In order to be HIPAA compliant, a number of policies and procedures had to be created or modified.

**Access to Patient, Business and Employee Data and Information**
This policy provides guidelines on who can access patient, business and employee data.

**Alternative Communication**
This policy allows patients to specify an alternate way for us to communicate with them by providing an additional phone number or address.

**Amend Protected Health Information**
This policy gives patients the right to request an amendment to their medical record. This does not allow for changes to the record or information.

**Case Mix**
This policy establishes a process for maintaining the security and confidentiality of data in the hospital Case Mix database.

**Consent for Medical Care**
This policy defines who can consent for medical care.

**Designated Record Set**
This policy outlines the components of the medical records we maintain and that patients have the right to access.

**Facsimile (FAX)**
This policy provides guidelines of measures to take to secure the PHI while faxing, what PHI can be faxed, to whom it can be faxed and when faxing is appropriate versus mailing.

**Notice of Health Information Practices**
This policy outlines how we distribute the Notice and how patients/parents give us permission to send them marketing and fundraising materials.

**Patient Directory**
This policy outlines how the patient directory is to be accessed, how a patient/parent can opt out of the directory and what information can be restricted.

**Release of Information Policy**
The policy outlines the process for requesting a release of information, who can request a release of information, timelines for completing the requests and fees.

**Request Restrictions to Protected Health Information**
This policy outlines how a patient/parent can request a restriction of the use or disclosure of their PHI.

**YOUR ROLE IN HIPAA**
- Learn about HIPAA
- Meet with your supervisor to discuss how your job may be affected by HIPAA
- Do not reveal PHI to anyone who does not have a need to know it.
- Before looking at PHI, ask yourself, "Do I have a job-related need to see this information?"
- Report known or suspected privacy or security breaches to the Privacy Officer, Mikki Massey, at 816.234.3946 or call the Compliance Hotline at 816.460.1000

**YOUR ROLE IN PRIVACY**
- Limit patient specific information discussed in hallways, elevators, cafeterias and other public areas.
- Control patient information you have in your possession.
- Dispose of PHI in an appropriate manner (in a shred bin).
- Only access the minimum amount of patient information necessary to do your job.

**YOUR ROLE IN SECURITY**
- Print-based medical records need to be kept in a secure area or in a safe location with access to authorized people only. These areas should be locked when not in use. Remember to return medical records to the Medical Records Department at the end of your shift.
- If you use a PC as part of your job, a password (not to be shared) should be used to control access to PHI.
- If your PC is available/viewable by non-authorized people, use a screensaver or reposition to protect the viewing of PHI.
- If someone is in your area that you don’t recognize, ask them to identify themselves and inform your supervisor or the Security Department.
- Lock cabinets that contain PHI when you leave your area.
- Become familiar with emergency procedures.
- Back up computer files by storing them on the server.

**POLICIES AND PROCEDURES**

**ABOVE ALL, USE GOOD JUDGMENT!**

SEE NO PHI  SPEAK NO PHI  HEAR NO PHI
A patient comes to Admissions requesting a copy of the Notice of Health Information Practices. The patient admits having been given one several times, but keeps misplacing it. Should Admissions give the patient a copy of the Notice?

Yes  No  Uncertain

You happen to be walking by a trash bin and you notice a stack of folders that contain patient identifiable information lying on the floor next to the trash. What should you do?

A. Throw the folders in the trash
B. Deposit the folders in a container to be shredded
C. Bring the folders to the Medical Records department and report this to the Privacy Officer
D. Ignore the situation since you are not authorized to look at these records

You happen to see a friend’s child (who is a patient) in the hallway and later, while talking to another family member, you say, “Guess who I saw today in the waiting room?” Have you violated your friend's privacy concerns?

Yes  No  Uncertain

The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, controls the way health care providers and health plans must handle privacy and security of patient information. Organizations affected by HIPAA must be compliant or risk investigation by the Office of Civil Rights and possible fines and penalties.

HIPAA’s main purpose is to make sure that protected health information (PHI) is properly handled. PHI is any health information created or received (electronic records, paper records and spoken communication) that could identify a specific person. One of the most obvious pieces of PHI is a patient’s medical record. But, it also includes ID bracelets, insurance cards, procedure codes, dictation tapes, photographs and so on.

All patients receive and must acknowledge a Notice of Health Information Practices telling them how we will use their health information. The notice also outlines several rights patients have regarding their PHI. They have the right to see a copy of any PHI we keep, the right to request an amendment to their PHI, the right to receive an accounting of disclosures and the right to request that we limit the release of their PHI.