



# HIP HOPPING TO HIPAA COMPLIANCE

**ALL EMPLOYEE MANDATORY INSERVICE**

One of our major responsibilities in providing quality resident care is protecting their privacy and confidentiality. This is a very important resident right that has always been an understood part of the health care code of ethics. HIPAA is not anything new, this standard of ethics is now being enforced by the government. The resident right to privacy and confidentiality have always been in the federal regulations and surveyors can cite us under tag #F164 for violating these rights. Now with HIPAA, there will be monetary and prison penalties with these violations.

Three components of HIPAA are:

- Portability – this ensures the continuity of coverage for individuals from one health plan to another.
- Accountability – increases the federal government’s fraud enforcement.
- Administrative Simplification – Privacy and Security regulations that will be enforced after 4/14/03.

## **WHAT DOES HIPAA HAVE TO DO WITH YOU?**

HIPAA **requires** all departments of Johnson County Nursing Center to protect our residents medical information.

An acronym that you need to be familiar with regarding HIPAA privacy regulations is **PHI**.

What exactly is **P** (Protected) **H** (Health) **I** (Information)?

- PHI is individually identifiable health information maintained or transmitted by Johnson County Nursing Center for all residents and employees.
- PHI is more than just the resident's medical record or chart. PHI includes financial, demographic, and lifestyle information.
- PHI includes paper, electronic and **spoken** information.

Another term to understand and be familiar with is *Individually Identifiable Health Information*.

What is individually identifiable health information?

Basically any information that might identify someone. Some examples are:

- Name
- Address
- Date of birth
- social security number
- medical record number
- names of family members
- photos

This does not mean that we can not use this information in caring for our residents. We are now required under HIPAA to inform and disclose to the resident **in advance any and all ways** that their PHI or individually identifiable health information will be used to provide care. The resident or their responsible party will have the right to refuse to allow disclosure. They will also have the right to review and amend their health information. The responsibility of obtaining permission and informing residents of ways that their PHI is used will be primarily a Social Service function. The policies and procedures for reviewing and amending the medical records will be primarily the responsibility of Medical Records and the DON. We have a HIPAA committee here at Johnson County Nursing Center that is composed of several staff members

such as Administration, DON, Billing, Social Services, Medical Records and Information Systems. We are working as a team to achieve compliance with policies and procedures, informing employees, informing residents, securing information systems.

We all need to be advocates for the residents that we are providing care for and the best way to do this is to always ask yourself before you look at resident information -

### **DO I NEED TO KNOW THIS TO DO MY JOB?**

By always following the NEED TO KNOW guideline, you will not only be protecting the residents right to privacy, but you will also be complying with HIPAA regulations.

Scenarios already observed:

A C.N.A., in trying to help an anxious resident, obtained a resident's chart, flipped it open to the face sheet to show a family member of another resident a telephone number. This was a violation in several ways:

- Face sheet contains many elements of the resident's individually identifiable health information
- C. N. A. did not meet the NEED TO KNOW guideline
- Sharing the information with an "outsider"

Removing resident information from the facility whether inadvertently or in order to complete projects at home. One of the functions of the HIPAA committee will be to implement policies

for reporting and imposing penalties for these type violations.

Resident information discarded in trash containers at nursing stations. There is PHI on almost every form that is at the nurses station. We as employees of Johnson County Nursing Center are responsible for protecting our residents right to privacy. One way that we can do that is by destroying papers by shredding them and if a shredder is not immediately available, tear the papers in small pieces before discarding. The more ways that we can secure or keep resident PHI contained, the less opportunity there will be for potential violations.

Medication carts left unattended in the hallway with the MAR (Medication Administration Record) open to a resident's PHI for anyone passing by to have access to and view.

MDS worksheets posted on a bulletin board in the front office.

All of these examples are occurring here at Johnson County Nursing Center and are violations to the residents right to privacy already, but **with HIPAA these violations will have consequences.**

**NEED TO KNOW** concept can not be stressed enough. Let's discuss some ways that we as individuals could be in violation of HIPAA regulations in our jobs.

My example: I am responsible in maintaining the resident record and ensuring that we are following all regulations as they relate to the medical record. This DOES NOT mean that I have a right to all the information regarding that resident. What if a resident had an order for HIV lab tests? Would I be violating that resident's privacy, if I questioned the nurse or social service person regarding the resident's past and why they might need this testing? **YES**, I definitely would be. All that I need to know is that the order is processed correctly and that the results are posted on the chart. You as employees of Johnson County Nursing Center and advocates for the resident, would be required to report me even though I am the privacy officer.

If you did not report me, you would also be violating the regulation and be subject to penalties also.

What could happen to you if you break the HIPAA law?

How can you avoid this?

When are you required to follow HIPAA regulations? The compliance date is April 14, 2003.

This means that we will need to have all policies and procedures completed to include but not limited to Release of Information, Computer Workstation, Employee Compliance, etc. Ways to begin compliance now:

- Follow the NEED TO KNOW guideline
- Be aware of possible breaches and report them
- Remember confidentiality isn't new, it is now being enforced by not only the government, but by Johnson County Nursing Center and you can be penalized for violations.

## Johnson County Nursing Center

### HIPAA Inservice Quiz

1. If I see resident information in an open trash container, I should
  - a. Pull it out and read it so I can share the news at break time.
  - b. Pretend I didn't see it and continue doing my job.
  - c. Take it to a shredder to be disposed of properly and report the incident.
  
2. When are you allowed to repeat private health information that you hear on the job?
  - a. After you no longer work at the facility.
  - b. Only when it is necessary to do your job and only to who needs to know.
  - c. After the resident dies.
  
3. A physician is allowed to see all resident information on every resident.

True      or      False
  
4. An employee can be given jail time for disclosing resident PHI for monetary gain.

True      or      False
  
5. What question should you always ask yourself before looking at resident information?
  
6. What kind of personally identifiable health information is protected by HIPAA's privacy rule?
  - a. Paper
  - b. Electronic
  - c. Spoken word
  - d. All of the above
  
7. Confidentiality protection covers not just a resident's health-related information, such as his or her diagnosis, but also other identifying information such as a social security number or telephone number.

True      or      False
  
8. It is okay to discuss a residents health condition or reason for hospitalization with other residents, staff or family members in the dining room or break room because we care about the resident and are concerned.

True      or      False

**Johnson County Nursing Center**

**Volunteer HIPAA Understanding Acknowledgement**

I \_\_\_\_\_ have been informed of the HIPAA  
(print volunteer name)

Regulations on \_\_\_\_\_ and understand that violation or non compliance with  
(date of notice)

the Johnson County Nursing Center policies will result in penalties through Johnson County  
Nursing Center and or the federal government.

Volunteer Signature: \_\_\_\_\_

Witness: \_\_\_\_\_  
(Volunteer Supervisor )

Date placed in volunteer file: \_\_\_\_\_

Implemented 02/06/03 df