

## Informant

**DON'T FORGET...  
BE DIAGNOSIS  
SPECIFIC !!**

### HIPAA — WHAT DO WE KNOW

The HIPAA Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity (Healthcare Provider) or its business associate (Billing Service), in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)".

"Individually identifiable health information" is information, including demographic data, that relates to:

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual,

and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

A central aspect of the Privacy Rule is the principle of "minimum necessary" use and disclosure. A covered entity must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. A covered entity must develop and implement policies and procedures to reasonably limit uses and disclosures to the minimum necessary. When the minimum necessary standard applies to a use or disclosure, a covered entity may not use, disclose, or request the entire medical record for a particular purpose, unless it can specifically justify the whole record as the amount reasonably needed for the purpose.

For internal uses, a covered entity must develop and implement policies and procedures that restrict access and uses of protected health information based on the specific roles of the members of their workforce. These policies and procedures must identify the persons, or classes of persons, in the workforce who need access to protected health information to carry out their duties, the categories of protected health information to which access is needed, and any conditions under which they need the information to do their jobs.

A quick story here, under the HIPAA HITECH act a Recent Federal criminal indictment in Little Rock, Arkansas (July, 2009) found A physician, ED coordinator, and a hospital account rep guilty to "knowingly" violating HIPAA. They all looked up records of a high-profile patient out of curiosity (no legitimate purpose). They all had received HIPAA privacy and security training. The U.S. Attorney prosecuted under new criminal enforcement statute (HITECH) after finding out that the three had been fired/reprimanded by hospital. All three now face \$50,000 fines and 1 year in Federal prison.

~ Unsecured PHI means it has not been rendered unusable, unreadable or indecipherable to unauthorized individuals.

~ Secure PHI is unreadable, unusable, etc. - Electronic would be encrypted, password protected and paper would be shredded.

#### What does this mean to your office and what can you do to prevent a breach:

- ✓ Close the window or area when discussing PHI, verifying insurance, getting authorization.
- ✓ Make sure pulled patient files are facing a direction that cannot be read by someone at the counter.
- ✓ DO NOT access patients PHI unless you need it to do your job.
- ✓ Verify individual requesting patient information with at least two identifiers (i.e. Name, DOB, last 4 digits of Social, etc.)
- ✓ Update your Sign-In Sheet—Only last name, first initial and time arrived is acceptable. Reason for being seen is not!
- ✓ Take care in holding personal conversations between staff. Discussions of PHI should be done in private if it needs to be discussed at all.

### Injection — unused portion possibly billable

For Medicare patients that receive an injection, it may be possible to bill for the discarded portion of the drug. A couple of factors - it MUST be a single use vial that has left-over units that cannot be used within the drug's shelf-life.

The amount administered to the patient and the amount left-over MUST total the number of units in the vial. Let your account rep know if you have occasion to bill this and she will attach the appropriate modifier.

**\*\*\* REMINDER \*\*\*  
CHECK AND  
COLLECT CO-PAYS!!**

#### Test Your HIPAA Knowledge!

The correct answers to each question are **bolded**

⤵ Does your office have a records privacy policy posted where patients can easily read it?

- A. **Yes**
- B. No
- C. I have no idea

⤵ If a doctor releases a patient's data without the patient's permission due to extenuating circumstances (to save the life of the patient or another person, an urgent need for emergency care, etc.), what should the doctor do?

- A. Nothing
- B. Document the situation in his diary
- C. Document the event and reasons for the decision in the patient's record
- D. Make a list of the people who received the data
- E. **C and D**

⤵ HIPAA stands for:

- A. Health Information Privacy & Accountability Act of 1996
- B. Health Information Protection & Arguability Act of 1996
- C. Kennedy-Castile Act of 1996
- D. **Health Insurance Portability & Accountability Act of 1996**

⤵ PHI stands for:

- A. Personal Health Information
- B. **Protected Health Information**
- C. Private Health Information
- D. None of the above

⤵ The federal penalties for HIPAA include:

- A. Up to \$50,000 and/or one year in prison for disclosing PHI
- B. Up to \$100,000 and/or 5 years in prison for obtaining PHI under false pretenses
- C. Up to \$250,000 and/or ten years in prison for using PHI for personal gain
- D. **All of the above are correct**
- E. None of the above are correct

⤵ The receptionist's spouse has come to the office to pick them up for lunch, and is waiting in the back office, where there are medical records sitting out waiting to be filed from the morning's patients. What is wrong with this picture?

- A. The receptionist has enough time to go out for lunch!
- B. Unauthorized personnel do not belong in areas where they could potentially access PHI
- C. Nothing
- D. Someone let an unauthorized person into what should be a locked area.
- E. **B and D**

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