

# HIPAA: Training Information



**HIPAA PRIVACY REGULATIONS** define protected health information (PHI) as individually identifiable health information, including:

Name                      Social Security Number                      License Numbers                      Certificate Numbers                      Email Address

Geographic subdivisions smaller than a state (street address, city, county, zip code)

Birth Date              Date of Death                      Telephone Number                      Admission & Discharge Dates

Vehicle ID...**and...**

**Anything that could allow someone to figure out who client may be!**

## **Two Major Concepts under HIPAA Privacy Rule:**

- 1) Grant individuals access to the information created and maintained about them by their health care providers.
- 2) Prevent the disclosure/release of the information unless the client consents or it is mandated by law.

**Preemption of the HIPAA Privacy Rule** is allowed if the other state or federal law:

- 1) grants the client **GREATER** access to their PHI and/or
- 2) gives the client health information **GREATER** protections from disclosure.



”**MINIMUM NECESSARY**” refers to the practice of limiting the disclosure of information to only that which is necessary to accomplish the purpose for which it is being disclosed. This also includes access and use internally by staff and contractors. Staff and contractors should have access to and use only the minimum necessary to perform their duties.



**NOTICE OF PRIVACY** is required under HIPAA regulations to be provided by health care providers to their clients describing how information about the client is used by the agency and when the agency will disclose/release it without the client’s authorization.



**Client Rights under HIPAA regulations include:**

- Right to access their record that includes medical record and billing information. This includes the right to inspect and copy.
- Right to request an amendment to their record.
- Right to request the provider restrict/limit uses or disclosures of PHI when the provider is carrying out treatment, payment or healthcare operations.
- Right to request the provider communicate with them in an alternate way or at an alternate location (e.g., only send mail and phone calls to cell phone, not home.)
- Right to request an accounting of disclosures---a list or account of disclosures made that the client would not be aware.
- Right to file a complaint.
- Right to receive a copy of the Notice of Privacy Practices.



**Release of Information Forms** is required, under HIPAA regulations, to include all of the following core elements:

- Client's legal name.
- A description of information to be disclosed.
- Name or specific identification of person authorized to make the disclosure.
- Name or specific identification of person to whom to make the disclosure.
- A description of the purpose of the disclosure.
- An expiration date or event/or right to withdrawal or react the release.
- Signature of the client, or person authorized to sign on behalf of the client, including a description of that individual's authority to act for the client.
- Date of the signature.



**BEST PRACTICES for PRIVACY and SECURITY:**

Keep medical records locked/secured.

Only access client information you need to do your job—limit it to minimum necessary.

Keep client records and other documents containing PHI out of sight—don't leave it lying around.

Monitor faxes containing PHI or confidential information. Try to keep fax machines in areas not generally accessible.

Documents with PHI or confidential information to be discarded should be shredded--not put in with regular trash.

Don't talk with clients about private information in public areas or where you could be overheard.

Protect computer passwords—never share or give out to others.

Don't include PHI in emails unless it is encrypted or a secure email system is being used.

Log off the computer and put secure any other open files that contain PHI or confidential information when not in use.

Keep computer screens out of eyesight of others.

If you see any other staff violating these best practices, give them a helpful/gentle reminder—don't just ignore it. Or, if appropriate, report the violation.

## **Questions? Concerns?**

You are encouraged to ask any questions and/or report any concerns, problems or violations to the Centra Wellness Network (CWN) Privacy and Compliance Officer:

**Karen Goodman LMSW**  
231-309-1705  
[kgoodman@centrawellness.org](mailto:kgoodman@centrawellness.org)