



HIPAA Overview

Topics Covered:

What does HIPAA stand for?

HIPAA – **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct

What is HIPAA?

HIPAA protects health insurance coverage for workers and their families when they change or lose their jobs.

HIPAA also address the security and privacy of health data.

HIPAA requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers.

When did it come into existence?

HIPAA was enacted by Congress in 1996

The final version of the HIPAA Privacy regulations was issued in December 2000. However, enforcement did not begin until April 2003.

Three major rules/standards to adhere to –

Privacy Rule (Confidentiality): the protection and privacy of all health information. Specifically, the authorized uses and disclosures of “individually identifiable” health information.

Security Rule: addresses the security of electronic medical records, as well as the technical aspects of protecting electronic health information including copy machines

Transactions and Code Set Rule: addresses the use of redefined transaction standards and code sets for communications and transactions in the health-care industry.

Who must comply with HIPAA - Covered Entities Under the Regulation?

A health plan

A health care clearinghouse

Any healthcare provider that electronically stores, process or transmits medical records, medical claims, remittances, or certifications

As a healthcare provider you must comply with HIPAA regulations

How does HIPAA affect me (you)?

During the performance of your duties, as a health care provider, you may receive or be responsible for healthcare information that identifies an individual that we provide services to. This information is for the purposes of HIPAA deemed **Protected Health Information (PHI)**. You are to keep the following in mind:

Protected Health Information (PHI) – what does it include: (see list)

What do I need to remember?

That data or information is not made available or disclosed to unauthorized persons or processes.

How can this occur?

Standing in a public place (parks, stores, medical facilities) discussing consumers with co-workers.

Discussing the behavior of one individual in front of another

Discussing consumers with family, friends or others that are not a covered entity

Sending (Faxing, e-mailing, U.S. mail) to individuals or agencies that are not covered entities.

Faxing information to a number if you are not sure the number is correct or if the person that is to get it is there to receive it.

Sharing computer passwords

Leaving confidential documents lying about or not in a locked storage area when not in use

Releasing information with consent or authorization

HIPAA/HITECH

September 2013

Patient Protections:

Patients have additional protections over their Protected Health Information (PHI) in the following areas:

- I. Marketing
 - ❖ Most treatment-related communications will be considered marketing if the communications are paid for by a third party
 - ❖ If such a communication is desired, Human First, Inc. must obtain patient authorization

 - II. Sale of Protected Health Information (PHI)
 - ❖ PHI cannot be sold without patient authorization

 - III. Expanded Patient Access
 - ❖ If Human First, Inc. maintains the records in electronic format, the Human First, Inc. must provide the individual with electronic access if requested;
 - In a form and format requested by the individual, if the information is readily producible in that format or, if not,
 - In a readable electronic form and format as Human First, Inc. and the individual mutually agree

 - IV. What can Human First, Inc. Charge for Electronic Records?
 - ❖ Under the Privacy Rule, Human First, Inc. may impose reasonable, cost-based fees for copying and postage.
 - Costs are limited to labor for copying the requested information, supplies for creating the copy, postage (if applicable) and preparing a summary in lieu of the PHI, if the individual agrees.
 - ❖ The Omnibus Rule considers the cost of supplies for creating the electronic copy (e.g., PDF) to be included as part of the reasonable, cost-based fee.
 - The fee must be reasonable
 - State Law restrictions apply

 - V. The Right to Request Transmission to a Third Party
 - ❖ If an individual requests that Human First, Inc. send PHI directly to a third party, Human First, Inc. must send the information to the third party.
 - ❖ Individuals must sign a written request that clearly identifies the third party.
-