

POLICY: HIPAA GUIDELINES

Hadley Township Fire Department
Policy #007

PURPOSE:

It is the purpose of the Hadley Township Fire Department to consistently and fully comply with all laws and regulations pertaining to the delivery of patient care, including those laws and regulations that apply to Protected Health Information (PHI) as it relates to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This guideline is intended to reflect the general understanding of those elements that comprise an effective HIPAA program and is adopted to ensure that the Hadley Township Fire Department has adopted the necessary organizational, managerial, and reporting measures to carry out an effective program to protect the privacy and security of individually identifiable health information.

PROCEDURE:

1. Introduction

The Hadley Township Fire Department has developed a comprehensive statement of the responsibilities and obligations of all employees regarding services rendered by the Hadley Township Fire Department. In addition, this guideline is intended to apply to business arrangements with vendors, hospitals, nursing facilities, and other persons, which may be impacted by federal or state laws relating to HIPAA.

2. Compliance Standards

Given the nature of our work as emergency service personnel, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. It is very important that a patient's condition or other confidential information never be discussed.

The Hadley Township Fire Department prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment or healthcare operations. Acceptable uses of PHI are limited to, exchange of patient information needed for the treatment of the patient, other essential health care operations.

The Hadley Township Fire Department provides services to patients that are private and confidential and it is the obligation of all employees to respect the privacy rights of those patients. In the rendering of services, by the Hadley Township Fire Department, patients provide personal health information that is strictly confidential and protected by federal and state laws. It is the responsibility of all personnel to abide by the applicable laws and regulations of HIPAA during their employment with the Hadley Township Fire Department. Any breach of patient confidentiality will result in disciplinary action up to and including suspension or termination of employment.

All employees are required to report any suspected breach of patient confidentiality or the inappropriate use of PHI as defined by HIPAA or applicable state laws.

Confidentiality and Dissemination of Patient Information and Staff Member Verification

Given the nature of our work, it is imperative that we maintain the confidentiality of patient information that we receive in the course of our work. The Hadley Township Fire Department prohibits the release of any patient information to anyone unless required for purposes of treatment. Acceptable uses of PHI are limited to, exchange of patient information needed for the treatment of the patient, and essential health care operations.

I understand that the Hadley Township Fire Department provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of patients. I understand that it is necessary, in the rendering of medical services, that patients provide personal information and that such information may exist in a variety of forms and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality guidelines established by the Hadley Township Fire Department. If I, at any time, knowingly or inadvertently breach the patient confidentiality guidelines, I agree to notify the Privacy Officer immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment.

I have read and understand all privacy guidelines that have been provided to me by the Hadley Township Fire Department.

Signature: _____ Date: _____

Printed Name: _____

HIPAA Policy on Privacy Training

PURPOSE:

To ensure that all members of the Hadley Township Fire Department including all students and trainees who have access to patient information understand the concern for the respect of patient privacy and are trained in the guidelines regarding Protected Health Information (PHI).

POLICY:

1. All personnel will be required to undergo privacy training in accordance with the HIPAA Privacy Rule.
2. All personnel will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time after there is a change to the guidelines on privacy practices.
3. All students and trainees prior conducting their clinical rotation will be required to provide documentation of privacy training in accordance with the HIPAA Privacy Rule.

PROCEDURE:

1. Privacy Training will be conducted by the designated Training Officer
2. All attendees will receive copies of the guidelines regarding privacy.
3. Topics of the training will include a complete review of the guideline on privacy practices and including any changes and other information pertaining to HIPAA Privacy Rule.

PRIVACY TRAINING RECORD FORM

Topic: "HIPAA Awareness and the Protection of Patient Privacy"

Date of Training: _____

Total Hours: _____

Instructor: _____

Print

Signature: _____

IMPORTANT! SIGN IN AND VERIFICATION REQUIRED*

By my signature below, I verify that I have attended the training session described above and that I will adhere to the guidelines on privacy practices, a copy of which I received as part of the training materials for this session:

[illegible]

