy**
 - The right of *individuals* to keep information about themselves from being disclosed to others
- **Security**
 - The ability to *control* access and *protect* information from accidental or intentional disclosure to unauthorized persons and from alteration, destruction or loss

YOUR RESPONSIBILITIES

- Curb human nature
 - curiosity
- Be sensitive
 - how would you want your information treated?
- Respect the patient's right to privacy
- Know and follow organization's policies

RIGHT TO ACCESS

- Patients have the right to
 - Access and copying for as long as information is retained
 - Obtain a copy from their healthcare provider by following facility procedures.
 - There are a few exceptions (examples: psychiatric records, emancipated minors)

RIGHT TO AMEND

- Patients have the right to request an amendment (clarification or challenge) to their medical record by following facility procedure.
 - Need to put request in writing
 - Author of the record will review and determine if they agree or disagree
 - If denied, the request will become part of the record

RIGHT TO ACCOUNT FOR DISCLOSURES

- Patients have the right to request a list of when and where their confidential information was released
 - A list of disclosures (releases) within past six years
 - Date of disclosure
 - Name of person or entity who received information and address if known
 - Brief description of reason for disclosure
 - Exceptions: disclosures for treatment, payment healthcare operations

RIGHT TO REQUEST RESTRICTIONS

- The patient has the right to request an organization to restrict the use and disclosure (release) of their confidential information by following facility procedure
 - Can request restriction in use of information for treatment, payment, or healthcare operation purposes
 - Organization is not required to agree with restriction(s) if it cannot be achieved or could impede care.
- Patient can request to receive communication by alternative means or locations (email or different address, different phone number).

RIGHT TO FILE A COMPLAINT

- The patient has the right to file a complaint if he or she believes privacy rights were violated
 - Individual within the organization
 - The Secretary of the Department of Health and Human Services

NOTICE OF PRIVACY PRACTICES

- The patient has the right to receive a notice of privacy practices. This should be posted and can be provided during registration/admission.
 - Notice describes:
 - How medical information is used and disclosed by an organization
 - How to access and obtain a copy of their medical records
 - A summary of patient rights under HIPAA
 - How to file a complaint, and contact information for filing a complaint

PROTECTED HEALTH INFORMATION (PHI)

- Individually identifiable information
- Demographics
- Any form or medium:
 - ✓ Oral
 - ✓ Written
 - ✓ Electronic

DOING YOUR PART

- Only access confidential information if you need it to do your job
- Protect your computer passwords
- Understand the law and your organization's policies
- Attend training and education programs
- Report problems
- Treat your patient's information the way you would want your personal information treated

DISCLOSURE OF HEALTHCARE INFORMATION

- Disclosure = the release, transfer, access, or divulging of Protected Health Information to a person or entity.
- Permitted disclosure:
 - For treatment
 - For payment
 - For healthcare operations (performance improvement, risk management evaluations, etc)

ACCESS TO PATIENT INFORMATION

- Access is granted only to employees who have a need to know; information is required in order to complete their job (nurse, pharmacist, medical record coders, etc)
- Users **MAY NOT** access their own records or those of their friends or relatives without going through proper channels with a signed consent.
- All records (including personal records) must be requested through the appropriate medical record offices as defined in policy.

HOW DO I HANDLE...

Another member of the workforce inquiring into a patient's condition or treatment?

- Determine if it is necessary to their position.
- Is it related to the provision of their care/treatment?

HOW DO I KNOW...

When information is considered private?

- Did you learn it through your job?
 - ✓ ***If yes, then it is considered private***

BE COMMITTED TO PROTECT THE PATIENTS' RIGHTS!

- Organizational Code of Conduct:
 - Promote and protect confidentiality and security
- Maintain patient trust that their
 - Personal health information is protected
 - Confidential information is kept private
- Continue to maintain and improve systems and safeguards to protect patient privacy

THERE ARE PENALTIES

Both criminal and civil penalties for:

- Failure to comply with HIPAA requirements
- Knowingly or wrongfully disclosing or receiving individually identifiable health information
- Obtaining information under false pretences
- Obtaining information with intent to:
 - Sell or transfer it
 - Use it for commercial advantage
 - Use it for personal gain
 - Use it for malicious harm

“PRIVACY/SECURITY-FRIENDLY” PRACTICES

- Abide by the organization’s Policies
- Shred or destroy (do not discard patient information in the regular trash)
- Fax and copy machines are in secure locations
- Talking in public areas should be avoided or when necessary be conducted quietly.
- Keep patient information out of public areas

“PRIVACY/SECURITY-FRIENDLY” PRACTICES

- Secure records in all locations; lock your computer Screen each time you leave your workstation
- Do not share passwords
- Time-out computer screens / face away from public view.
- Remember individuals’ right to privacy during treatments.

YOUR RESPONSIBILITY AS A PHYSICIAN/OFFICE MANAGER

- Assure that access to patient information is only granted to those employees with a need to know based upon their job duties
- Assure employees are trained on privacy/security practices and policies.
- Monitor compliance with privacy/security practices and policies
- Report any breeches of patient privacy and take corrective action as appropriate.

RESPONSIBILITY (CONTINUED)

- You will be notified of employees who need to complete annual training. Keep your employees informed about these requirements. Those who fail to renew annually will have access terminated.
- Update Medical Staff Services when you have an employee who resigns so access can be terminated.

THANK YOU FOR YOUR PARTICIPATION IN PROTECTING PATIENTS' MEDICAL INFORMATION.

You will now be asked some questions on what you've just learned.

1. [Click here](#) to start the on-line quiz or press the back button on your web browser and click the **“start quiz” button**.
2. Once you have passed the quiz, St. Peter's Medical Staff Services will be notified and you will be contacted with information on how to access the St. Peter's Meditech system and how to add access for your employees.