HIPAA General Awareness Quiz

Your Name: _____

Date: _____

1. Which of the following types of Workforce Members are not required to learn about HIPAA?
 - a. Volunteers
 - b. Physicians
 - c. Employees
 - d. None of the above
2. PHI stands for
 - a. Prohibited Health Information
 - b. Protected Health Information
 - c. Psychotherapy Health Information
 - d. Public Health Information
3. PHI is any health information that could reasonably be used to identify the patient
 - a. True
 - b. False
4. It's OK to share PHI with the friends or neighbors of a patient if you all belong to the same church group.
 - a. True
 - b. False
5. The Notice of Privacy Practices:
 - a. informs patients how their PHI may be used by the hospital
 - b. provides the name of a contact person if the patient wants to file a privacy complaint
 - c. must be provided to every patient and posted in public places throughout the hospital
 - d. all of the above
6. The Notice of Privacy Practices must address uses and disclosures of PHI related to which of the following:
 - a. Treatment, Payment and Health care operations
 - b. Treatment, Research and Payment
 - c. Treatment and Payment
 - d. Health care operations
7. Under HIPAA, patients have the right to request that we limit how their health information may be used and shared.
 - a. True
 - b. False
8. Under HIPAA, patients have the right to decide whether or not they want callers and visitors to know of their admission to the hospital.
 - a. True
 - b. False
9. HIPAA compliance includes taking reasonable measures to ensure that conversations about patients are not overheard by people who have no need to know.
 - a. True
 - b. False
10. Under HIPAA, if you access a patient's health information for unauthorized or non-job related reasons, we would be required to report your access to the patient (upon the patient's request).
 - a. True
 - b. False
11. Under HIPAA, the term "Minimum Necessary" means:
 - a. that you do as little work as possible every day
 - b. that every employee can have access only to the amount of PHI necessary for them to do their job
 - c. that physicians cannot request a patient's entire medical record to treat the patient
 - d. none of the above
12. Under HIPAA, it's important to know if a given disclosure of PHI:
 - a. will require a change to our Notice of Privacy Practices
 - b. requires patient authorization
 - c. requires a written contract with a business associate
 - d. all of the above
13. We can assume it's okay to discuss a patient's health information with family members and friends who are involved in the patient's care or the payment thereof.
 - a. True
 - b. False
14. The penalties for an institution or employee violating HIPAA may include:
 - a. fines
 - b. imprisonment
 - c. termination of employment
 - d. loss of reputation in the community
 - e. all of the above
15. Why should I care about HIPAA?
 - a. It is required by Federal Law
 - b. It supports our Value to Respect patients' privacy
 - c. Every employee must know how to apply the hospital's HIPAA policies
 - d. Patients and families trust us to do the right thing
 - e. all the above

HIPAA General Awareness

Answer Key

1. Which of the following types of Workforce Members are required to learn about HIPAA?
 - a. Volunteers
 - b. Physicians
 - c. Employees
 - d. **None of the above (the Workforce includes all employees, physicians, volunteers, students, and contracted employees)**
2. PHI stands for
 - a. Prohibited Health Information
 - b. **Protected Health Information (consider it to be synonymous with patient-identifiable information)**
 - c. Psychotherapy Health Information
 - d. Public Health Information
3. PHI is any health information that could reasonably be used to identify the patient
 - a. **True**
 - b. False
4. It's OK to share PHI with the friends or neighbors of a patient if you all belong to the same church group.
 - a. True
 - b. **False (its only OK to seek and share PHI when necessary to do your job; it must not be shared with others who have no job-related need to know)**
5. The Notice of Privacy Practices:
 - a. informs patients how their PHI may be used by the hospital
 - b. provides the name of a contact person if the patient wants to file a privacy complaint
 - c. must be provided to every patient and posted in public places throughout the hospital
 - d. **all of the above**
6. The Notice of Privacy Practices must address uses and disclosures of PHI related to which of the following:
 - a. **Treatment, Payment and Health care operations**
 - b. Treatment, Research and Payment
 - c. Treatment and Payment
 - d. Health care operations
7. Under HIPAA, patients have the rights to request that we limit how their health information ay be used and shared.
 - a. **True**
 - b. False
8. Under HIPAA, patients have the right to decide whether or not they want callers and visitors to know of their admission to the hospital
 - a. **True (this is called the "Facility Directory", and only very limited information may be shared with callers and guests who inquire about a patient – location, general condition, and for clergy, religious affiliation, If the individual has agreed to inclusion in the Facility Director).**
 - b. False
9. HIPAA compliance includes taking reasonable measures to ensure that conversations about patients are not overheard by people who have no need to know
 - a. **True (HIPAA is all about appropriately using and disclosing PHI – respecting patients' privacy rights)**
 - b. False
10. Under HIPAA, if you access a patient's health information for unauthorized or non-job related reasons, we would be required to report your access to the patient (upon the patient's request).
 - a. **True**
 - b. False
11. Under HIPAA, the term "Minimum Necessary" means:
 - a. that you do as little work as possible every day
 - b. **that every employee can have access only to the amount of PHI necessary for them to do their job**
 - c. that physicians cannot request a patient's entire medical record t treat the patient
 - d. none of the above
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 - a. will require a change to our Notice of Privacy Practices
 - b. requires patient authorization
 - c. requires a written contract with a business associate
 - d. **all of the above**
13. We can assume it's okay to discuss a patient's health information with family members and friends who are involved in the patient's care or the payment thereof.
 - a. True
 - b. **False (we must seek the patient's (verbal permission)**
14. The penalties for an institution or employee violating HIPAA may include:
 - a. fines
 - b. imprisonment
 - c. termination of employment
 - d. loss of reputation in the community
 - e. **all of the above**
15. Why should I care about HIPPA?
 - a. It is required by Federal law
 - b. It supports our Value to Respect patients' privacy
 - c. Every employee must know how to apply the hospital's HIPAA policies
 - d. Patients and families trust us to do the right thing
 - e. **all of the above**